

Broker/Agent Name 經紀/營業員名稱: \_\_\_\_\_ Broker/Agent Code 經紀/營業員編號: \_\_\_\_\_

**(A) COMPANY INFORMATION 公司資料** (only applicable if the application is through your Company 若是經公司申請, 請填寫此欄)

 Company Name : \_\_\_\_\_  
 公司名稱  
 Policy No. (if any) : \_\_\_\_\_  
 保單號碼 (如有)  
 Company Address : \_\_\_\_\_  
 公司地址  
 Contact Person : Mr/Ms\* \_\_\_\_\_ Contact Tel. No. \_\_\_\_\_  
 聯絡人姓名 先生/女士\* 聯絡電話 :  
 Email Address : \_\_\_\_\_ Fax Number \_\_\_\_\_  
 電郵信箱 傳真號碼 :

**(B) PERSONAL PARTICULARS 個人資料** (please use one form for one participant 每位參加者請各自填寫一張表格)

Name of Participant 參加者姓名	(In English) (英文)	(In Chinese) (中文)	Reference No. (if any) 參考號碼 (如有)
Identity Card/Passport Number 身份證/護照號碼		Sex 性別	Date of Birth 出生日期 _____/_____/_____ M月 D日 Y年
Contact Telephone Number 聯絡電話號碼	(Mobile Phone) (手提電話)	(Office) (辦公室)	(Home) (住宅)
Correspondence Address 通訊地址			

All participants must provide a copy of identity card. 所有參加者必須遞交身份證明文件副本。

**(C) CHECK-UP ITEMS 檢驗項目** (Please “√” as appropriate 請於適當方格加上“√”號)

<b>Health Check-Ups 健康檢查計劃</b>			
Basic Profile 基本檢查計劃 <input type="checkbox"/> HK\$250	Standard Profile 標準檢查計劃 <input type="checkbox"/> HK\$780	Premier Profile 優越檢查計劃 <input type="checkbox"/> HK\$1,150	Supreme Profile 尊貴檢查計劃 <input type="checkbox"/> HK\$2,680
<b>Additional Items 自選項目</b>			
Cancer Marker 腫瘤指標測試 <input type="checkbox"/> HK\$830	Well-Men Program 男士健康檢查 <input type="checkbox"/> HK\$240	Well-Women Program 女士健康檢查 <input type="checkbox"/> HK\$400	
Mammogram & USG Breast 乳房 X 光造影及乳房超聲波掃描 (recommended for Female over aged 35) (建議適用於年齡超過三十五歲之女性) <input type="checkbox"/> HK\$1,200	DEXA Spine & Hip 骨質量度 - 腰椎及股骨 (recommended for Female over aged 50) (建議適用於年齡超過五十歲之女性) <input type="checkbox"/> HK\$460		
Fibroscan of Liver 肝臟纖維化掃描 (recommended for those who are suffering from fatty liver or Hepatitis B carrier) (建議適用於脂肪肝患者或乙型肝炎帶菌者) <input type="checkbox"/> HK\$720	Treadmill 運動心電圖 <input type="checkbox"/> HK\$1,320		
<b>Immunization Programs 預防疫苗注射計劃</b>			
Hepatitis A 甲型肝炎	Hepatitis A Virus Antibody IgG 甲型肝炎抗體 <input type="checkbox"/> HK\$ 130	Hepatitis A Vaccination (2 doses) 甲型肝炎疫苗注射(2次注射) <input type="checkbox"/> HK\$980	
Hepatitis B 乙型肝炎	Hepatitis B Antigen 乙型肝炎表面抗原 <input type="checkbox"/> HK\$110	Hepatitis B Antibody 乙型肝炎表面抗體 <input type="checkbox"/> HK\$130	
	Hepatitis B Antigen & Antibody 乙型肝炎表面抗原及抗體 <input type="checkbox"/> HK\$220	Hepatitis B Vaccination (3 doses) 乙型肝炎疫苗注射(3次注射) <input type="checkbox"/> HK\$590	
Hepatitis A+B 甲型及乙型肝炎	Hepatitis A Virus Antibody IgG + Hepatitis B Antigen & Antibody 甲型肝炎抗體 + 乙型肝炎表面抗原及抗體 <input type="checkbox"/> HK\$330	Hepatitis A & B Vaccination (3 doses) 甲型 + 乙型肝炎疫苗注射(3次注射) <input type="checkbox"/> HK\$1,470	
Others 其他	Influenza Vaccination 流行性感感冒疫苗注射 <input type="checkbox"/> HK\$160	Cervical Cancer Vaccination (3 doses) 子宮頸癌疫苗注射(3次注射) <input type="checkbox"/> HK\$3,830	
<b>Total 總數 :</b>			HK\$港幣

(Please see overleaf 請看背頁)

**(D) PAYMENT METHOD 付款方法**
 **By Cheque 支票付款**

Please send this form together with your cheque payment (*cheque payable to "MassMutual Asia Ltd."*) to us for registration.  
 請連同支票(支票抬頭請寫上「美國萬通保險亞洲有限公司」)與參加表格一併交回本公司。

 **By Credit Card 信用卡付款** Please complete the following authorization form. 請填妥以下授權書。

**Credit Card Payment Authorization Form 信用卡付款授權書**

I authorize MassMutual Asia Limited to debit the following credit card account for all payments payable to MassMutual Asia Limited in relation to the Healthy-Life Check Up Program. 本人授權美國萬通保險亞洲有限公司在以下信用卡戶口扣除有關「健康人生」驗身計劃之所有費用。

**Credit Card Account Details 信用卡戶口資料 (PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫)**
 VISA       MasterCard      Name of Credit Card Issuing Bank 發卡銀行名稱: \_\_\_\_\_

**Credit Card Number :**

信用卡號碼

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**Credit Card Valid Thru**

信用卡有效期至

M	M	Y	Y	Y	Y		

Name of Participant 參加者姓名 (In English 英文): \_\_\_\_\_

Credit Cardholder's Name 信用卡持有人姓名 (In English 英文): \_\_\_\_\_

Credit Cardholder's Relationship with Member 信用卡持有人與參加者的關係: \_\_\_\_\_

*(If Cardholder is neither the Member nor Insured 若信用卡持有人並非參加者或受保人必須申報)*

Hong Kong Identity Card/Passport No. of Credit Cardholder 信用卡持有人的香港身份證/護照號碼: \_\_\_\_\_

Contact Telephone Number 聯絡電話: \_\_\_\_\_

In consideration of MassMutual Asia Limited agreeing to the above, I acknowledge and agree that (notwithstanding any terms to the contrary in the relevant cardholder agreement governing which I hereby waive all my rights against MassMutual Asia Limited or any person in respect of such charges or payments. 有鑑於美國萬通保險亞洲有限公司同意上述安排, 本人了解及同意(縱然抵觸「信用卡使用守則」)若本人對上述信用卡賬戶支取費用有任何不滿, 本人必須在保單生效後 30 天內提出; 否則, 本人將放棄向美國萬通保險亞洲有限公司或有關人士追究的權利。

Signature 簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Signature of Credit Card Holder 信用卡持有人簽名

(MM/DD/YY) (月/日/年)

(same as Credit Card A/C Signature 與信用卡戶口之簽名相同)

**MMA Reference No. 美國萬通參考編號:** \_\_\_\_\_ (Internal use only 內部使用)

Upon receipt your enrollment will then issue a Certificate of Eligibility to you for enjoying this program. If you have any queries, please feel free to contact our hotline at (852) 2919 9111.

收妥閣下之申請後, 本公司將會簽發保障證明書予閣下以享用此計劃。如有任何查詢, 歡迎致電熱線 (852) 2919 9111。

**Declaration & Authorization 聲明及授權:**

I/We authorize MassMutual Asia Ltd. to obtain access to and/or to verify any of my/our data with the information collected by the Federation from the insurance industry. 此外, 本人/吾等在此授權美國萬通保險亞洲有限公司由「聯會」從保險業內收集的資料中查閱及/或核對本人/吾等的任何資料。

I/We understand that, according to the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/We have the right to obtain access to and to request correction of any personal information concerning me/us held by MassMutual Asia Ltd. Requests for such access can be made to the Manager, Institutional Business Department, MassMutual Asia Ltd. (Address: 4/F, MassMutual Tower, 38 Gloucester Road, Wanchai, Hong Kong)

本人/吾等明白, 根據個人資料(私隱)條例, 本人/吾等有權查閱及要求更正由美國萬通保險亞洲有限公司持有有關本人/吾等的個人資料, 如有需要, 可向美國萬通保險亞洲有限公司企業營銷部經理提出要求 (地址: 香港灣仔告士打道 38 號美國萬通大廈 4 樓)。

In accordance with the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/We consent and agree that any personal data of me/us collected or retained by the Company, its agent (whether or not the information was supplied by me/us in this application or otherwise) may be used by the Company for whatever purpose as the Company deems fit for issuance or maintenance of the policies of me/us with the Company. Further, I/We consent and agree that the Company may disclose the personal data of mine/ours to individuals or organizations within or outside Hong Kong for the above purpose and for providing me/us advice relating to products or services offered by the Company. 本人/吾等明白及同意, 根據個人資料(私隱)條例, 貴公司或其代理人持有或收集(藉此申請書或其他途徑)有關本人/吾等的個人資料, 可供貴公司作任何認為有關續發或維持本人/吾等於貴公司的保單的用途。貴公司可向其他個人或團體(在香港或以外)披露本人/吾等的個人資料及提供任何貴公司相信本人/吾等可能有興趣或必須知道之產品/服務資料。

**Disclaimer 免責聲明**

You should always consult your family doctor before you decide to take the vaccination programme. MassMutual Asia Ltd. shall not be responsible for any complications arising out of your receiving the health check up/injection services or any direct, indirect, incidental, consequential or other damages you have or may have suffered whether based on contract, tort (in particular, negligence or malpractice by the appointed panel providing the health check up/vaccination services) or any other legal theory. 我們建議閣下於決定接受疫苗注射前應徵詢您的家庭醫生。美國萬通保險亞洲有限公司概不會承擔由體檢/疫苗注射服務所引致的併發症或任何基於合約、非侵權行為(尤其以提供有關服務的指定體檢中心的疏忽或醫療過失)或其他法規定理所直接的、間接的、偶發的、相因而生的損失或可能產生的損失。

Participant's Signature: \_\_\_\_\_

參加者簽署

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

日期 M 月 D 日 YYYY