

Annual Premium* 每年保費*: (HK\$)(港元\$)
300

*For persons aged between 3 to 23 years on last birthday.
 *適用於上次生日年齡介乎 3 歲至 23 歲的人仕。

NOTE 註:

If the application form and the required premium are accepted by MassMutual Asia between the 5th and 20th day of any month, coverage shall commence on the 1st day of the following month. 若本公司於每月的 5 號至 20 號接受投保書及所需保費，保障將由下個月的 1 號開始生效。
 If the application form and the required premium are accepted by MassMutual Asia between the 21st day of any month and the 4th day of the following month, coverage shall commence on the 15th day of the following month. 若本公司於每月的 21 號至下個月的 4 號內接受投保書及所需保費，保障將由下個月的 15 號開始生效。

Policy Number 保單編號
Name of Agent 營業員姓名
Agent Code 營業員編號

PLEASE COMPLETE IN BLOCK LETTERS 請用正楷填寫

(Every Proposed Insured must complete a separate Application Form. 每位準受保人須個別填寫投保申請書。)

POLICY OWNER'S DETAILS 保單持有人資料

Name : (English) 姓名 : (英文)	Chinese Name : 中文姓名 :	Sex : 性別:	Date of Birth : 出生日期 : M 月 D 日 Y 年
Residential Address : (English) 居住地址 : (英文)	Phone No. : (Home) (Office) (Mobile) 電話 : (住宅) (辦公室) (手提電話)	ID Card No. : 身份證號碼 : ()	
Permanent Address (If it is different from the Residential Address) : (English) 永久地址 (如跟居住地址不同) : (英文)		Nationality: 國籍:	

Policy Owner must provide a certified true copy of his/her identification document and above address(es) proof. For non-permanent Hong Kong resident, please also provide a certified true copy of passport. 保單持有人需提供身份證明文件及上述地址證明的認證副本。如非永久香港居民，請另外提供護照認證副本。

PROPOSED INSURED'S DETAILS 準受保人之個人資料

English Name of Proposed Insured 準受保人英文姓名	Relationship with Policyowner 與保單持有人的關係	Nationality 國籍	Date of Birth 出生日期			Sex 性別	Body Height 身高	Body Weight 體重	ID Card No. / Birth Cert. No.# 身分證號碼/ 出世紙號碼#
			M 月	D 日	Y 年				
							(m) (米)	(kg) (千克)	

- Note:**
注意事項
- The Policy Owner must be the Proposed Insured's parent or guardian if the Proposed Insured is under the age of 18.
 凡 18 歲以下準受保人投保，其保單持有人必須為該準受保人的父母或監護人。
 - Benefits Termination Age shall be at age 25 years on last birthday.
 保障終止年齡為上次生日年齡 25 歲。
 - Proposed Insured must be a full-time student. Please attach a copy of proof of full-time student status if Proposed Insured is aged between 18 to 23 years.
 準受保人必須為全日制學生。倘準受保人年齡介乎 18 至 23 歲，請附上全日制學生證明文件副本。
 - Proposed Insured must be a Hong Kong or Macau resident and a copy of ID card/birth certificate number is required.
 準受保人必須為香港或澳門居民及提供身份證明文件副本。
 - No benefit under this plan shall be paid if Proposed Insured is no longer a full-time student or has reached the age of 25 when sustaining Sickness or Injury.
 倘準受保人於患病或受傷時已非全日制學生或已達 25 歲，準受保人將不獲此計劃保障。

BENEFITS SCHEDULE 保障範圍

Premium Payment Method 繳付保費方法: By Cheque 支票 Cheque payable to "MassMutual Asia Ltd.". 支票抬頭請寫上「美國萬通保險亞洲有限公司」。 Premium Payment Mode 繳付保費方式: Annually 年繳	Plan Benefits 計劃保障
Accidental Death & Dismemberment 意外傷亡# # Double AD&D benefit will be payable by MassMutual Asia if accidental bodily injury is sustained while the insured is travelling as a fare-paying passenger on board of any Public Conveyance licensed vehicle to carry passengers over an established land route. #若於繳費乘搭陸上固定路線的公共交通工具時發生意外，意外傷亡賠償額將以雙倍計算。	HK 港元\$ 100,000
Hospital Income 住院現金津貼* Daily Benefit 每日保障額 Maximum Days per Disability 每症最高保障期 * If intensive care is required, the cash benefit will be doubled. MassMutual will increase the Hospital Income benefit by 50%, up to a maximum of 30 days, in the event the Insured is confined in a hospital as a result of SARS infection during the first 3 months starting from the Policy Effective Date. In case the Insured is confined in the intensive care unit of a hospital as a result SARS infection during the first 3 months starting from the Policy Effective Date, MassMutual Asia will pay the doubled cash benefit. * 若需接受深切治療，其間的現金津貼將可獲雙倍賠償。 倘準受保人於保單生效日期起三個月內患上非典型肺炎，美國萬通保險亞洲有限公司將提供最多 30 日的額外 50% 的住院現金津貼。 倘準受保人於保單生效日期起三個月內患上非典型肺炎而入住深切治療病房，美國萬通保險亞洲有限公司將提供雙倍現金津貼作為賠償。	HK 港元\$ 200 1000 days 日

(Please see overleaf 請閱背頁)

HEALTH DETAILS 健康狀況資料

Please tick (✓) the appropriate box. 請回答以下問題並於適當空格內劃上 (✓) 號

Yes 是 No 否

1. In the past 5 years, has the Proposed Insured been advised to undertake any diagnostic test such as blood test, electrocardiogram, ultrasonogram, biopsies or X-Ray? Yes No
在過去 5 年，準受保人曾否被建議接受任何診斷檢查，如驗血、心電圖、超聲波、抽取組織或 X-光？
If yes, please give details including date, type, reason, result and name/address of attending physician.
如是，請提供詳情，包括就診日期、檢查種類、檢查原因、診斷結果及應診醫生的姓名/地址。
2. Does the Proposed Insured have any physical impairment or disease/injury which required medical treatment for more than 2 weeks? Yes No
準受保人是否有任何身體缺陷或曾患病/受傷而需要多於兩星期的治療？
If yes, please give details including date, type, reason, result and name/address of attending physician.
如是，請提供詳情，包括就診日期、檢查種類、檢查原因、診斷結果及應診醫生的姓名/地址。
3. Has the Proposed Insured ever been refused insurance or been offered insurance with restricted benefits or at other than standard rates? Yes No
準受保人曾否被保險公司拒絕接受投保或向準受保人提供有限制條件的保障或提高保費？
If yes, please give details including name of insurer, reason and date of insurance application.
如是，請提供詳情，包括保險公司名稱、原因及投保的日期。
4. Has the Proposed insured engaged in or planned to engage in any hazardous sports or activities? Yes No
準受保人曾否參與或打算參與任何危險活動或運動？
If yes, please give details, such as type, frequency and any professional qualification(s) etc.
如是，請提供詳情，如活動種類、參與頻率及任何專業資格等。

Important Note 重要事項

All answers to this application shall form the basis and become part of the Policy between you and MassMutual Asia Ltd. ("MMA") You are required to disclose in this application all information you know or could reasonably be expected to know because MMA will rely on what you have disclosed in this application to accept the risk and the terms of insurance. If you are in doubt as to whether a fact is material, please disclose it in this application. Your failure to comply with this requirement may render the policy issued voidable.

閣下在本申請書內提供的資料將作為閣下與美國萬通保險亞洲有限公司(「美國萬通」)制定保單的基礎。該等資料亦會成為保單的一部份。閣下必須提供一切知悉或據常理知悉的資料，因美國萬通會按照閣下所提供的資料審核接受投保申請及決定保險條款。如閣下不清楚某一事項是否重要，請閣下將該事項填寫於申請書內。倘閣下未符合此要求，本保單可能因此而作廢。

Declaration & Authorization 聲明及授權

I hereby declare and agree that to the best of my knowledge and belief, all statements and answers to all questions are true and complete. I hereby authorize any registered medical practitioner, hospital, clinic or insurance company that has any records or knowledge of the Proposed Insured to give such information to MMA. A photocopy of this authorization shall be as valid as the original.

本人聲明，以上各項問題之答案均是根據本人全部所知詳盡填寫，並為完全真實無誤。本人授權任何註冊西醫、醫院、診所或保險公司為美國萬通提供一切準受保人之資料，本授權書之副本與正本有同等效力。

I understand that this Plan is a non-refundable one year program and that the policy will be renewed on an annual basis. MMA reserves the right not to renew the benefits upon policy anniversary at its sole discretion.

本人明白此保障計劃是一份為期一年的合約及已繳付的保費將不予退還，保單並將按年續保。美國萬通亦保留權利於保單週年不予續保。

I understand that I am required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of MMA for it to conduct due diligence on myself, the ultimate beneficial owner of the Policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I fail or refuse to do so, MMA shall have the right to disapprove the application.

本人明白本人必須提供符合美國萬通要求之有效證明文件(例如身份證明及地址證明)予貴公司，讓貴公司能按照「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第 615 章所載，對本人、保單之最終實益擁有人(如有)及本人之授權簽署人士(如適用)進行客戶盡職審查。如本人未符合此要求，貴公司有權不批核上述申請。

I undertake to inform MMA forthwith of any changes to my information provided to it under this application and shall provide documentary proofs of such changes to the satisfaction of MMA forthwith upon its request.

本人保證會立即通知美國萬通本人根據這申請所提供的資料之更新，及於美國萬通的要求下，立刻向美國萬通提供與更新有關的及符合美國萬通要求之證明文件。

I, being the ultimate beneficial owner of the Policy, am acting on my behalf to own and control all the rights of the Policy. If this is not the case, I shall put down the relationship and the personal particulars of the ultimate beneficial owner of the Policy in the "Others" of this application and provide valid documentation proofs (such as his/her identity document and address proof) to the satisfaction of MMA.

本人作為按本保單之實益擁有人，是為本人擁有及控制本保單所賦與的所有權益。若非如此，本人會於本申請書「其他個人資料」項目內提供本保單的實益擁有人的個人資料及與本人之關係，並向美國萬通提供其有效的身份證明文件、住址和永久地址證明。

Others 其他個人資料

Personal Information Collection Statement 收集個人資料聲明

I/We understand and agree that information provided in respect of this application is to enable MMA to carry on insurance business and may be used for the purpose of (1) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; and (2) any claim or investigation or analysis of such claim. I/We understand and agree that information provided in respect of this application may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; or any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and any members of the "Federation" by the "Federation" for any of the above or related purposes.

本人/吾等明白及同意於本申請文件所提供的資料，為使美國萬通向本人/吾等提供保險業務，並可能被使用於下列目的：(1) 任何與保險財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；或(2) 任何索償，或該等索償的調查或分析；同時，本人/吾等明白及同意於本申請文件所提供的資料，可能 交予任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務的中介人或索償調查或其他服務提供者，以達到任何上述或有關目的；或現存或不時成立的任何保險公司協會或聯會或同類組織「聯會」，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及/或透過「聯會」交予任何「聯會」的會員，以達到任何上述或有關目的。

I/We authorize MMA 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 MMA. Requests for such access can be made to the Manager, Employee Benefits Department, MMA (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持有有關本人/吾等的個人資料，如有需要，可向美國萬通僱員福利部經理提出要求(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 MMA, its agent (whether or not the information was supplied by me/us in this application or otherwise) may be used by MMA for whatever purpose as MMA deems fit for issuance or maintenance of the policies of me/us with MMA. Further, I/We consent and agree that MMA 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 MMA.

本人/吾等明白及同意，根據個人資料(私隱)條例，美國萬通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，可供美國萬通作任何認為有關發或維持本人/吾等於美國萬通的保單的用途。美國萬通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美國萬通相信本人/吾等可能有興趣或必須知道的產品/服務資料。

Duty of Disclosure 提供資料責任

I declare and agree on behalf of myself/the Proposed Insured that: (1) I have read the above Important Note and understand my responsibility to disclose all material facts to MMA; and (2) all statements and answers made in all parts of the Application, are full, complete and true to the best of my knowledge and belief of me and whether or not they are in my handwriting.

本人謹此代表本人/準受保人聲明：(1) 本人已閱讀了上述的「重要事項」，並理解本人有責任確實提供一切事實予美國萬通；及(2) 本人在申請書內提供的資料及聲明，無論是否由本人親筆作答，均為完整、正確及真實。

Signature of Policy Owner: _____

保單持有人簽署

Date: _____

日期 (月/日/年) (MM/DD/YY)

MassMutual Asia Ltd. 美國萬通保險亞洲有限公司

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Macau Branch Office-Avenida Praia Grande No. 517, Edifício Comercial Nam Tung 16-E2, Macau

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