



## 僱員醫療保障計劃投保書 Employee Medical Care Plan Application Form

請以英文正楷填寫此份投保書。  
Please complete this form in BLOCK letters.

### (I) 申請公司之資料 Details of Applicant

公司名稱 Full Name		
地址 Full Address		
聯絡人及職位 Contact Person & Title		
電話號碼 Telephone No.	傳真號碼 (可選擇提供) Fax No.(Optional)	電郵地址 E-mail address
業務性質 Industry/Business Nature		開業年期 Years in Business

### (II) 附屬公司之資料 (如適用) Details of Affiliated Companies (if applicable)

公司名稱 Full Name		
地址 Full Address		
聯絡人及職位 Contact Person & Title		
電話號碼 Telephone No.	傳真號碼 (可選擇提供) Fax No.(Optional)	電郵地址 E-mail address
業務性質 Industry/Business Nature	獨立賬戶 Separate Account	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
如所提供之空位不足, 請另頁書寫, 並在後面空格上加上「✓」號。 Please attach additional sheet for further entries and tick in the box provided. <input type="checkbox"/>		

### (III) 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  否

\* 請參考本申請表第V部分

\* Please refer to Part V of this application form

### (IV) 參加資格 Eligibility for Membership

類別 Category	類別內容 Category Description	家屬保障 <sup>^</sup> Dependant Cover <sup>^</sup>			試用期 (現職員工) Probationary Period (Present Employees)	試用期 (新聘員工) Probationary Period (New Employees)
		S	C	F		
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<sup>^</sup>家屬保障提供予受保人之配偶及子女, 請在適當的空格加上「✓」號。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。S - 配偶 C - 子女 F - 家屬  
Dependant Cover is offered to the spouse and child(ren) of the Insured, please tick in the appropriate box. The applicant needs to verify the eligibility for enrollment in accordance with the definition of Child as stated in the Policy Terms and Conditions. S - Spouse C - Child F - Dependant

## (V) 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日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顯示。
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<sup>¶</sup>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之費用或超出保障或住院掛賬限額<sup>¶</sup>之費用,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逾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。

<sup>¶</sup> 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<sup>¶</sup> 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<sup>¶</sup>, 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.

<sup>¶</sup> 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.

**(VI) 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 Category	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			
	HS1	HS2	HS3	HS4	HS5	OP1C	OP2C	OP3C	OP4C	OP5C	OP1N	OP2N	OP3N	OP4N
1.														
2.														
3.														
4.														

類別 Category	附加牙科保障 Optional Dental Benefits (必須與附加門診保障一併投保 Must be enrolled together with Optional Outpatient Benefits)					
	80%賠償 80% Reimbursement			100%賠償 100% Reimbursement		
	D1C	D2C	D3C	D1N	D2N	D3N
1.						
2.						
3.						
4.						

**(VII) 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的一部份。
- 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之費用或超出保障金額之費用（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顯示。
- 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、合類業務、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:**

1. 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.
2. 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.
3. 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.
4. 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).
5. 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.
6. 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.
7. 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.
8. **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.**
9. I/We confirm having read and understood the product brochure and the Company's Personal Information Collection Statement as accompanied with this form.
10. The applicant is <sup>a</sup>a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ <sup>a</sup>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. ( <sup>a</sup>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)
<b>HONG KONG</b>		

**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

藍十字 (亞太) 保險有限公司乃友邦保險控股有限公司之子公司，與Blue Cross and Blue Shield Association及其任何關聯公司或持牌人並無任何關聯。  
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