



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

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www.bluecross.com.hk

僱員醫療保障計劃投保書

Employees Medical Contract Application Form

請以英文正楷填寫此份投保書。

Please complete this form in BLOCK letters.

(I) 申請公司資料 Details of Applicant

申請公司名稱

Name of Applicant

公司地址

Business Address

業務性質

Nature of Business

電郵地址

Email Address

是否包括附屬公司？如答案為「是」者，請另頁提供附屬公司的申請資料（所需資料同上）。

Is there any affiliated company to be covered? If "Yes", please attach supplementary sheet providing the required information as above.

☐ 是
Yes

☐ 否
No

是否獨立賬戶（如上述答案為「是」者）？

Is it a separate billing (if the above question is "Yes")?

☐ 是
Yes

☐ 否
No

聯絡人資料 Details of Contact Person

姓名

Name

職位

Title

聯絡電話

Contact Tel No.

傳真號碼

Fax No.

(II) 保單資料 Policy Details

保單生效日期（往後每年的保單續保日期將會相同）

Policy Effective Date (Policy Renewal Date will be the same for each subsequent year)

____ 日 dd ____ 月 mm ____ 年 yy

* 你是否申請免付賬醫療服務？ Do you apply for credit facilities services?

☐ 是
Yes

☐ 否
No

* 請參考本申請表第四部分

* Please refer to Part IV of this application form.

(III) 參加資格 Eligibility for Membership

類別 Class	類別內容 Category Description	家屬保障* Dependant Coverage*	現職僱員參加資格 Eligibility for present employees	新聘僱員參加資格 Eligibility for new employees
1		<input type="checkbox"/>		
2		<input type="checkbox"/>		
3		<input type="checkbox"/>		
4		<input type="checkbox"/>		

* 家屬保障提供予受保僱員之配偶及子女，並請在適當的空格內加上 ☒ 號。

Dependant Coverage is offered to the spouse and child(ren) of the insured employees. Please tick in the appropriate box.

(IV) 使用免付賬醫療服務的條款及細則 Terms and Conditions for Using Credit Facilities Services

以下之條款及細則適用於保單持有人及受保人使用藍十字（亞太）保險有限公司（「本公司」）提供之免付賬醫療服務。當使用免付賬醫療服務，包括醫療卡、保證書及其他本公司所提供以作核對身份之用的模式（「其他工具」），則代表保單持有人及受保人均同意以下之條款及細則：

1. 醫療卡、保證書及其他工具需要經保單持有人作出申請及本公司批核後發出。
2. 實體醫療卡自受保人受保於保單當天起及須由受保人簽署後方為有效。醫療卡之使用須受限於「藍十字醫療卡 — 使用簡介」內所載列之條款。其他工具的使用是受限於本公司當時發出的相關條款及細則。
3. 保證書須由本公司簽署後並僅於保證書指定之期間內有效。
4. 醫療卡、保證書和其他工具不得轉讓予他人。
5. 使用醫療卡或其他工具時，受保人須出示醫療卡或其他工具及其香港身份證予指定的醫療機構，以於接受醫療服務前作核對身份之用。受保人之姓名、會員號碼及保障編號將顯示於醫療卡上作核對身份之用。
6. 受保人於使用醫療卡及／或保證書時，須簽署有關醫療單據*以作接受醫療服務的證明。
7. 醫療卡如有遺失或遭盜竊，保單持有人應立即以書面形式通知本公司。於受保人之保障終止時，保單持有人亦須負責收回並退還所有有關實體醫療卡予本公司。
8. 保單持有人及受保人須負責支付任何因使用未退還、已遺失或遭盜竊之醫療卡所引致之費用。
9. 本公司將就補發新實體醫療卡收取每張HK\$30之服務費用。
10. 保單持有人及受保人確認有關醫療服務是由獨立醫療機構提供。本公司不會就有關醫療機構提供的服務負責，並不會就該等醫療機構之素質或能力作出任何保證、陳述、認可證明或建議，而本公司提供的任何資料亦不作此默示。
11. 本公司可就相關醫療費用向指定醫療機構作出直接付款及結賬安排，惟須受限於住院掛賬限額^g或，於本保單之保障利益表上載列受保人可享之最高賠償額（如適用）。保單持有人及受保人須負責支付任何記賬於醫療卡、保證書及／或其他工具但不在承保範圍內的不符合索償資格的費用或超出保障或住院掛賬限額^g的費用，並同意於接獲書面要求後立即向本公司償還所有不符合索償資格或超額之費用。本公司將會就任何超過30天之欠款按現行利率收取利息。
12. 本公司可隨時發出書面通知以中止或暫停任何免付賬醫療服務。
13. 本公司將保留所有與免付賬醫療服務相關事項及爭議的最終決定權，而本公司亦將保留就追討任何欠款及任何有關之損失、損毀、費用及支出向保單持有人及受保人採取法律行動之權利。
14. 本公司保留隨時修改以上條款之權利。使用免付賬醫療服務的條款之最新版本可瀏覽本公司之網頁<http://bluecross.com.hk/document/tnc/creditfacilitieservice>。
15. 此條款之中英文版本如有差異，以英文版本為準。

* 所有遞交予本公司之醫療單據必須由註冊醫生填寫及簽署，並須包括以下資料：

- a) 診症日期及接受治療傷病的診斷；
- b) 各項醫療服務所收取之費用明細表；及
- c) 受保人已繳付之費用。

除非已於保單的保障利益表中明確地豁免，專科治療及物理治療的諮詢必須附上由註冊醫生簽署之轉介信。

^g 除非另有註明及經本公司批准外，須受制於每次住院掛賬限額HK\$300,000。住院掛賬限額並不適用於個人醫療保單。

These terms and conditions apply to both Policyholder and Insured when using the Credit Facilities Services offered by Blue Cross (Asia-Pacific) Insurance Limited ("the Company"). By using the Credit Facilities Services, including the Healthcare Card, the Letter of Guarantee and other methodologies provided by the Company for identification ("Other Tools"), the Policyholder and the Insured agree to the terms and conditions below:

1. The Healthcare Card, the Letter of Guarantee and Other Tools are issued subject to the application of the Policyholder and approval of the Company.
2. The physical Healthcare Card is only valid after the date in which the Insured is covered by the Policy and signed by the Insured. The use of the Healthcare Card is subject to the terms under "Blue Cross Healthcare Card – User Guide". The use of Other Tools is subject to applicable terms and conditions issued by the Company from time to time.
3. The Letter of Guarantee is only valid for the period specified on the letter and signed by the Company.
4. The Healthcare Card, the Letter of Guarantee and Other Tools are not transferable.
5. When using the Healthcare Card or Other Tools, the Insured must present the Healthcare Card or Other Tools, together with his/ her HKID card to the designated healthcare providers for identification prior to receiving the medical services. The Insured's name, membership number and benefit codes will be displayed on the Healthcare Card for identification purpose.
6. The Insured should sign the medical voucher* when using the Healthcare Card and/or the Letter of Guarantee as an evidence of receipt of the medical services.
7. In case of loss or theft of the Healthcare Card, the Policyholder should notify the Company in writing immediately. The Policyholder is responsible for collecting and returning to the Company all physical Healthcare Cards on termination of the Insured's benefits.
8. The Policyholder and the Insured shall be liable for any amount incurred as a result of the use of an unreturned, lost or stolen Healthcare Card.
9. For the replacement of each physical Healthcare Card, a handling fee of HK\$30 will be charged.
10. The Policyholder and the Insured acknowledge that the medical and healthcare services are provided by independent healthcare providers. The Company assumes no responsibility for the services provided by the healthcare providers and no warranty, representation, endorsement or recommendation is given by or may be implied from any information provided by the Company about such healthcare providers in relation to their quality or competence.
11. An arrangement for direct billing and settlement of medical expense may be made between the Company and designated healthcare providers up to the inpatient credit limit^g or, the maximum benefit limit of the Insured as specified in the Schedule of Benefits under the Policy (if appropriate). The Policyholder and the Insured are liable for any ineligible expenses which is not covered by the Policy or any expenses exceeding the benefits or the inpatient credit limit^g, which has been charged when using the Healthcare Card, the Letter of Guarantee and/or Other Tools. The Policyholder and the Insured agree to reimburse the Company immediately for all ineligible or excessive expenses incurred upon written demand. An interest will be charged at the prevailing interest rate on any amount that remains overdue for more than 30 days.
12. The Company may withdraw or suspend any Credit Facilities Services at any time by giving a written notice.
13. All matters and disputes in relation to Credit Facilities Services will be subject to the final decision of the Company and the Company reserves the right to take legal actions against the Policyholder and the Insured for recovery of any amount owed and any losses, damages, costs and expenses in connection thereof.
14. The Company reserves the right to make any amendments to the above terms and conditions as and when it shall consider necessary. An updated version of the Terms and Conditions for Using Credit Facilities Services can be obtained from the Company's website at <http://bluecross.com.hk/document/tnc/creditfacilitieservice>.
15. Should there be any discrepancy between the English and the Chinese versions of these terms and conditions, the English version shall apply and prevail.

* All medical vouchers submitted to the Company for settlement shall be completed and countersigned by the Registered Medical Practitioner with the following details:

- a) date of consultation and the diagnosis of the condition being treated;
- b) breakdown of charges relating to all medical services; and
- c) any amount paid by the Insured.

Unless expressly waived in the Schedule of Benefits under the Policy, a referral letter signed by the Registered Medical Practitioner must be attached for Specialist and Physiotherapist's consultation.

^g Subject to an inpatient credit limit of HK\$300,000 per confinement unless specified otherwise and approved by the Company. This inpatient credit limit is not applicable to individual medical insurance plans.

(V) 醫療保障資料 Medical Cover (請於適當空格填上 ☒ 號。Please tick in the appropriate box.)

類別 Class	基本住院及手術保障 Basic Hospital and Surgical Benefits					附加額外醫療保障 Optional Supplementary Medical Benefits	附加門診保障 Optional Outpatient Benefits									
							80%賠償 80% Reimbursement					100%賠償 100% Reimbursement				
	HS1	HS2	HS3	HS4	HS5		OP1C	OP2C	OP3C	OP4C	OP5C	OP1N	OP2N	OP3N	OP4N	
1.																
2.																
3.																
4.																

(VI) 聲明 Declaration

本人／我們，謹此聲明並同意：

- 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此投保書之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
- 一概保險賠償必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始可生效。
- 本人／我們作為投保人，同意以投保時所呈報有關於受保人之健康狀況及及向醫生提供之健康狀況資料（如有），作為本人／我們與貴公司之保險合約之一部份。
- 本人／我們已閱讀及接受使用免付賑醫療服務的條款及細則（如適用），亦明白貴公司可不時為此條款及細則作出修訂。本人／我們將會有責任向貴公司償還受保人於使用免付賑醫療服務時所產生的任何不在承保範圍內的不符合索償資格的費用或超出保障金額的費用（賠償差額）。
- 本人／我們明白提供醫療、護理或其他服務的機構（如有）均是獨立運作。貴公司概不就有關機構所提供之服務負責，並且不會就該等機構之素質或能力作出任何保證、陳述、認可證明或建議，而貴公司提供的任何資料亦不作此默示。
- 本人／我們獲受保人授予全權，就本申請所需要提供資料，及在此以受保人名義，為本申請作出聲明，簽訂同意及授權書，並就一切賠償，或一切按本申請所簽之保單的相關事宜，與貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人／我們已明確通知受保人，其個人資料將會轉介予貴公司作辦理本申請之用，並已知會受保人在有關個人資料（私隱）條例下所享有的權利。
- 本人／我們有權與貴公司訂立合約事宜及下述簽署人有權及有能力代表投保人簽署及遞交此申請表。透過簽署此申請表，本人／我們明白貴公司提供之保險服務受限於本保單及所付之任何批註的條款。
- 本人／我們明白及確認貴公司會就本人／我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
- 本人／我們明白及同意當貴公司就本保單提供的保險（包括支付任何賠償或提供任何保障），將使貴公司面臨聯合國決議下或歐盟、英國、美國或適用於貴公司的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則貴公司不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
- 本人／我們確認已閱讀及明白產品小冊子和隨本表格附上有關貴公司的收集個人資料聲明。
- 投保人乃根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體／根據《商業登記條例》（香港法例第310章）登記的法人團體、合夥業務、獨資業務或會社，或其分行。（請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
- I/We, as the applicant hereby agree the health information submitted during the application and any statement made to a medical practitioner (if any) in relation to the insured(s) shall form the basis of the contract between me/us and the Company.
- I/We have read and accepted the Terms and Conditions for Using Credit Facilities Services (if applicable) as may be amended by the Company from time to time. I/We shall be liable to reimburse the Company for any ineligible or excessive expenses which is not covered by the policy when the Credit Facilities Services are used by the insured (claim charge back).
- I/We understand that all medical, healthcare or other service providers (if any) are independent contractors, and the Company assumes no responsibilities for the services provided by the service providers and no warranty, representation, endorsement or recommendation is given by or may be implied from any information provided by the Company about such service providers in relation to their quality or competence.
- I/We have the full authority from the insured(s) to provide the information requested on this application and to make the declarations, agreements and authorisations herein on behalf of the insured(s) in relation to this application and to deal with and to receive information or requests for information from the Company concerning the insured(s) in relation to, any claims or matters under or in relation to the policy issued pursuant to this application. I/We have explicitly informed the insured(s) that his/her/their personal data will be transferred to the Company for the purposes of this application and his/her/their rights under the Personal Data (Privacy) Ordinance.
- I/We have the authority to enter into contract with the Company and the undersigned has the authority and capacity to sign and submit this application on behalf of the applicant. By signing this application form, I/we understand that the insurance services provided by the Company are subject to the terms and conditions of the policy and any endorsement thereto.
- I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
- I/We confirm having read and understood the product brochure and the Company's Personal Information Collection Statement as accompanied with this form.
- The applicant is "a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (*delete as appropriate)

本投保書的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

簽署地 Date at	獲授權人簽署及公司蓋章 Signature of Authorised Person with Company Chop	日期（日／月／年） Date (dd/mm/yy)
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HONG KONG

代理人／經紀專用 For Agent/Broker Use Only

代理人／經紀姓名 Agent/Broker Name	代理人／經紀編號 Agent/Broker Code	代理人／經紀簽署 Signature of Agent/Broker
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藍十字（亞太）保險有限公司乃東亞銀行有限公司之子公司及東亞銀行集團成員，與Blue Cross and Blue Shield Association及其任何相關聯機構或許可證持有人並無任何關係。Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of The Bank of East Asia, Limited and a member of the BEA Group. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

藍十字（亞太）保險有限公司
Blue Cross (Asia-Pacific) Insurance Limited



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

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www.bluecross.com.hk

個人健康記錄 - 僱員醫療保障計劃 Personal Health Record Form - Employees Medical Contract

每位申請加入醫療保險單內的受保人必須用英文正楷填寫此表格（父母可替子女填寫）。若未填妥交回，藍十字（亞太）保險有限公司（「藍十字」）概不處理索償。請在該受保人的保障生效日期起30天內交回藍十字。
To be filled in **BLOCK letters** by each person included in the policy. (Parents may fill in this form on behalf of children.) No claims will be processed unless the form is duly completed and returned. Please return to Blue Cross (Asia-Pacific) Insurance Limited within 30 days from the effective date of the coverage of such insured.

(I) 個人資料 Personal Information

保單持有人或僱主名稱 Name of Policyholder/Employer		保單號碼 Policy No.		
受保人（僱員／家屬）姓名（以銀行戶口姓名為準） Name of Insured (Employee/Dependant) (as shown on bank account)	出生日期（日／月／年） Date of Birth (dd/mm/yy)	性別 Sex	香港身份證／護照號碼 HKID Card/Passport No.	婚姻狀況 Marital Status
職業／工作性質 Occupation/Job Nature		電郵地址 ¹ Email Address ¹		
銀行名稱 Bank Name		銀行戶口號碼 ² Bank Account No. ²		
僱員姓名（倘受保人是僱員家屬） Name of Employee (If Insured is a Dependant of Employee)		受保人與保單持有人／僱員之關係 ³ Relationship of Insured with Policyholder/Employee ³		
受僱日期（日／月／年） Date Joined Company (dd/mm/yy)	生效日期（日／月／年） Effective Date (dd/mm/yy)	類別 Class		

1. 只接受40位或以下字母。Maximum of 40 characters is acceptable. 2. 所有受保家屬必須以同一戶口作為賠償過數之用。只接受15位數字或以下之僱員銀行戶口。The autopay A/C No. shall apply to all dependants. Only bank account of employee with 15 digits or below is acceptable. 3. 關係 Relationship Code : E - 僱員 Employee S - 配偶 Spouse C - 子女⁴ Child⁴ 4. 申請公司需根據保單條款及細則中兒童的釋義，核實其參加資格。The applicant needs to verify the eligibility for enrollment in accordance with the definition of Child as stated in the Policy Terms and Conditions.

(II) 健康狀況 Health Details

1. 在過去5年內，您是否曾感染下列疾病或接受有關治療？若「是」，請於下列適當空格內劃上 ☒ 號。
During the last 5 years, have you suffered from or been treated for any of the following disorders/diseases?
If "Yes", please tick the appropriate items below.

<input type="checkbox"/> 腎石或腎病 Stone or kidney diseases <input type="checkbox"/> 各類型潰瘍症 Ulcer of any kind <input type="checkbox"/> 各類型癌症或腫瘤 Cancer or tumours of any kind <input type="checkbox"/> 氣喘病或呼吸疾病 Asthma or respiratory diseases <input type="checkbox"/> 精神病 Mental disorder or psychiatric problems/diseases <input type="checkbox"/> 性病 Venereal diseases <input type="checkbox"/> 關節炎 Arthritis <input type="checkbox"/> 瘧疾 Malaria <input type="checkbox"/> 痔瘡 Hemorrhoids	<input type="checkbox"/> 靜脈曲張 Varicose Veins <input type="checkbox"/> 疝氣 Hernia <input type="checkbox"/> 鼻中隔或鼻甲骨偏側 Deviated nasal septum (or turbinates) <input type="checkbox"/> 拇趾外翻 Hallux Valgus <input type="checkbox"/> 糖尿病 Diabetes <input type="checkbox"/> 高血壓 Hypertension <input type="checkbox"/> 心臟血管或循環系統疾病 Cardio Vascular or circulatory diseases <input type="checkbox"/> 甲狀腺病 Thyroid Diseases <input type="checkbox"/> 脊椎或肌肉及骨骼病 Spinal or muscular skeletal conditions/diseases	<input type="checkbox"/> 風濕熱 Rheumatic Fever <input type="checkbox"/> 腦癇症 Epilepsy <input type="checkbox"/> 後天免疫力缺乏症病毒感染 Infection by Human Immunodeficiency Virus (HIV) <input type="checkbox"/> 痛風 Gout <input type="checkbox"/> 肛瘻 Anal Fistulae <input type="checkbox"/> 酗酒或藥癮 Alcoholism or drug addiction <input type="checkbox"/> 乙型肝炎 Hepatitis B <input type="checkbox"/> 其他 Others	只適用於女性 For Female Only : <input type="checkbox"/> 婦科疾病 Gynecological conditions <input type="checkbox"/> 與妊娠有關之疾病或其併發症 Diseases/complications or conditions associated with pregnancy 任何以上未提及之其他疾病，請附上詳細資料。 Please attach complete details for any other disorders/diseases not listed here.
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2. 在過去5年內，您是否曾在醫院或療養院內接受手術、診察或治療？
Have you ever been in a hospital or sanitorium for surgery, observation or treatment within the last 5 years?

3. 您是否現正接受診察、治療或服用藥物？ Are you currently under observation or taking any treatment or medication?

4. 您是否曾在投保醫療、住院、意外或人壽保險時被拒絕，或有關保單曾被取消、增加保費或附加限制？如答案為「是」者，請說明原因。
Have you ever had any medical, hospitalisation, accident or life insurance application rejected or policy cancelled, rated or restricted?
If "Yes", please provide the reason(s).

若上述1至4項問題的答案為「是」者，請詳述於以下空格內。（若空位不足，請另頁詳加說明）

If you answered "Yes" to any of the above questions 1 to 4, please give details in the following table. (If the space provided is insufficient, please use a separate sheet.)

問題 Question	過往之健康狀況／發生日期 Medical History/Date of Occurrence	病症名稱 Diagnosis	所接受之護理及治療 Care & Treatment Received	現在的情況 Present Conditions	最近一次求診日期 Date of Last Consultation

(III) 聲明及授權 Declaration and Authorisation

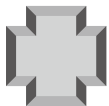
本人謹此聲明並同意：

- 上述所有問題的答案包括所有資料及細節均是準確無誤、真實及為事實之全部，並且是盡本人所知及所信而作答的。本人並沒有隱瞞任何重要資料。
 - 本人並同意所有由藍十字（亞太）保險有限公司（「貴公司」）給予受保人之賠償款項將會存入本申請書所指定之戶口內或於該戶口不存在時以支票支付，並完全解除貴公司就該些索償之一切承保責任。
 - 本人已獲受保人授權提供本申請所需之一切資料。本人並確認受保人已獲明確通知及同意，其個人資料將會轉介予貴公司作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
 - 本人確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。本人亦明白，如貴公司擬使用本人／受保人的個人資料作直接促銷，本人／受保人需要另外給予同意。
- I HEREBY DECLARE AND AGREE THAT:
- The answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my knowledge and belief. I have not withheld any material information.
 - I further agree that payment of any benefits hereunder to the Insured by Blue Cross (Asia-Pacific) Insurance Limited ("the Company") in relation to all medical claims shall be credited to the bank account as specified in this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
 - I have obtained the authorisation from the Insured to provide the information requested in this application. I further acknowledge that the Insured has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/her rights under the Personal Data (Privacy) Ordinance.
 - I confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. I further understand that my/the Insured's consent will be separately obtained if the Company intends to use my/the Insured's personal data for direct marketing.

日期（日／月／年） Date (dd/mm/yy)	受保人簽署 Signature of Insured
獲授權人姓名及職位 Name & Title of Authorised Person	獲授權人簽署及公司蓋章 Signature of Authorised Person with Company Chop
	日期（日／月／年） Date (dd/mm/yy)

*本個人健康記錄的中英文版本如有差異，以英文版本為準。 Should there be any discrepancy between the English and the Chinese versions of this Personal Health Record Form, the English version shall apply and prevail.

藍十字（亞太）保險有限公司
Blue Cross (Asia-Pacific) Insurance Limited



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓
29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
Tel 電話：3608 2988 Fax 傳真：3608 2989
www.bluecross.com.hk

Super Care 申請表格 – 公司登入 Super Care Application Form – Company Login

請以英文正楷填寫此表格。Please complete this form in BLOCK letters.
所有申請須經藍十字審閱及批核，方可生效。The application for Blue Cross Super Care's Company Login is subject to the final assessment and approval by Blue Cross.

保單持有人名稱
Name of Policyholder

保單號碼
Policy No.

公司登入
Company Login

☐ 主要保單
Master Policy

☐ 附屬保單
Sub-policy

公司登入管理人資料 Details of Administrator for Company Login

*管理人必須為已獲授權查閱保單、受保人及賠償資料的員工。
Administrator MUST be authorised to access Policy, Insured Person and claim information.

管理人姓名 Full Name of Administrator	受保人編號 Insured No. (及保單號碼如與上述不同 And Policy No. if not the same as above)	電郵地址 Email Address

聲明 Declaration

本人謹此聲明並同意：

- 藍十字（亞太）保險有限公司（「本公司」）將給予已獲保單持有人授權之管理人啟用公司登入「密碼」及啟用日期，並根據申請表格上（附有公司蓋印及授權人簽署）所指定的電郵地址發送給管理人。
- 為確保符合「個人資料私隱條例」，保單持有人會持續確保其指定的管理人及其後所指定使用者必須妥善處理有關資料。
- 保單持有人／管理人了解不應將密碼給予非授權人士，並應將密碼絕對保密。未經授權而被他人使用密碼所引致保單持有人或受保人之任何損失，本公司將不會負任何責任。
- 本公司有權不時修訂服務範圍，退出或終止此服務而無需預先通知及對保單持有人和受保人負任何責任。
- 保單持有人須自費裝置合適之器材以便使用該等服務。

I hereby declare and agree that:

- Blue Cross (Asia-Pacific) Insurance Limited ("the Company") will provide the "Administrator" who is authorised by the policyholder with an initial Company Identification Number ("CIN") for Company login and a password for access to the Company Login section; and confirm the effective date of the Super Care by email altogether, upon receiving the application form with the authorised person's signature and company chop.
- The policyholder must regularly ensure that the "Administrator" and its subsequent designated users will take every-precaution and responsibility for enacting personal data privacy.
- The policyholder/Administrator acknowledges that the CIN is confidential and shall not disclose or cause to disclose to any unauthorised person(s). The Company shall not be liable in respect of any damage whatsoever suffered by the policyholder or any insured as a result of unauthorised use of the CIN.
- The Company shall have the absolute discretion from time to time to determine the scope of service, withdraw or discontinue the operations of this service without notice or responsibility to the policyholder and insured.
- The cost and expense to obtain and maintain suitable equipment to access the website shall be borne by the policyholder.

保單持有人簽署及公司蓋印
Policyholder's Authorised Signature with Company Chop

日期（日／月／年）
Date (dd/mm/yy)

僱員醫療保障計劃參加表格 Employees Medical Contract Enrolment Form

請以英文正楷填寫此表格，如屬不同保單號碼，請分開另表填寫，及在該受保人的保障生效日期起30天內交回藍十字（亞太）保險有限公司。
Please complete this form in BLOCK letters and use separate forms for different policy numbers and return to us within 30 days from the effective date of the coverage of such insured.
(此表格應依循保單之申請細則一併闡釋。 This form is to be read and construed in conjunction with the details of application.)

僱主名稱 Employer Name		團體醫療保單號碼 Group Medical Policy No.												
僱員／家屬姓名（以銀行戶口姓名為準） Employee/Dependant Name (as shown on bank account)		職業 Occupation	類別 Class	性別 Sex	婚姻狀況 ¹ Marital Status S/M/D	出生日期 (日／月／年) Date of Birth (dd/mm/yy)	香港身份證／護照號碼 HKID Card/Passport No.	受僱日期 (日／月／年) Date Joined Company (dd/mm/yy)	參加計劃日期 (日／月／年) Date Joined Scheme (dd/mm/yy)	關係 ² Relationship E/S/C	銀行名稱及戶口號碼 ³ Bank Name and Account No. ³			
姓氏 Surname	名字 Given Name										銀行名稱 Bank Name	銀行號碼 (3位數字) Bank Code (3 digits)	分行號碼 (3位數字) Branch Code (3 digits)	戶口號碼 (9位數字) Account Code (9 digits)
											電郵地址 ⁵ Email Address ⁵			
											電郵地址 ⁵ Email Address ⁵			
											電郵地址 ⁵ Email Address ⁵			
											電郵地址 ⁵ Email Address ⁵			
											電郵地址 ⁵ Email Address ⁵			
											電郵地址 ⁵ Email Address ⁵			
註 Note :		1. 婚姻狀況： Marital Status :		S - 未婚 Single		M - 已婚 Married		D - 離婚 Divorced		3. 所有受保家屬必須以同一戶口作為賠償過數之用。 The autopay A/C No. shall apply to all dependants. Only bank account with 15 digits or below is acceptable.				
		2. 關係： Relationship Code :		E - 僱員 Employee		S - 配偶 Spouse		C - 子女 ⁴ Child ⁴		4. 申請公司需根據保單條款及細則中兒童的定義，核實其參加資格。 The applicant needs to verify the eligibility for enrollment in accordance with the definition of Child as stated in the Policy Terms and Conditions. 5. 接受40位或以下字母。 Maximum of 40 characters is acceptable.				

聲明 Declaration
本人我們，謹此聲明並同意：

1. 本人我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字（亞太）保險有限公司（「貴公司」）進行交涉，並向其接收或索取與受保人（等）有關之資料。本人我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予貴公司作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。

2. 本人我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

I/WE, HEREBY DECLARE AND AGREE THAT :

1. I/We have obtained the authorisation from the Insured(s) to provide the information requested in this application and to deal with and receive or request information concerning the Insured(s) from Blue Cross (Asia-Pacific) Insurance Limited ("the Company") in relation to any matters arising from this application. I/We further acknowledge that the Insured(s) has(have) explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.

2. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

獲授權人姓名及職位 Name & Title of Authorised Person	獲授權人簽署及公司蓋章 Signature of Authorised Person with Company Chop	日期 (日／月／年) Date (dd/mm/yy)
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Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

個人資料（私隱）條例 — 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

本公司所存下或收集的關於閣下的個人資料（包括但不限於信用資料和以往申索紀錄）可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定、結清保險索償及就索償抗辯，包括進行任何附帶調查，偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
 - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律（例如稅務條例及當中的條款，包括與自動交換財務帳戶資料相關的條款）；或
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導（例如稅務局作出或發出的指引或指導，包括與自動交換財務帳戶資料相關的指引或指導）；或
 - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於東亞銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承辦人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應者（如保險理算人、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或

金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；
- (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
- (vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）；及
- (ix) 為履行任何本聲明第(2)(i)-(2)(iii)段所列明的用途的以下人士：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

該等資料可能被轉移至香港境外。

(4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
 - (a) 保險、財務、銀行及相關服務及產品；
 - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
 - (c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供之服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
 - (a) 東亞銀行集團任何成員公司；
 - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
 - (c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

(5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓
藍十字（亞太）保險有限公司
個人資料保障主任
傳真：(852) 3608 2938

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

由東亞銀行集團成員—藍十字（亞太）保險有限公司發出
(201906)



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

The Personal Data (Privacy) Ordinance – Personal Information Collection Statement (the “Statement”)

Blue Cross (Asia-Pacific) Insurance Limited (the “Company”) is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the “BEA Group”.

In compliance with the Personal Data (Privacy) Ordinance (the “Ordinance”), the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you held or collected by the Company (including but not limited to credit information and claims history) may be used for the following purposes:

- processing applications for insurance products and services;
- providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- processing, adjudicating, settling and defending insurance claims as well as conducting any incidental investigation, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- designing insurance products and services with a view to improving the Company's service;
- preparing statistics and conducting research;
- marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
 - any law binding or applying to it within or outside the Hong Kong Special Administrative Region (“Hong Kong”) existing currently and in the future (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information);
 - any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information); or
 - any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as insurance adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- reinsurance companies with whom the Company has or proposes to have dealings;
- any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- third party reward, loyalty, co-branding and privileges program providers;
- co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement; and
- the following persons who carry out any of the purposes described in paragraphs (2)(i)-(2)(iii) of this Statement: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- the following services, products and subjects may be marketed:
 - insurance, financial, banking and related services and products;
 - reward, loyalty or privileges programs and related services and products; and
 - services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- the above services, products and subjects may be provided by the Company and/or:
 - any member of the BEA Group;
 - third party reward, loyalty, co-branding or privileges program providers; and/or
 - co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer
Blue Cross (Asia-Pacific) Insurance Limited
29th Floor, BEA Tower, Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon
Hong Kong
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- The Company retains the right to change this Statement.

Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group (201906)