

COMPANY DETAILS 公司資料

 Company Name (The "Applicant") : _____
 公司名稱 (「投保公司」)

 Address : _____
 地址

 Contact Person : Mr / Ms _____ Position _____
 負責人姓名 先生 / 女士 * (* Please delete as inappropriate 請刪去不適用項目) 職位

 Telephone No. : _____ Fax No. : _____ E-mail Address : _____
 電話號碼 傳真號碼 電郵信箱

 Subsidiary Company Name (if any) : _____ Business Registration No. # _____
 附屬公司名稱 (如適用) 商業登記號碼 #Please provide a photocopy 請附上影印本

 Business Address : _____
 商業地址

 Registered Address (If it is different from the Business Address): _____
 註冊地址(如跟商業地址不同):

 Date and Place of Incorporation: _____
 公司成立日期及地點:

 Nature of Business : _____ Benefit Coverage Maximum Age : _____
 業務性質 福利保障年齡上限

 Has the Company provided any medical insurance cover for its employees during the 24 months prior to the Policy Effective Date?
 貴公司曾否在參加此計劃前 24 個月內有其他醫療保險計劃

 Yes No (If yes, please attach benefits schedule, current member list and claims experience report.)
 是 否 (如答「是」請附上福利計劃表, 最近成員名單及醫療賠償記錄)

SCHEME DETAILS 計劃資料

 Policy Effective Date : _____ / _____ / _____ Dependants Cover : Yes No
 保單生效日期 MM 月 DD 日 YY 年 家屬保障 是 否

 Eligibility for Employees Immediate Cover First Day of the Month Following _____ Months' Probation
 即時參加 _____ 個月試用期滿後翌月的首日
 Joining the Scheme : _____
 僱員參加計劃日期

 Claims Reimbursement Methods : Cheque to Employee Cheque to Employer
 賠償付款方法 支票付予僱員 支票付予僱主

Schedule of Benefits 保障計劃內容 : (Please put "✓" to complete your choice of plan benefit 請於您所選擇的保障內容加上"✓"號)

Class 類別	Benefit Option 福利選擇												
	Hospital and Surgical 住院及手術				Supplementary Major Medical Rider 輔助醫療	Outpatient Benefits Rider 門診							
	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四		80% Reimbursement 80% 賠償百分比				100% Reimbursement 100% 賠償百分比			
Plan 1 計劃一					Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Benefits Class 福利計劃 Definition of Employees 受保僱員定義
 Class 1 類別一 _____
 Class 2 類別二 _____
 Class 3 類別三 _____
 Class 4 類別四 _____

The Applicant 投保公司:

- agrees to request individual employees (if necessary) to take part in all underwriting requirements by the Insurer.
同意要求個別僱員 (如有需要) 參與保險公司所要求之驗身以便作為核保之用。
- agrees to pay all the required premiums (including tax) to the Insurer.
同意支付全部之保費(連稅)予保險公司。
- declares that all eligible employees are actively at work on the Policy Effective Date.
聲明在保單生效日期時, 所有符合參加資格之僱員皆為正常在職工作之僱員。
- declares that all statements made in this Application Form and Employees' Enrolment Form are complete and true. The Applicant understands that this information shall form part of the Policy between the Applicant and the Insurer, and shall be the basis for the Insurer's acceptance.
聲明在此投保申請表及僱員登記表內陳述之資料均為完整及真確。投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份, 亦視為保險公司核保之憑證。
- authorizes the Insurer to disclose the employees' data to the related assistance company and medical practice in carrying out the emergency assistance and medical services.
授權保險公司將員工資料給予有關之緊急救援及醫療服務公司以便提供緊急支援及醫療服務。
- agrees and understands that if dependants medical coverage is chosen, all dependants of eligible members must be enrolled.
同意及明白如選擇家屬醫療保障, 所有合資格僱員之配偶及子女必須參加。
- confirms that employees have been informed and have agreed that the information regarding themselves may be released to the Insurer.
確認已知會僱員關於其資料將會披露予保險公司之事宜; 而僱員亦同意此安排。
- declares that the Applicant has read and understood the Personal Information Collection Statement stated below.
聲明投保公司已閱讀及明白下列個人資料收集聲明。

Personal Information Collection Statement 個人資料收集聲明

The information provided by the Applicant or all Relevant Persons of the Policy on the application forms or other forms prescribed by MassMutual Asia Limited ("the Company") or its Consultants (whether or not the information was supplied by the Applicant or all Relevant Persons of the Policy in this application or otherwise) is collected to enable the Company to carry on its insurance business and may be used for the purposes of: - (1) evaluating and processing policy service requests, administering and reinsuring your policy/policies with the Company; (2) adjudicating any insurance or related claims, or conducting any investigation or analysis of such claims; (3) promoting and providing any insurance or financial related product or service or any addition, alternation, variation, cancellation, renewal or reinstatement of such product or service; (4) exercising any right of subrogation; (5) calculating premiums or benefits; (6) data matching and direct marketing; (7) communicating with any person or organization relating to this and other insurance claims; (8) any other purpose relating to the settlement of the policy/policies with the Company; and may be used, held, transferred or disclosed to (1) any related individual or company associated with the Company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business or professional advisers for any of the above or related purposes; (2) any association, governmental authority of federation of insurance companies ("Authority") that exists or is formed from time to time for any of the above or related purposes or to enable the Authority to carry out its regulatory functions or such functions that may be assigned to the Authority from time to time and are reasonably required in the interest of the insurance industry or any members of the Authority; and (3) any selected party as we may consider necessary whether within or outside Hong Kong. The Applicant or all Relevant Persons have the right under the Personal Data (Privacy) Ordinance to have access to, and to correct any of the respective personal data held by the Company. Request whereof shall be made in writing and addressed to the Manager of the Employee Benefit, and delivered to the Company's Macau office at Avenida Praes Grande No. 517, Edificio Comercial Nam Tung 16-E2, Macau.

投保公司或保單有關人士在申請表或在美國萬通保險亞洲有限公司("本公司")所訂明的表格中提供的資料(不論是藉投保公司或保單有關人士於本申請中或透過其他途徑所提供),為本公司或其顧問提供保險業務所需,並可能使用於下列目的:(1) 評審及處理保單服務要求,就投保公司或保單有關人士於本公司之保單提供行政及再保險服務;(2) 評核任何保險或相關索償,或就該等索償進行任何調查或分析;(3) 推銷及提供任何與保險或財務有關的產品或服務,或就該等產品或服務所作的任何增加、更改、變更、取消、續期或復效;(4) 行使任何代位權;(5) 計算保費或得益;(6) 資料核對及直接銷售;(7) 聯絡與此或其他保險索償有關的人士或機構;(8) 任何關於賠償投保公司或保單有關人士於本公司的保單的其他用途,及可能被使用、保存、轉移或披露予(1) 任何與本公司有聯系的有關個人或公司,或任何其他從事與保險或再保險業務有關的公司,或與任何保險業務有關的中介人或索償或調查或其他服務提供者,或專業顧問以達到任何上述或有關目的;(2) 任何團體、政府機構或現存或不時成立的任何保險公司協會或同類組織("該等機構")以達到任何上述或有關目的,或以便該等機構執行其監管職能,或其他基於保險業或任何該等機構會員的利益而不時在合理要求下賦予該等機構的職能;及(3) 任何本公司認為有需要之有關人等(不論在香港或以外)。根據個人資料(私隱)條例,投保公司或保單有關人士有權查閱和更正本公司持有有關人士的個人資料。投保公司或保單有關人士可以書面方式呈交本公司位於澳門南灣大馬路 517 號南通商業大廈 16 樓 E2 座的澳門分公司,向僱員福利部經理提出有關要求。

9. understands that the Applicant is required to provide documents to the satisfaction of the Company for the Company to conduct due diligence on the Applicant, the ultimate beneficial owner of the policy (if any) and all authorized signatory(ies) for this insurance application (if applicable). If the Applicant fails or refuses to do so, the Company shall have the right to disapprove the application.

明白投保公司必須提供符合貴公司要求之文件予貴公司,讓貴公司能對投保公司、保單之最終實益擁有人(如有)及所有於這保險申請之授權簽署人士(如適用)進行客戶盡職審查。如投保公司未符合此要求,貴公司有權不批核上述申請。

10. undertakes to advise the Company forthwith upon any change to (i) the Applicant (such as name, registered address and ownership structure); (ii) the Applicant's shareholder(s) holding not less than 10% of its shares/voting rights or his/her personal particulars; or (iii) the Applicant's director(s)/authorized signatory(ies)/ultimate beneficial owner(s) or his/her personal particulars; and to provide documentary proof(s) of such change to the satisfaction of the Company forthwith upon its request.

保證會立刻通知貴公司任何有關 (i) 申請人的名字、註冊地址及架構的更改;或(ii)擁有申請人不少於 10%的股本或投票權的股東及其個人資料;或 (iii)申請人的董事/獲授權人/最終實益擁有人的更改或其個人資料的更改,及保證如貴公司提出要求,會立刻向貴公司提交與該更改有關及令其滿意的文件。

NOTE: 1. If the duly completed application form and the required premium are received by MassMutual Asia Ltd. on or before the 20th of the month, the policy will come into effect on the first day of the following month, otherwise the policy will come into effect on the first day of the month after the following month. 若本公司於某月 20 號或以前接獲已填妥的投保書及應繳保費,保單將由隨後的第一個月的首天生效,否則,保單則會由隨後第二個月的首天生效。
2. If you have any question, please call our Macau Enquiry Hotline at (853)2832 2622/Employee Benefits Hotline at (852)2919 9111. 如有疑問,歡迎致電美國萬通保險澳門查詢熱線(853)2832 2622/僱員福利部熱線(852)2919 9111 查詢。

_____ Authorized Signature & Company Chop 負責人簽署及公司印章	_____ Name: 姓名	_____ Position 職位	Date: ____/____/____ 日期: 月 日 年
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