

**ADDITION FORM**  
 參加員工資料表格

EMPLOYEE BENEFITS SCHEME 僱員福利計劃

 Company Name: \_\_\_\_\_  
 公司名稱

 Subsidiary Company Name: \_\_\_\_\_  
 附屬公司名稱

 Policy No.: ^1 \_\_\_\_\_ (Life)(人壽)  
 保單號碼

(Medical)(醫療) \_\_\_\_\_

Benefits Class ^2 福利類別 ^2	Identity Document Type ^3 身份證明文件類別 ^3	Identity Document Number ^4 身份證明文件號碼 ^4	Name of Proposed Insured (As shown in Bank Account) 準受保人姓名 (請依照銀行戶口姓名填寫)	Proposed Insured Type ^5 準受保人類別 ^5	Sex 性別	Nationality ^6 國籍 ^6	Date of Birth (MM/DD/YY) (月/日/年)	Date of Employment* (MM/DD/YY) (月/日/年)	Effective Date (MM/DD/YY) (月/日/年)	Basic Monthly Salary* 每月基本薪金*	Date of Marriage (MM/DD/YY) (月/日/年)	Name of Employee** 僱員姓名**	Relationship with Employee** 準受保人與僱員之關係**	Employee's Bank Account No* 僱員之銀行戶口號碼*		
														Bank 銀行	Branch 分行	Account 戶口號碼
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Residential Address 居住地址: _____				Permanent Address (if it is different from the Residential Address) 永久地址 (如跟居住地址不同): _____				Country of Residence*** 原居地: *** _____				Email Address * # 電郵信箱: * # _____				
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Residential Address 居住地址: _____				Permanent Address (if it is different from the Residential Address) 永久地址 (如跟居住地址不同): _____				Country of Residence*** 原居地: *** _____				Email Address * # 電郵信箱: * # _____				
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Residential Address 居住地址: _____				Permanent Address (if it is different from the Residential Address) 永久地址 (如跟居住地址不同): _____				Country of Residence*** 原居地: *** _____				Email Address * # 電郵信箱: * # _____				
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Residential Address 居住地址: _____				Permanent Address (if it is different from the Residential Address) 永久地址 (如跟居住地址不同): _____				Country of Residence*** 原居地: *** _____				Email Address * # 電郵信箱: * # _____				
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Residential Address 居住地址: _____				Permanent Address (if it is different from the Residential Address) 永久地址 (如跟居住地址不同): _____				Country of Residence*** 原居地: *** _____				Email Address * # 電郵信箱: * # _____				

**Declaration 聲明:**

The Company/Subsidiary Company confirms that its employees/their dependants have been informed and agreed to the release of the above completed personal information to MassMutual Asia Ltd. ("MMA") and vice versa from MMA to the Company/Subsidiary Company. It is agreed that the information provided may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary for a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. The Company/Subsidiary Company has verified the identification documents and address proofs of all its employees and dependants enrolled or to be enrolled whether under this form or otherwise, it undertakes to keep such information up to date and shall inform MMA of any changes to such information and provided documentary proofs to the satisfaction of MMA forthwith upon its request.

本公司/附屬公司證明已通知並獲申報員工及其家屬的同意，將其個人資料提供予美國萬通保險亞洲有限公司（「美國萬通」），反之亦然。所提供的資料將可轉交予其他有關公司或任何其他其進行保險或再保業務的公司；或中間人作賠償及調查之用；或其他提供保險服務的提供者；或任何現存及將來成立的保險公司協會或聯會。本公司/附屬公司已核對所有僱員及其家屬之身份證明文件及住址證明，包括以此或其他表格作出登記或將會登記，並保證會保存最新的資料及通知美國萬通有關那些資料之更新。本公司/附屬公司保證會在美國萬通的要求下，立刻向其提交與該更改有關及令其滿意的文件。

\* To be completed by Employee 只供僱員填寫

\*\* To be completed by Spouse or Dependants 只供家屬填寫

\*\*\* To be completed only for Medical Policy 只供醫療保單填寫

# Only applicable to a policy which has selected to use E-claims Advice service 只適用於已選用電子賠償通知書服務之保單

^1 Please complete both life & medical policy number if the enrolment is for both products 如需要同時加入人壽及醫療保險計劃，請填寫人壽及醫療保單號碼

^2 Please follow the classification defined in the policy provision 請根據保單上訂立之福利計劃類別填寫

^3 I for HK permanent resident, N for HK non-permanent resident, P for Passport holder 香港永久性居民請用 I，非香港居民(護照持有人)請用 P

^4 In the case of a HK non-permanent resident, please also provide his passport number 如非香港永久居民，請另外提供其護照號碼

^5 E for Employee, S for Spouse, C for Child 僱員請用 E，配偶請用 S，子女請用 C

^6 No need to fill in if the proposed insured is a HK permanent resident 如準受保人為香港永久居民，請不用填寫

 Authorized Signature  
 & Company Chop  
 負責人簽署及公司印章: \_\_\_\_\_

 Date  
 日期: \_\_\_\_\_

**MassMutual Asia Ltd. 美國萬通保險亞洲有限公司**

 Hong Kong Head Office-12/F, MassMutual Tower, 38 Gloucester Road, Wanchai, Hong Kong  
 Macau Branch Office-Avenida Praia Grande No. 517, Edifício Comercial Nam Tung 16-E2, Macau

 香港總公司-香港灣仔告士打道38號美國萬通大廈12樓  
 澳門分公司-澳門南灣大馬路517號南通商業大廈16樓E2座

 Tel 電話: (852) 2919 9111  
 Tel 電話: (853) 2832 2622

 Fax 傳真: (852) 2919 9233  
 Fax 傳真: (853) 2832 2042

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