

2.	Chinese Name (If any) 中文姓名 (如有)	3.	ID Type & No. (Please provide certified copy) 身份證明文件類別及號碼 (請提供核證副本) <input type="checkbox"/> ID Card/Birth Cert No. 身份證/出生證明書號碼 _____ <input type="checkbox"/> Passport No./Others 護照號碼/其他 _____ Place of Issue 簽發地點 _____		
4.	Date of Birth 出生日期 (DD 日/MM 月/YYYY 年)	5.	性別 Gender <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	6.	Place of Birth 出生地區
7.	Nationality (Country/Region) 國籍 (國家/地區) (please complete Nationality 2 and/or 3 if different from Nationality 1 and/or 2 若與國籍 1 及/或 2 不同, 請填寫國籍 2 及/或 3)				
	Nationality 1 國籍 1	Nationality 2 國籍 2		Nationality 3 國籍 3	
8.	Correspondence Address 通訊地址 For Overseas Address Only 只適用於海外地址 Postal Code 郵區編號 : _____				
	Permanent Address 永久住址 <input type="checkbox"/> Same as correspondence address 與通訊地址相同				
	Residential Address 住宅地址 <input type="checkbox"/> Same as correspondence address 與通訊地址相同 <input type="checkbox"/> Same as permanent address 與永久地址相同				
9.	Telephone No. 聯絡電話號碼 (Please provide at least one telephone no. with its Country/Region Code, Area Code (if any) and country/region 請提供最少一個聯絡電話號碼, 包括國家/區域編號及地區編號 (如適用) 及所屬國家/地區)				
	<input type="checkbox"/> Home 住宅	Telephone No. 電話號碼 : _____ <input type="checkbox"/> Hong Kong SAR 香港特別行政區 (+852) <input type="checkbox"/> US 美國 (+1) <input type="checkbox"/> China 中國 (+86) <input type="checkbox"/> Other countries/regions 其他國家/地區 _____			
	<input type="checkbox"/> Work 工作	Telephone No. 電話號碼 : _____ <input type="checkbox"/> Hong Kong SAR 香港特別行政區 (+852) <input type="checkbox"/> US 美國 (+1) <input type="checkbox"/> China 中國 (+86) <input type="checkbox"/> Other countries/regions 其他國家/地區 _____			
	<input type="checkbox"/> Mobile 手提電話	Telephone No. 電話號碼 : _____ <input type="checkbox"/> Hong Kong SAR 香港特別行政區 (+852) <input type="checkbox"/> US 美國 (+1) <input type="checkbox"/> China 中國 (+86) <input type="checkbox"/> Other countries/regions 其他國家/地區 _____			
10.	Email Address 電郵地址 _____				
11.	Relationship to Existing Policyholder 與現時保單持有人關係				
12.	Employer/Business Industry (where applicable) 僱主/公司行業 (如適用)				
13.	Job Title (where applicable) 職位 (如適用)				
14.	Name of Employer/Business & Address (where applicable) 僱主/公司名稱及地址 (如適用)				

B. Personal Details and Health Declaration of New Insured 新受保人個人資料及健康聲明

For HSBC Health Goal Insurance Plan 適用於「滙康保險計劃」

Is the total notional amount per New Insured* within USD2,000,000 (aged 50 or below) / USD1,000,000 (aged 51 to 60) / USD500,000 (aged 61 to 65)? 每位新受保人的名義金額總額 * 是否不超過 2,000,000 美元 (50 歲或以下) / 1,000,000 美元 (51 至 60 歲) / 500,000 美元 (61 歲至 65 歲)?

* The total notional amount per New Insured refers to the total notional amount of all pending and inforce HSBC Health Goal Insurance Plan applications or policies. Besides, "Age" refers to the age of the New Insured at his/her next birthday. 每位新受保人的名義金額總額指「滙康保險計劃」下之所有申請批核中或生效保單的名義金額總額。此外，上述年齡指新受保人的下一個生日的歲數。

Yes (please go to section B1) No (Please go to section B2)
是(請跳至 B1 部份) 否(請跳至 B2 部份)

For Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life: 適用於「翡翠環球世代萬用壽險」及「翡翠尊尚環球世代萬用壽險」:

Have the New Insured had his/her last examination for an in-force Jade Universal Life policy within the last 12 months and received a Simplified Issue Option - Notice of Eligibility issued by the Company, and Sum Insured of current policy not exceeding the Sum Insured mentioned in the Notice of Eligibility? 新受保人是否於過去 12 個月內曾因已生效的翡翠萬用壽險保單而進行體檢及已收取一份由本公司簽發的「簡易簽發選項 - 合資格通知書」, 及本保單的投保額不超過合資格通知書上所述的投保額?

Yes (please go to section B3) No (Please go to section B4)
是(請跳至 B3 部份) 否(請跳至 B4 部份)

For **HSBC Paramount Global Life Insurance Plan**, please go to section B4. 就**滙瓏環球壽險計劃**, 請跳至 B4 部份。

B1. Personal Details and Health Declaration of New Insured for HSBC Health Goal Insurance Plan (simplified underwriting) 「滙康保險計劃」的新受保人個人資料及健康聲明(簡易核保)

The Company will only apply simplified underwriting with Declarations 1 to 2 answered 'Yes' and 3 to 8 answered 'No'. 以下第 1 至 2 項聲明答案全部為「是」及第 3 至 8 項聲明答案全部「否」, 本公司方會以簡易核保程序處理申請。

Declarations 1 to 2 第 1 至 2 項聲明: Applicable to HGIP basic coverage (New Insured aged 56 to 65 only. For New Insured aged 55 or below, please go to Question 3)
只適用於「滙康保險計劃」基本保障(新受保人年齡介乎 56 至 65 歲; 若新受保人是 55 歲或以下人士, 請跳至第 3 題)

- | | New Insured
新受保人 | |
|---|--------------------------|--------------------------|
| | Yes
是 | No
否 |
| 1. Height 身高: <input type="checkbox"/> _____ ft 呎 _____ in 吋 / <input type="checkbox"/> _____ cm 厘米
Weight 體重: <input type="checkbox"/> _____ lb 磅 / <input type="checkbox"/> _____ kg 公斤
I confirm that my weight have not changed for more than 5kg unexpectedly in the past 12 months.
我確認我的體重在過去十二個月內沒有意外地增減多於 5 公斤的變化。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I confirm I have never been treated or counselled for alcohol problem and never consume more than 10 units* of standard drinks in a week. 我確認我從未接受過酒精問題的治療或諮詢, 並且每星期的飲酒量不多於 10 杯 * 標準份量酒。
* Remark: 1 unit of drink is equivalent of either 10 grams of alcohol, which is similar to 30ml shot of spirits, or 100ml glass of red wine or 330ml bottle of mid strength beer. 備註: 一杯標準份量酒是任何相當於含有 10 克酒精的飲料, 相當於 30 毫升烈酒, 100 毫升紅酒或 330 毫升中強度啤酒。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a Smoker (excluding cigar users)? 閣下是否吸煙者(不包括吸食雪茄者)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had or been told you had or been treated for any congenital conditions, mental/nervous illnesses, epilepsy, stroke, eye disorders (exclude recovered conjunctivitis and chalazion), heart troubles, circulatory system diseases, digestive system diseases, liver diseases (include hepatitis B/C carrier), hypertension, respiratory system diseases (exclude allergic rhinitis), reproductive system diseases, urinary system diseases, musculoskeletal system diseases, HIV infection, sexually transmitted diseases, any tumor/abnormal tissue growth/cancer, diabetes, endocrine diseases? 閣下曾否患有或被告知患有或須治療任何先天缺陷、精神/神經疾病、癲癇、中風、眼疾(已痊愈之紅眼症及眼瘡除外)、心臟毛病、循環系統疾病、消化系統疾病、肝病(包括乙/丙型肝炎帶菌者)、高血壓、呼吸系統疾病(鼻敏感除外)、生殖系統疾病、泌尿系統疾病、肌肉骨骼系統疾病、愛滋病毒感染、經性接觸傳染之疾病、任何腫瘤/組織異常增生/癌症、糖尿病、內分泌疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 2 years, have you had surgical operation in a hospital or continuously received medication or treatment for a period of 14 days or more, or had any tests or investigation (other than an investigation carried out for employment or immigration purposes)? 閣下在過去 2 年內曾否在醫院內接受手術或連續 14 天或以上接受藥物或治療, 或接受任何身體測試或檢查(受聘前或申請移民前的檢查除外)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you either waiting for any form of medical treatment, consultations or investigations or the results from a test or investigation, or are you having any ongoing treatment? 閣下是否正等候任何形式的醫療治理、諮詢或檢查、測試或檢查的結果、或正接受任何持續式治療? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past 2 years, have you ever made an application, renewal or reinstatement for life, accident, health or critical illness insurance where the application was declined, postponed, modified or offered only on special rates or terms? 閣下在過去 2 年內曾否於投保或續保或復保人壽、意外、醫療或危疾保險時, 被拒、延遲受保、修改或被要求特定的保費率或條款? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any of your immediate family members (parents or siblings) whether living or dead ever suffered from cancer, heart condition (include murmur), stroke, renal failure or any other hereditary disease at or before the age of 60? 閣下的直系親屬(父母或兄弟姊妹)無論在生或已死亡有否曾經於 60 歲或之前患有癌症、心臟疾病(包括心臟雜音)、中風、腎衰竭或任何其他遺傳性疾病? | <input type="checkbox"/> | <input type="checkbox"/> |

**B2. Personal Details and Health Declaration of New Insured for HSBC Health Goal Insurance Plan 「滙康保險計劃」的新受保人
個人資料及健康聲明**

- Yes 是 No 否
9. Are you now covered by any life insurance policy (excluding group life insurance)? If the answer is “Yes”, please give information below. 現時閣下是否受保於任何人壽保險單(團體保險除外)? 若答「是」, 請提供以下資料。
- | Name of Insurance Company
投保公司名稱 | Year Issued
簽發年份 | Amount of Life Insurance (HK Dollars)
人壽保險金額(港幣) |
|-------------------------------------|---------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
10. Is there any other application for insurance on your life now pending? If the answer is “Yes”, please give details. 閣下有否申請其他人壽保險而仍在審核中? 若答「是」, 請述詳情。
11. Has any proposal or application for life or accident or health insurance on you or reinstatement of such insurance ever been declined/postponed/accepted at other than normal terms? If the answer is “Yes”, please give the reason and the name of the company. 閣下在過去投保壽險、意外保險、醫療保險或要求恢復此類保險效力時, 曾否被拒/延遲受保/更改受保條款? 若答「是」, 請說明原因及公司名稱。
12. Do you engage or expect to engage in any hazardous activities, such as automobile or motorcycle racing, skin or scuba diving, sky diving, professional sports or flying other than as a fare-paying passenger? If the answer is “Yes”, please state activity and frequency below: 閣下曾否或計劃參與任何危險活動, 例如賽車、潛水、跳傘、職業性體育運動或從事飛行活動(以乘客身份購票者除外)? 若答「是」, 請在下面詳細列明活動種類及活動頻率:
13. Height 體高: _____ ft 呎 _____ in 吋 / _____ cm 厘米
Weight 體重: _____ lb 磅 / _____ kg 公斤
14. Are you a Smoker (excluding cigar users)? 閣下是否吸煙者(不包括吸食雪茄者)?
15. Have you ever taken or used any addictive drugs? And, have you, in the past 12 months, smoked cigarettes or frequently taken alcoholic drink(s)? If the answer is “Yes”, please state average consumption (such as quantity per day or week) and type. 閣下曾否服食或使用任何成癮藥物? 此外, 在過去12個月內曾否吸煙或經常性地飲酒? 若答「是」, 請說明平均數量(如每日或每星期的份量)及種類。
16. For females only 只適用於女性
- a. Are you now pregnant? If the answer is “Yes”, please state for how many months. 閣下現在是否懷孕? 若答「是」, 請述已懷孕月數。
- b. Have you ever had complications of pregnancy during gestation in the past 10 years including current pregnancy, if applicable (eg. ectopic pregnancy, abortion, disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine etc.)? 在過去十年包括此次懷孕(如適用), 閣下曾否在妊娠期間患有併發症(例如: 宮外孕、流產、瀰漫性血管內凝血、妊娠糖尿病、血壓高或蛋白尿等)?
17. Have any of your parents, brothers or sisters whether dead or living EVER SUFFERED from (a) heart disease, (b) stroke, (c) cancer, (d) kidney disease, (e) diabetes, (f) high blood pressure, (g) mental disorder, (h) coronary artery disease, (i) epilepsy, (j) tuberculosis, (k) any hereditary disease or (l) liver disease? If the answer is “Yes”, please state details of which relative(s), the diagnosis, the age at onset and current health status. 閣下的父母、兄弟或姊妹無論在生或已死亡曾否患有(a)心臟病、(b)中風、(c)癌症、(d)腎病、(e)糖尿病、(f)血壓高、(g)精神病、(h)冠狀動脈疾病、(i)癲癇症、(j)結核病、(k)任何遺傳病或(l)肝病? 若答「是」, 請詳述那位親人、病症、發病年齡及現時健康情況。
18. Have you ever had or been told that you had or been treated for cancer, tumour, diabetes, asthma, stroke, heart trouble (including murmur), high blood pressure, rheumatic fever, systemic lupus erythematosus, lung disease, liver disease, hepatitis B/C carrier, kidney disease, mental disorder, blood disease, blood spitting, passing blood per rectum, epilepsy, or any disease, abnormality or discomfort of the brain, eyes, ears (including hearing impairment), genito-urinary system, musculo-skeletal system, digestive system, respiratory system or nervous system? 閣下曾否患有或被告知患有或被治療癌症、腫瘤、糖尿病、哮喘、中風、心臟毛病(包括心臟雜音)、血壓高、風濕熱、紅斑狼瘡、肺病、肝病、乙/丙型肝炎帶菌者、腎病、精神病、血科疾病、咳血、便血、癲癇或任何腦部、眼部、耳部(包括聽覺受損)、生殖泌尿系統、肌肉骨骼系統、消化系統、呼吸系統或神經系統的疾病、不正常或不適?
19. Have you ever consulted any medical adviser about, or been tested for (including self-initiated oral fluid test), or been recommended to undergo a test for Human Immunodeficiency Virus, AIDS-related Complex or AIDS or is there anything about your life-style which could expose you to the risk of AIDS? 閣下曾否接受過與後天性失去免疫能力病症、愛滋病有關病症或愛滋病諮詢醫療顧問、接受測試(包括自發性的口液檢驗)或被推薦接受測試、或有任何生活方式可能導致愛滋病症?

B2. Personal Details and Health Declaration of New Insured for HSBC Health Goal Insurance Plan (cont'd) 「滙康保險計劃」的新受保人個人資料及健康聲明(續)

- Yes 是 No 否
20. Have you, in the past five years, (a) consulted your physician or medical adviser, or (b) had any operations, hospital care, medical tests (including mammogram, pap smear, ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (excluding consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment)? 在過去五年，閣下曾否(a)就診或(b)接受手術、入院療養、X光檢驗、內科治療、體格檢驗(包括乳房X-光、子宮頸細胞塗片檢驗、超聲波或活體檢視)或以上未提及的治療(普通病症如傷風、感冒及受聘前的健康檢查而不需要額外檢驗和治療者除外)?
21. Do you have any other acquired or congenital deformity, bodily injury or disorder not mentioned above? 閣下有否其他上述未有提及的先天或後天缺陷、身體損傷或不適?

If the answer to questions 14 - 20 is "Yes", please complete the following: 若問題 14 至 20 答案為「是」，請填寫下列有關資料：

Question No. 題號	Diagnosis 診斷結果	Duration of Illness or Injury 疾病或受傷 的持續時間	Type of Treatment Received 曾接受的治療	Physician & Hospital 主診醫生及醫護機構		Last Follow Up Date 最後診治 日期	Results 結果
	Date 日期			Name 姓名	Address 地址		

Any Additional Information
其他附加資料

B3. Health Declaration of New Insured for Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life (Simplified Issue Option) 「翡翠環球世代萬用壽險」/「翡翠尊尚環球世代萬用壽險」的新受保人健康聲明(簡易簽發選項)

Applicable for existing JGGL/JUGGL/PGIP life insured; available for customers who have (1) had their last medical examination for an in-force Jade Universal Life policy within the last 12 months and (2) received a "Simplified Issue Option - Notice of Eligibility" issued by the Company, and (3) Sum Insured of current policy not exceeding the Sum Insured mentioned in the Notice of Eligibility
適用於 JGGL/JUGGL/PGIP 的受保人：只適用(1)過去 12 月內曾因已生效的翡翠萬用壽險保單而進行體檢及(2)已收取一份由本公司簽發的「簡易簽發選項 - 合資格通知書」之客戶、及(3)本保單的投保額不超過合資格通知書上所述的投保額

Please carefully read the declaration below and if you satisfy all the conditions of the declaration please tick ("✓") the box below to proceed with your application for Simplified Issue Option. 請仔細閱讀下列聲明，如閣下符合該聲明的所有條款，請於下列空格中填上「✓」以進行簡易簽發選項的申請。

I declare that there has been no change in the New Insured's condition of health, and that the New Insured have not sought/ received any medical advice or attention, consultation, examination or treatment whatsoever (except medical attention or consultation for colds and influenza and/or examination for employment or immigration purpose with normal results) since the date of completion of the medical examination for my last Jade Universal Life policy ('Policy Number' _____ as stated in Section 6 of this form) with the Company; 本人聲明自本人的上一次翡翠萬用壽險保單(於本表格第 6 部份所述的「保單號碼」_____)之身體檢查完成日期後，新受保人的健康狀況沒有任何改變，及新受保人並沒有尋求/接受任何醫學建議或護理、諮詢、檢驗或治療(如因傷風及感冒而須接受醫學護理或諮詢及/或因受聘或移民目的而須接受身體檢驗及檢驗結果正常者除外)；

The New Insured also have no conditions, signs and symptoms that would cause the New Insured to seek or plan for any medical treatments and/or consultations. I/the New Insured understand that the Company will rely on the information provided in the said application in respect of this Simplified Issue Option. 新受保人並沒有狀況、病徵及症狀導致新受保人需尋求或計劃接受任何醫學治療及/或諮詢。本人/新建議受保人明白 貴公司將根據上述申請所提供的資料而進行簡易簽發選項。

* If you do not satisfy with all the conditions of this declaration the New Insured will not be eligible to proceed with an application for the Simplified Issue Option and please complete the Health Details in Section B4 of the form in order to proceed with your application. 如閣下不符合此聲明的所有條款，新受保人將不合資格申請簡易簽發選項，請填妥本表格 B4 部份之健康資料問題，以進行閣下的申請。

B4. Health Details of New Insured of HSBC Paramount Global Life Insurance Plan / Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life 「滙豐環球壽險計劃」/「翡翠環球世代萬用壽險」/「翡翠尊尚環球世代萬用壽險」新受保人的健康聲明 (For the following questions “you” or “your” means the New insured) (就以下問題而言,「閣下」代表新受保人)

Please Note: If you are eligible to apply for and have elected Simplified Issue Option for either Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life or Jade Global Generations (with Critical Illness Advance Payment) you are not required to complete this section, but instead please complete the Health Declaration of New Insured for Jade Global Generations Universal Life/Jade Ultra Global Generations Universal Life (Simplified Issue Option).

請注意: 倘若閣下合資格申請及選取翡翠環球世代萬用壽險/翡翠尊尚環球世代萬用壽險或翡翠環球世代萬用壽險 (並附加嚴重疾病預支保額保障) 之簡易簽發選項, 閣下不須填寫此部分, 惟請填寫本表格第 B3 部份之「翡翠環球世代萬用壽險」/「翡翠尊尚環球世代萬用壽險」的新受保人健康聲明 (簡易簽發選項)。

- | | |
|---|---|
| <p>22. Height 體高: <input type="checkbox"/> _____ ft 呎 _____ in 吋 / <input type="checkbox"/> _____ cm 厘米
 Weight 體重: <input type="checkbox"/> _____ lb 磅 / <input type="checkbox"/> _____ kg 公斤</p> | <p>New Insured
新受保人</p> |
| <p>23. Has your weight changed by more than 5kg/10lb in the past 12 months? If Yes, please give reason (if known). 在過去 12 個月, 閣下的體重是否增減超過 5 公斤 / 10 磅? 若答「是」, 請註明原因 (如知悉有關原因)</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>24. Are you a smoker or a former smoker? If Yes, please state type and average usual consumption per day or week. If you are a former smoker, please advise when you last smoked and reasons for quitting smoking. 閣下是否吸煙者或前吸煙者? 若答「是」, 請說明煙的種類及平均每日或每星期的吸食份量。如閣下是前吸煙者, 請提供最後一次吸煙日期及戒煙原因。</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>25. Do you frequently take alcoholic drinks? If Yes, please indicate average daily consumptions by type of alcohol and volume. 閣下是否經常性地飲酒? 若答「是」, 請說明種類及每日平均飲用量
 Type of alcohol 酒類: _____ Volume (amount) 飲用量: _____</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>26. Have you ever been treated or counselled for alcoholism or been advised by a medical professional to reduce your consumption of alcohol? 閣下是否曾因酗酒而接受治療或輔導, 或有專業醫療人員曾勸告閣下減少酒量?</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>27. Have you ever taken or used any addictive drugs except as prescribed by a medical professional? 閣下是否曾經吸食或服用任何成癮藥物 (專業醫療人員處方除外)?</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>28. Have any of your parents, brothers or sisters whether dead or living ever suffered from (a) heart disease, (b) stroke, (c) cancer, (d) kidney disease, (e) diabetes, (f) high blood pressure, (g) mental disorder, (h) coronary artery disease, (i) epilepsy, (j) tuberculosis, (k) any hereditary disease or (l) liver disease? If Yes, please provide details of which relative(s), the diagnosis, onset age and current health state? 閣下的父母、兄弟姐妹 (無論在生或死亡) 是否曾患有 (a) 心臟病、(b) 中風、(c) 癌症、(d) 腎病、(e) 糖尿病、(f) 高血壓、(g) 精神病、(h) 冠狀動脈疾病、(i) 癲癇症、(j) 結核病、(k) 任何遺傳病或 (l) 肝病? 若答「是」, 請詳述哪位親人、其病症、發病年齡及現時的健康狀況。</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>29. Have you ever had or been told you have or been treated for cancer, tumour, diabetes, asthma, stroke, heart trouble (including murmur), high blood pressure, rheumatic fever, systemic lupus erythematosus, lung disease, liver disease, hepatitis (incl. B/C carrier), kidney disease, thyroid disease, mental disorder, blood disease, blood spitting, passing of blood per rectum, epilepsy, or any disease, abnormality or discomfort of the brain, eyes, ears (including hearing impairment), genitourinary system, musculo-skeletal system, digestive system, respiratory system or nervous system? 閣下是否曾患有、被告知患有或接受診治以治療癌症、腫瘤、糖尿病、哮喘、中風、心臟毛病 (包括心臟雜音)、高血壓、風濕熱、系統性紅斑狼瘡、肝病、肝病、肝炎 (包括乙/丙型肝炎帶菌者)、腎病、甲狀腺疾病、精神病、血科疾病、咳血、便血、癲癇或任何腦部、眼部、耳部 (包括聽覺受損)、生殖泌尿系統、肌肉骨骼系統、消化系統、呼吸系統或神經系統的疾病、不正常或不適?</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>30. Have you ever consulted any medical adviser about or been tested for (including self-initiated oral fluid test), or been recommended to undergo a test for Human Immunodeficiency Virus, AIDS-related Complex or AIDS or is there anything about your life-style which could expose you to the risk of AIDS? 閣下是否曾因愛滋病病毒、愛滋病相關症候群或愛滋病而諮詢醫療顧問或接受測試 (包括自發性的唾液檢驗) 或被建議接受測試, 或有任何生活方式可能導致愛滋病?</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>31. Do you have any acquired or congenital deformity, bodily injury or a disorder not mentioned above, or are you currently suffering from any medical symptoms for which a doctor has not been consulted? 閣下是否有其他上述未有提及的先天或後天缺陷、身體損傷或不適, 或現時已出現任何症狀, 但尚未為此諮詢醫生?</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |
| <p>32. Have you, in the past 5 years, (a) consulted a physician or medical adviser, or (b) had any operation, hospital care, medical tests (including mammogram, pap smear, ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (excluding consultations for minor complaints and conditions such as flu, cold, or pre-employment or immigration medical examinations, which did not lead to further investigation or treatment)? 在過去 5 年, 閣下曾否 (a) 諮詢醫生或醫療顧問或 (b) 接受任何手術、入院療養、醫療檢驗 (包括乳房造影、柏氏抹片檢查、超聲波或活組織檢驗)、X 光檢驗、治療或以上並未提及的任何其他治療或檢驗 (普通病症如傷風、感冒、受聘或移民前的身體檢驗且不需要額外檢驗和治療者除外)?</p> | <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> |

B4. Health Details of New Insured of HSBC Paramount Global Life Insurance Plan / Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life (cont'd) 「滙瓏環球壽險計劃」／「翡翠環球世代萬用壽險」／「翡翠尊尚環球世代萬用壽險」新受保人的健康聲明 (For the following questions “you” or “your” means the New insured) (就以下問題而言,「閣下」代表新受保人)(續)

33. (i) Please provide the name and address of your usual doctor, and also any hospital or clinic you have consulted in the last 24 months. 請提供閣下慣常諮詢的醫生姓名和地址,以及在過去 24 個月內曾前往就診的任何醫院或診所名稱。 (i)
- (ii) Please state the date and reason for last consultation. 請註明上一次就診的日期及原因。 (ii)
- (iii) Was any follow-up required? If yes, please give details 有否須要作出跟進? 如果答案是「有」,請詳細說明 (iii)
- (If your answer is 'none', please clearly state this)**
假若答案是「沒有」,請在此清楚註明。

34. Are you awaiting any medical consultation, results of investigations, receiving treatment, or experiencing any symptoms? 閣下是否正在等候任何醫療諮詢或檢驗結果,或正接受治療或有任何症狀? Yes 是 No 否

35. For females only 只適用於女性
(i) Are you now pregnant? If Yes, please state how many months. 閣下現在是否懷孕? 若答「是」,請註明已懷孕月數。 Yes 是 No 否

(ii) Have you ever had any complications of pregnancy during gestation (eg. Ectopic pregnancy, abortion, disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine etc.)? 閣下是否曾在妊娠期間出現併發症(例如:宮外孕、流產、瀰漫性血管內凝血、妊娠糖尿病、高血壓或蛋白尿等)? Yes 是 No 否

If you answered to “Yes” to any of the questions above in this Section B4, please provide details in the space below: 如閣下在本 B4 部份以上任何問題上回答時為「是」,請在下面的空白處說明詳情:

36. Are you now covered by any life or critical illness insurance policy (excluding group life insurance)? If Yes, please provide the information below. 現時閣下是否受保於任何人壽保險或嚴重疾病保障的保單(團體人壽保險除外)? 若答「是」,請提供以下資料。 Yes 是 No 否

37.	Name of Insurance Company 保險公司名稱	Policy Number 保單號碼	Policyholder 保單持有人	Year Issued 簽發年份	Type of Policy, e.g. Life or Critical Illness insurance 保險類別,如人壽保 險或嚴重疾病保障	Amount of Sum Insured 保障額
						HK\$/US\$ 港元/美元
						HK\$/US\$ 港元/美元
						HK\$/US\$ 港元/美元
						HK\$/US\$ 港元/美元
						HK\$/US\$ 港元/美元
						HK\$/US\$ 港元/美元
						HK\$/US\$ 港元/美元

B4. Health Details of New Insured of HSBC Paramount Global Life Insurance Plan / Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life (cont'd) 「滙瓏環球壽險計劃」／「翡翠環球世代萬用壽險」／「翡翠尊尚環球世代萬用壽險」新受保人的健康聲明 (For the following questions “you” or “your” means the New insured) (就以下問題而言,「閣下」代表新受保人)(續)

38. Is there any other application for insurance on your life now pending or proposed? If Yes, please provide name of company, Sum Insured and type of policy. 閣下是否正在申請任何其他保險或該申請仍待審批? 若答「是」,請說明公司名稱、投保額及保單類別。 Yes 是 No 否

39. Has any proposal or application for life, accident, critical illness or health insurance on you or any reinstatement of such insurance ever been declined/postponed/accepted at other than normal terms? If Yes, please give the reason and the name of the company and policy number. 閣下是否曾在過去投保人壽保險、意外保險、嚴重疾病保障、醫療保險或在申請此類保險復效時,被拒保/延遲受保/更改受保條款? 若答「是」,請說明原因、公司名稱及保單號碼。 Yes 是 No 否

40. Do you travel or live away from your residential city location for more than a total of 14 days in any year? If Yes, please provide details over the last 12 months. 閣下是否曾在任何一個年度,前往居住城市地區以外的地方旅遊或居住累積 14 天或以上? 若答「是」,請提供過去 12 個月的外遊資料。 Yes 是 No 否

Location visited 到訪地區	Purpose (Business or pleasure) 目的(商務或消閑)	Duration (Days) and frequency 逗留期(日)及次數
_____	_____	_____
_____	_____	_____
_____	_____	_____

41. Do you anticipate the pattern or frequency of travel will change substantially over the next 12 months? If Yes, please give details. 閣下是否預期未來 12 個月的旅遊模式或次數將出現重大更改? Yes 是 No 否

42. Do you engage or expect to engage in any hazardous or potentially hazardous activities, such as automobile or motorcycle racing, power boat racing, skin or scuba diving, parachuting and sky diving, professional sports or flying other than as a fare-paying passenger on a schedule airline route? If Yes, please ask to complete a Sports & Pursuits Questionnaire 閣下是否參與或欲參與任何危險性或潛在危險性的活動,如: 汽車或摩托車賽車、賽艇、徒手潛水或水肺潛水、跳傘或延緩張傘的跳傘運動、職業性體育競技或從事飛行活動(以乘客身分就預定航班購票者除外)? 若答「是」,請填寫「運動及消遣問卷」。 Yes 是 No 否

43. Does your job nature involve working at heights (over 25 feet), working underground, handling explosives, commercial diving, armed with weapons (exclude police forces), working with or maintaining high voltage power lines and cables? 閣下現時從事之工作是否涉及高空作業(超過 25 英尺)、地下作業、處理爆炸物、商業潛水、攜帶武器(警察除外)、處理或維修高壓電線及電纜? Yes 是 No 否

44. Have you ever been charged or convicted for any criminal offence? If Yes, please give details. 閣下是否曾因任何刑事罪行而被控告或定罪? 若答「是」,請說明詳情。 Yes 是 No 否

45. Additional Financial Information 額外財務資料

(a) Income Statement (in USD) 收入報表(美元)

Annual 全年	Estimated Current Year 本年度預計	Prior Year 上一年度
Salary 薪金		
Bonuses 花紅		
Company Interest 公司收益		
Investment Income 投資收益		
Dividends 股息		
Rental Income 租金收入		
Other Income 其他收入		
Total Income 總收入		

Expenditure Statement (in USD) 開支報表(美元)

Annual 全年	Estimated Current Year 本年度預計	Prior Year 上一年度
Mortgage payments 按揭支付		
Rent 租金		
Schooling for Children 子女教育		
Club Memberships 俱樂部會籍		
Other Expenditure (including the monthly repayment for existing premium financing arrangement) 其他開支(包括現有每月 保費融資相關的還款額)		

Total Expenditure 總開支		

B4. Health Details of New Insured of HSBC Paramount Global Life Insurance Plan / Jade Global Generations Universal Life / Jade Ultra Global Generations Universal Life (cont'd) 「滙瓏環球壽險計劃」／「翡翠環球世代萬用壽險」／「翡翠尊尚環球世代萬用壽險」新受保人的健康聲明 (For the following questions “you” or “your” means the New insured) (就以下問題而言,「閣下」代表新受保人)(續)

- (b) Do you receive any other benefits or privileges from your Employer not mentioned above? (eg car, personal travel costs, other employment benefits of monetary value). If Yes, please provide details. 除上述各項外,閣下是否獲僱主提供任何其他福利或待遇(如汽車、個人交通津貼或其他具金錢價值的在職福利)若答「是」,請說明詳情。 Yes 是 No 否

(c) Personal Balance Sheet (in USD) 個人財政狀況(美元)

Assets 資產	Estimated Current Year 本年度預計	Prior Year 上一年度	Liabilities 負債	Estimated Current Year 本年度預計	Prior Year 上一年度
Cash & Savings 現金及儲蓄			Personal Loans (including outstanding premium financing principal) 個人債務(包括未償還的 保費融資貸款本金)		
Real Estate 房地產			Mortgages 按揭		
High Valuables 貴重物品			Margin Account 保證金賬戶		
Stocks & Bonds 股票及證券			Loan Guarantees 債務擔保		
Other 其他 _____			Banking Facility 銀行貸款		
Other 其他 _____			Other 其他 _____		
Other 其他 _____			Other 其他 _____		
Total Assets 總資產			Total Liabilities 總負債		

(d) Schedule of Properties Owned 自置物業表

Address 地址	Year Purchased 購置年份	Ownership 擁有權	Location (Country / Region) 地點(國家/地區)

- (e) Have you ever been declared bankrupt? If Yes, please give details. 閣下是否曾宣佈破產? 若答「是」,請詳述 Yes 是 No 否

C. Declaration and Authorisation 聲明及授權書

I/We authorise any physician, hospital, clinic, insurance company, other individual organisation or government office that has any records or knowledge of the New Insured to disclose to HSBC Life (International) Limited or its representative any information relevant to this application. This authorisation shall irrevocably bind my successors and assigns and remain valid, notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人授權任何知道受保人情況及據有任何紀錄的醫生、醫院、診所、保險公司、其他機構或政府機構向滙豐人壽保險(國際)有限公司或其代表提供與此申請有關的資料。本人之繼承人及委託人亦受此授權書之約束，不得異議。並於本人死亡或喪失能力後依然有效，本授權書之影印本亦屬有效。

I/We understand and agree that the request for Change of Life Insured which requires evidence of insurability shall consist of Part A and shall not take effect unless all of the following conditions are met: (1) the application is approved by HSBC Life (International) Limited in its absolute discretion during the lifetime and continued insurability of the New Life Insured(s); (2) in respect of Change of Life Insured which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such Change of Life Insured; (3) acceptance of the request for change shall be confirmed by the company in writing or endorsement of this change request. 本人(等)明白及同意需提交轉換受保人申請，需要填寫A部分，並必須符合下列條款，否則該申請不能生效：(1) 申請必須在受保人在生及健康時核准。(2) 此轉換受保人之申請經公司核准後，保單內「不得異議」條款的保單發出日及保單生效日將以此更改受保人申請批准日起計算。(3) 公司將以書面或簽發保單批註形式通知此申請被接納。

I/We hereby declare that all answers to the questions are, to be best of my knowledge and belief, complete and true, whether written by own hand or not, and I agree that they are, with the following agreements, to be considered as the basis of the proposed Change of Life Insured shall not take effect until this application has been duly approved by the Company during the lifetime and continued insurability of the person insured by the said policy, and any required premium has been paid. 本人(等)聲明，以上提供之資料(不論是否親筆填寫)皆完全屬實及真確無訛，並清楚明白這些答案將成為此申請轉換受保人之依據。此轉換受保人之申請必須經公司核准及在受保人在生及健康時全數繳清所需保費始能生效。

By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) Ordinance which accompanies this form. 本人(等)在下方簽署即同意貴公司可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

By signing below, I/we confirm the above application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance (which may otherwise be referred to as 'Personal Information Collection Statement'). I understand I can view such notice by scanning the QR code below, or else I can request a copy by visiting my local HSBC Branch or by calling the Life Insurance Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請，並同意貴公司可跟據本表格內有關個人資料(私隱)條例的通知書(也可稱為「個人資料收集聲明」)內列出的用途，使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描下方的二維碼瀏覽該通知書，或可前往各滙豐分行或致電滙豐人壽保險服務熱線：(852) 2583 8000索取該通知書的副本。

PICS 2020Jun (English) 個人資料收集聲明(中文)



I/We acknowledge and agree only a restricted scope of services for my life insurance policy can and shall be provided to me during any time when I/We am located in the United States, either temporarily or permanently, when giving out any instruction for such services to HSBC Life (International) Limited. 本人(等)確認及同意當本人(等)短暫或永久身處在美國期間發出的任何人壽保險保單指示，滙豐人壽保險(國際)有限公司只能提供有限的服務。

I/we have obtained the consent of all relevant persons (including but not limited to the beneficiary(ies), regarding transfer of personal data to HSBC Life, for its collection, use and disclosure of personal data in accordance with the Personal Information Collection Statement. 本人(等)已取得所有相關人士(包括但不限於受益人)的同意，將個人資料轉移至滙豐保險，以供滙豐保險根據個人資料收集聲明收集、使用及披露個人資料。

I/We understand that I/we can also see HSBC Life's Personal Information Collection Statement at its website via the link <https://www.hsbc.com.hk/insurance/info/>. 本人(等)明白本人(等)亦可透過鏈接 <https://www.hsbc.com.hk/insurance/info/> 在滙豐保險網站上查閱滙豐保險的個人資料收集聲明。

D. Request for Revised Policy Benefit Illustration/Insurance Illustration 要求收到已修改保單利益說明/保險說明書

46. Do you want to receive the revised Policy Benefit Illustration/Insurance Illustration for previewing the updated cash value and death benefit under the policy with the coverage changed to the New Insured before the completion of such request? 您是否需要於執行此申請前收到已修改保單利益說明/保險說明書預覽更改受保人後的最新現金價值及身故賠償?

- Yes. Policyholder wants to receive the revised Policy Benefit Illustration/Insurance Illustration before the completion of this application, and understand the Change of Life Insured application will not be proceeded unless policyholder provides his/her confirmation on proceeding such request to HSBC Life after receiving the revised Policy Benefit Illustration/Insurance Illustration. 是，保單持有人希望於完成此申請前收到已修改保單利益說明/保險說明書，並明白若保單持有人收到已修改保單利益說明/保險說明書後並未有向滙豐保險確認執行此申請，此更改受保人申請將未能處理。
- No. Policyholder wants to proceed the application of Change of Life Insured directly and receive the revised Policy Benefit Illustration/Insurance Illustration after the approval of the change. 否，保單持有人希望直接執行更改受保人申請，並於申請獲批核後收到已修改保單利益說明/保險說明書。

Signature 簽署			
Signature of Policyholder 保單持有人簽署	Signature of New Insured (If other than the Policyholder) 新受保人簽署(若與保單持有人 不同)	Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用)	Signature of Assignee (with company chop, if any) 承讓人簽署(附上公司蓋章, 如適用)
_____	_____	_____	_____
Name 姓名 : _____	Name 姓名 : _____	Name 姓名 : _____	Name 姓名 : _____
Date 日期 : _____	Date 日期 : _____	Date 日期 : _____	Date 日期 : _____
Signed at (city, country/region) 於(城市、國家/地區)簽署			

For Bank Use			
<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	