

Policy Number 保單號碼 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	FirstCare / FirstCare Plus Medical Insurance / Medical Insurance Amendment Form 摯關懷／摯關懷超卓醫療計劃／醫療保險計劃修改書	
	Received Date (by Branch) 分行收表日期	
	Plan Type 計劃名稱	<input type="checkbox"/> FirstCare 摯關懷醫療計劃 <input type="checkbox"/> FirstCare Plus Medical Insurance 摯關懷超卓醫療計劃 <input type="checkbox"/> Outpatient Care 門診醫療計劃 <input type="checkbox"/> Australian Mutual Provident 安寶住院醫療保障 <input type="checkbox"/> Healthcare 健康保障計劃 <input type="checkbox"/> HealthSurance 康健醫療保障 <input type="checkbox"/> Hospitalcash Cover 住院現金 <input type="checkbox"/> Medicare Visa 滙豐信用卡住院醫療保障 <input type="checkbox"/> Medicovert 嘉豐萬護住院保 <input type="checkbox"/> Medisurance 醫療萬全保 <input type="checkbox"/> Cancer Care 癌症保障計劃 (For HospitalSurance, Refundable HospitalSurance and Preferred Care, please use General Insurance Amendment Request Form. 住院萬全保、保費回贈住院萬全及優越醫護計劃保單，請填妥一般保險更改保險申請表)
	Name of Policyholder in English (Surname first) 保單持有人英文姓名 (姓氏先行)	
	# ID Type & No. # 身份證明文件類別及號碼	
NOTE 注意： <ol style="list-style-type: none"> Please ensure that you have read and understood the Personal Information Collection Statement (Please refer to the statement at the nearest branch of HSBC). 請確保閣下已知悉及明白收集個人資料聲明內容 (請於就近滙豐分行取閱有關聲明) 。 # ID Type 身份證明文件類別：I = HKID 香港身份證，P = Passport 護照。 Please put a '✓' in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上"✓" 號，並用正楷填寫。 <p><small>^Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678. 保單已按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電AXA安盛 (852) 2867 8678。</small></p>		

Part I 第一部分 Change or correction of personal details (Please enclose ID Card/Passport/Birth Certificate copy in support)
☐ 更改或更正客戶資料 (請附上身份證 / 護照 / 出生證明副本以作證明)

<input type="checkbox"/> (a) Insured Person 受保人 <input type="checkbox"/> Name 姓名 _____ <input type="checkbox"/> Date of Birth 出生日期 _____	<input type="checkbox"/> (b) Policyholder 保單持有人 <input type="checkbox"/> # ID Type & No. 身份證明文件及號碼 _____
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Part II 第二部分
☐ Change of contact details 更改通訊資料

Flat 號數	Floor 層數	Bock 座數	Name of building 大廈名稱
Name of estate 屋苑名稱			No. and name of street/road 街道號數及名稱
District 地區		HK 香港/KLN 九龍/NT 新界 Other countries 其他國家	
Home phone 住宅電話	Work phone 辦公室電話	Mobile phone 手提電話	E-mail 電郵地址

AXA General Insurance Hong Kong Limited
安盛保險有限公司

P.O. Box No. 90852 Tsim Sha Tsui Office, Kowloon, Hong Kong

香港九龍尖沙咀郵政局郵政信箱 90852 號

23/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, Hong Kong

香港九龍九龍灣宏遠街 1 號壹號九龍 23 樓

Customer Care Hotline 客戶服務熱線：(852) 2867 8678

☐ **Loss of FirstCare / FirstCare Plus Medical Insurance or Outpatient Care Card declaration**

I/We hereby declare that my/our FirstCare / FirstCare Plus Medical insurance / Outpatient Care Card(s) of membership no. (s) _____ is/are lost and should be considered as void. I/We further agree that should the Card(s) be recovered subsequently, it/they will be returned to AXA General Insurance Hong Kong Limited immediately. I/We hereby request to have the Card(s) replaced. 謹此聲明本人（等）遺失摺關懷／摺關懷超卓醫療卡／門診醫療卡，會員編號為 _____。該（等）卡應宣告無效。本人（等）同意倘若本人（等）日後尋回此已報失之醫療卡，當立即交還安盛保險有限公司。謹此聲明本人（等）要求補領新卡。

☐ By Cash 現金

Please credit to AXA General Insurance Hong Kong Limited, account no.848-162236-004 and attach your deposit advice for replacement fee (HK\$50 for each Card) to this form. 請存入安盛保險有限公司戶口 848-162236-004 內，並附上補領費用的存款單據（每張醫療卡的補領費為港幣 50 元）。

☐ By Credit Card 信用卡

I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited ("HSBC") to debit my/our following credit card account for the replacement fee (HK\$50 for each Card) under this Policy as shall be instructed by AXA General Insurance Hong Kong Limited ("AXA"). 本人 (等) 授權香港上海滙豐銀行有限公司 (簡稱「滙豐」) 根據安盛保險有限公司 (簡稱「AXA 安盛」) 的指示從本人 (等) 之滙豐信用卡戶口內扣除此保單下的補領費用 (每張醫療卡的補領費為港幣 50 元)。

Credit Card no.

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信用卡號碼

Expiry date (MM/YY)

有效期限 (月 / 年)

		/		
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(Accept Visa Card/MasterCard only 只接受滙財卡 / 萬事達卡)

Signature of cardholder

信用卡持有人簽署

Full name of cardholder

信用卡持有人姓名

HKID/Passport no. of Cardholder

信用卡持有人之身份證／護照號碼

(Must match with Bank's record

必須與所屬銀行紀錄相同)

Date _____

日期

☐ Addition of insured person(s) / Change of cover 增加受保人/更改保障項目

☐ Addition of insured person(s) 增加受保人

- This option is not applicable for Cancer Care. 此選項不適用於「癌症保障計劃」。
- For FirstCare: Your spouse must be aged below 75 (or 65 for Company Top-up plan or optional outpatient benefit) and must share the same place of residence with you. 「摯關懷醫療計劃」：您的配偶必須為年齡 75 歲以下及與您為同一居住地（或 65 歲以下如投保公司增值計劃或附加自選門診保障）。
- For FirstCare Plus Medical Insurance: Your spouse/partner must be aged between 18 and 80 years old and must share the same place of residence with you. 「摯關懷超卓醫療計劃」：您的配偶或伴侶必須為年齡 18 至 80 歲之間及與您為同一居住地。
- For Outpatient Care: Your spouse must be Hong Kong resident and aged below 60. 「門診醫療計劃」：您的配偶必須為香港居民及年齡 60 歲以下。
- Your child(ren) must share the same place of residence with you, has attained the age of 15 days and is under the age of 18 or full-time students aged 23 or below. 您的子女必須與您為同一居住地、及年齡在十五 (15) 日以上及十八 (18) 歲以下，或為 23 歲或以下的全日制學生。
- For FirstCare / FirstCare Plus Medical Insurance: A 10% family discount will be offered on next renewal if your direct family member(s) (see note below) (aged 18 or above) is holding a separate policy FirstCare/ FirstCare Plus Medical Insurance, please provide the personal particulars of your direct family member(s) (see note below) (aged 18 or above) for verification. 「摯關懷/摯關懷超卓醫療計劃」：若您的直系家庭成員（備註如下）（年齡 18 歲或以上）已投保另一份「摯關懷/摯關懷超卓醫療計劃」保單，您於續保時亦可獲保費九折優惠。請提供您的直系家庭成員（備註如下）（年齡 18 歲或以上）

Note 備註：“Direct family member(s)” refers to parents, (or siblings, applicable for FirstCare Plus Medical Insurance only), spouse, partner (means someone with whom the insured person lives in a relationship equivalent to marriage, whether of the same or opposite gender) and children of the applicant. 「直系家庭成員」意指申請人的父母、（或兄弟姊妹，僅適用於摯關懷超卓醫療計劃）、配偶、伴侶（指此人與受保人的關係等同於婚姻，不論相同或不同之性別）及子女。

Please provide the personal particulars of the concerned direct family member(s) for verification. 請提供有關直系家庭成員之個人資料，以便核對。

Name 姓名：_____ Date of birth 出生日期：_____

HKID No. or passport number 香港身份證號碼或護照號碼：_____

FirstCare / FirstCare Plus Medical Insurance policy no. 「摯關懷/摯關懷超卓醫療計劃」會員號碼：_____

- A 10% family discount on premiums will be offered on your newly added spouse (or partner, applicable for FirstCare Plus Medical Insurance only) and/or children in the same policy. All members in same policy will be entitled to the discount at the next policy renewal. 選擇與配偶（或伴侶，僅適用於摯關懷超卓醫療計劃）及/或子女同時投保同一份保單只有新增家屬可享保費九折優惠。在續保時，同一保單內所有家庭成員均可享折扣優惠。
- Please attach a copy of the court order of guardianship if any proposed insured child(ren) is/are under legal guardianship. 若由法定監護人替小童投保，請連同法庭監護令副本一併遞交。
- Please attach a copy of HKID and passport of the additional member(s) 請遞交新增受保人之身份證或護照副本。
- Please complete the Health declaration of Part V for the additional insured person(s) in FirstCare plan. 請為摯關懷醫療計劃的新增受保人填寫第五部分之健康聲明。
- Please complete the Health declaration of Part VI for the additional insured person(s) in FirstCare Plus Medical Insurance. 請為摯關懷超卓醫療計劃的新增受保人填寫第六部分之健康聲明。

Name of additional insured person(s) (in English) 新增受保人姓名 (英文)	HKID no./ passport no. 身份證/護照號碼	Sex 性別	Date of birth DD / MM / YY 出生日期 日/月/年	Height* 高度 □ cm 厘米 □ ft / in 呎/吋	Weight* 體重 □ kg 千克 □ lbs 磅
Spouse 配偶/Partner# 伴侶#					
Child (1) 子女 (1)					
Child (2) 子女 (2)					
Child (3) 子女 (3)					

Partner is only applicable for FirstCare Plus Medical Insurance # 伴侶僅適用於摯關懷超卓醫療計劃

* It is not applicable for FirstCare Plus Medical Insurance. *不適用於摯關懷超卓醫療計劃

☐ Change of cover / Choice of cover 更改保障項目/投保項目

- All plan changes will be effective from the next policy year. 更改保障將於下一保單年度生效。
- For Outpatient Care and FirstCare (<PM1> which were effected before 10 October 2005): all insured persons must apply for the same plan. 門診醫療計劃及摯關懷醫療計劃（於 2005 年 10 月 10 日之前生效的保單<PM1>）：所有受保人於同一保單內必須投保同一計劃。
- For FirstCare (new policies <PM3> which were effected on or after 1 November 2015) 摯關懷醫療計劃（於 2015 年 11 月 1 日或以後生效的新保單<PM3>）：Choice of cover of the new insured person(s) is the same as the Insured 新增受保人的投保項目與投保人相同：
☐ Yes 是 ☐ No 否 (If “No” is selected, please complete the “Choice of cover” section below 如選擇「否」，請填妥以下之「投保項目」)
- For FirstCare: addition of optional benefit(s)/plan upgrading (switching Company Top-up plan to Basic is not applicable), please complete the Health declaration in Part V. 摯關懷醫療計劃：若增加保障項目或提升計劃保障（不適用於由公司增值計劃轉至基本計劃者），請填妥第五部分之健康聲明。
- For FirstCare Plus Medical Insurance: Please complete the Health declaration in Part VI for plan upgrading. 摯關懷超卓醫療計劃：請填妥第六部分中之健康聲明以提升計劃保障

Part IV (Continued) 第四部分 (續)

☐ FirstCare 聯關懷醫療計劃

Name of Insured Person (in English) 受保人姓名 (英文)	Core benefit 指定保障項目:		Optional benefit 自選保障項目:			
	Hospital and Surgical Benefit 住院及手術保障	Supplementary Major Medical Benefit# 附加重症住院保障#	Clinical Benefit 門診保障	Maternity Benefit 產科保障	Dental Benefit 牙科保障	
1. _____	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Basic 基本計劃 <input type="checkbox"/> Essential 精選計劃 <input type="checkbox"/> Privilege 專尚計劃 <input type="checkbox"/> Company Top-up 公司增值計劃	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 2 Not applicable 不適用	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 3	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2	
2. _____	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Basic 基本計劃 <input type="checkbox"/> Essential 精選計劃 <input type="checkbox"/> Privilege 專尚計劃 <input type="checkbox"/> Company Top-up 公司增值計劃	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 2 Not applicable 不適用	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 3	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2	
3. _____	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Basic 基本計劃 <input type="checkbox"/> Essential 精選計劃 <input type="checkbox"/> Privilege 專尚計劃 <input type="checkbox"/> Company Top-up 公司增值計劃	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 2 Not applicable 不適用	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 3	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2	
4. _____	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Basic 基本計劃 <input type="checkbox"/> Essential 精選計劃 <input type="checkbox"/> Privilege 專尚計劃 <input type="checkbox"/> Company Top-up 公司增值計劃	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 2 Not applicable 不適用	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2 <input type="checkbox"/> Option 選擇 3	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加/ <input type="checkbox"/> Deletion 取消 <input type="checkbox"/> Option 選擇 1 <input type="checkbox"/> Option 選擇 2	

The plan type of 'Hospital and Surgical Benefit' and optional 'Supplementary Major Medical Benefit' must be the same. 「住院及手術保障」及「附加重症住院保障」必須為同一計劃。

☐ FirstCare Plus Medical Insurance 聯關懷超卓醫療計劃

Name of Insured Person (in English) 受保人姓名 (英文)	Basic Plan 基本計劃	Saver Plan 靈活計劃	Standard Plan 標準計劃	Enhanced Plan 優選計劃	Top Plan 尊尚計劃
1. _____	<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"/>
3. _____	<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"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV (Continued) 第四部分 (續)

☐ **Outpatient Care 門診醫療計劃**

☐ Plan 計劃 A

☐ Plan 計劃 B

Outpatient Care benefit of any additional Insured Person(s) shall be commenced 12 days after the Effective Date of his/her application. 新增受保人將於保障生效日起計12日後始獲提供醫療服務。

☐ **Cancer Care* 癌症保障計劃***

Name of Insured Person (in English) 受保人姓名 (英文)	Plan A – Basic 計劃 A – 基本	Plan B – Essential 計劃 B – 精選	Plan C – Superior 計劃 C – 優越	Plan D – Premier 計劃 C – 尊尚
1.	<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"/>
3.	<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"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+ Plan level of the Insurance Person cannot be higher than the plan level of the Policyholder. 受保人之計劃級別不可高於保單持有人之計劃級別。

Part V 第五部分

☐ **Health declaration (for FirstCare Plan) 健康聲明 (華關懷醫療計劃)**

- This part must be completed for the additional insured person(s) and/or plan upgrade and/or reinstatement. 若新增受保人及/或增加保障項目及/或提升保障計劃及/或保單復效，則必須填寫本部份。

Please read the following questions carefully and answer in full. 請詳閱及回答下列所有問題。

Has the insured or any insured person(s) (if any) in this application 此申請表內的投保人及所有受保人 (如有) : Yes 是 No 否

- had, at any time during the last four years 於過去四年內，曾經：
 - any illnesses/diseases (e.g. abnormal blood pressure, heart disease, kidney disease, diabetes, thyroid gland disease, asthma, respiratory disorder, liver disease, cancer, tumour of all kinds, ulcer, gynaecological conditions, dermatological conditions, etc.), injury, physical impairment/deformity or conditions requiring in-patient treatment, or operation, or physical therapy, or consultation with a specialist or regular medications? 因任何疾病 (例如高血壓、心臟病、腎病、糖尿病、甲狀腺病、哮喘病、呼吸系統毛病、肝病、癌症、腫瘤、潰瘍病、婦科病、皮膚病等)、受傷、身體受損或畸形，而須入院接受診治、或手術、或物理治療、或向專科醫生求診、或須定期藥物治療？ ☐ Yes ☐ No
 - had or been advised to have any X-ray/imaging/scanning, ECG or laboratory test? 接受或被建議接受任何X光或掃描、心電圖或化驗？ ☐ Yes ☐ No
- exhibited any discomfort or symptom or any foreseeable need for treatment or to consult any medical practitioner? 患有任何不適或出現病徵而有可預見之醫療或就診需要？ ☐ Yes ☐ No
- been declined, postponed or accepted with restricted benefits or additional conditions in medical insurance? 投保醫療保險被拒、延遲受保或被限制受保範圍或增加受保條款？ ☐ Yes ☐ No

If any reply "Yes" to any of the above questions, please complete the following: 若以上任何問題的答案為「是」，請填妥下列

資料：

If you need to provide details on another sheet(s), please tick this box and attach the sheet(s).

如需附頁詳加說明，請於此格內加✓ 號及連同紙張一併遞交。

Question no. 題號	Name of insured person(s) 受保人姓名	Details / Diagnosis / Part of body involved 詳情/疾病類別/ 受影響身體部分	Type of treatment / medication received 曾接受的治療/藥物	Date of occurrence 發病日期	Last follow-up date 最後診治日期	Result 結果

- Please provide current weight and height of each insured person for plan upgrade. 請提供受保人現時之體重及身高。

Name of Insured Person (in English) 受保人姓名 (英文)	Weight 體重	kg 千克 lbs 磅	Height 身高	<input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft/in 呎/吋
1. _____	1. _____		1. _____	
2. _____	2. _____		2. _____	
3. _____	3. _____		3. _____	
4. _____	4. _____		4. _____	

Part VI 第六部分

☐ Health declaration (for FirstCare Plus Medical Insurance) 健康聲明 (華關懷超卓醫療計劃)

• This part must be completed for the additional insured person(s) and/or plan upgrade and/or reinstatement. 若新增受保人及/或增加保障項目及/或提升保障計劃及/或保單復效，則必須填寫本部份。

	Applicant 申請人	Spouse / Partner 配偶 / 伴侶	Child (1) 子女 (1)	Child (2) 子女 (2)	Child (3) 子女 (3)
1. Have you (or the proposed Insured Person) had a history of Diabetes, Hepatitis B, hyperlipidaemia, hypertension, cancer, heart condition, stroke, or joint replacement; or any medical devices (e.g., pacemaker, shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in the body? 您(或準受保人)是否有糖尿病、乙型肝炎、高脂血症、高血壓、癌症、心臟病、中風或關節置換的病史，或現在體內有任何醫療儀器(如起搏器、導引腦積水的分流器，及固定骨折的骨釘和骨板等)?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. In the last 6 months, have you (or the proposed Insured Person) had any undiagnosed symptoms, or been taking medical investigations or awaiting results for the said symptoms? 在過去六個月內，您(或準受保人)是否曾有任何未被診斷的症狀，或現正就有關症狀進行醫療檢查或等待結果？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. In the last 4 years, have you (or the proposed Insured Person) had: 在過去四年內，您(或準受保人)是否曾：					
a) Consultation / medical investigations (e.g., scans or blood tests) for any medical conditions/ symptoms that have either continued for at least 14 days or occurred more than once; 因任何持續 14 天或以上及/或出現多於一次的病症或症狀就診或接受醫療檢查 (如掃描或血液檢驗)；	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b) consultation or medical investigations as a result of abnormal findings from medical investigations; 因醫療檢查結果異常而就診或接受醫療檢查；	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
c) consultation by a specialist (e.g., physiotherapist, otorhinolaryngologist, ophthalmologist) at least twice for the same medical conditions? 因同一病症接受兩次或以上的專科醫生 (如物理治療師、耳鼻喉專科醫生、眼科醫生) 診治？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
d) ever taken or been advised to take any prescribed medication regularly for a continuous period of at least 1 month? 曾定期服用，或曾被建議定期服用，為期最少一個月的醫生處方藥物？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
e) admitted to a healthcare facility for an operation or a procedure? 曾住院、接受手術或治療程序？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
f) Applicable to proposed Insured Person aged 25 months to 18 years only: Has the proposed Insured Person had consultation or medical investigations as a result of developmental disorders such as abnormal weight or height? 此問題只適用於年齡介乎 25 個月至 18 歲的準受保人： 準受保人是否曾因生長發育異常問題 (如身高異常或體重異常等)就診或接受醫療檢查？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用

g) Applicable to proposed Insured Person aged 15 days to 24 months only: Was the proposed Insured Person born before 37 weeks or after 42 weeks of pregnancy? 此問題只適用於年齡介乎 15 日至 24 個月的準受保人： 準受保人是否於懷孕 37 週前或 42 週後出生？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> N/A 不適用
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Part VII 第七部分

☐ Health declaration (for Cancer Care Plan) 健康聲明 (癌症保障計劃)

- This part must be completed for the additional insured person(s) and/or plan upgrade and/or reinstatement. 若新增受保人及/或增加保障項目及/或提升保障計劃及/或保單復效，則必須填寫本部份。

	Insured Person (1) 受保人 (1)	Insured Person (2) 受保人 (2)	Insured Person (3) 受保人 (3)	Insured Person (4) 受保人 (4)	Insured Person (5) 受保人 (5)
1. Have you ever had, or been told to have, or are under current investigation for cancer, tumor, lump or growth of any kind (including carcinoma in-situ)? 您曾經患有、或被告知患有、或現正進行診斷癌症、腫瘤或任何型式之增生 (包括原位癌) ？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Do you have two or more immediate family members including parent, brother and sister whether living or dead suffering from cancer before the age of 60? 您有兩名或以上的近親家屬成員包括父母、兄弟、姊妹 (不論在生或離世) 於 60 歲前患有癌症？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Part VIII 第八部分

☐ Deletion of insured person(s) 刪除受保人

- For FirstCare / FirstCare Plus Medical Insurance: premium refund will be based on the premium refund terms and conditions specified on the policy. 摯關懷 / 摯關懷超卓醫療計劃：若於受保年度內終止任何受保人的保障，有關保費將按照保單上退還保費條款而定。
- For Outpatient Care: amendment will be effective from the next policy year. 門診醫療保障：有關更改將於下一保單年度生效。

Name of insured person (in English) 受保人姓名 (英文)	HKID no. / passport no. 香港身份證/護照號碼	Membership no. 會員編號	Relationship to the Insured 與投保人關係

Part IX 第九部分

☐ Reinstatement 保單復效* Remit the outstanding premium and levy^ 請繳交逾期保費及徵費^

I/We hereby apply to have my/our policy reinstated. I/We agree that all claims for illness or injury incurred during lapsed period will not be payable. 謹此申請保單復效。本人 (等) 同意於保單終止期間所發生或感染之疾病或受傷，不能得到賠償。

Has the health condition of the insured or any insured person(s) (if any) been changed since the policy was issued? 自保單簽發日後起計，投保人及所有受保人 (如有) 之健康狀況會否改變？

- ☐ Yes 是 (Please complete the Health declaration in Part V or VI according to your selected plan. 請根據您選擇的計劃填妥第五或第六部分之健康聲明)
- ☐ No 否
- ☐ Pay-in slip for outstanding premium and levy^/shortfall submitted with this form 隨申請表附上之逾期保費及徵費^/索償超過賠償額的欠款。

HK\$ 港幣 _____

*Reinstatement is subject to AXA's underwriting decision. 保單復效必須經AXA 安盛批核才能生效。

^Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678. 保單已按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2867 8678。

☐ Change of Payment Method 更改付款方式



Payment Method 付款方式	
Options 選擇	Payment Method 付款方式
1.	<input type="checkbox"/> by Deposit & HSBC Savings / Current Account – Lump Sum Payment (please attach the pay in slip & fill in Part a) 經存款及滙豐儲蓄 / 往來戶口 – 整額付款 (請附上付款存根及填妥 a 部分)
2.	<input type="checkbox"/> by HSBC Credit Card – Lump Sum Payment (please fill in Part b) 經滙豐信用卡 - 整額付款 (請填妥 b 部分) < Only applicable to FirstCare, FirstCare Plus Medical Insurance, Outpatient Care, Cancer Care, HealthSurance, MediSurance and Medicare Visa > <只適用於摺關懷醫療計劃、摺關懷超卓醫療計劃、門診醫療計劃、癌症保障計劃、康健醫療保障、醫療萬全保及滙豐信用卡住院醫療保障>
3.	<input type="checkbox"/> by HSBC Credit Card - Interest-free monthly Instalment (please fill in Part c) 經滙豐信用卡 - 免息分期付款 (請填妥 c 部分) <Only applicable to FirstCare and FirstCare Plus Medical Insurance> Please complete the "Credit Card Interest-free Instalment Plan Application Form". <只適用於摺關懷醫療計劃及摺關懷超卓醫療計劃> 請填妥信用卡分期付款計劃申請表。

a. Direct Debit Authorisation – by HSBC Saving / Current Account 直接付款授權 – 經滙豐儲蓄/往來戶口		
Declarations 聲明: <ul style="list-style-type: none"> I/We HEREBY DECLARE that I/We understand that AXA General Insurance Hong Kong Limited ("AXA") may deduct any outstanding amount applicable to the Policy from sum received by AXA under the Policy according to the applicable statutory and/or regulatory requirement(s), including but not limited to levy[^] collected by the Insurance Authority. 本人 (等) 謹此聲明本人 (等) 明白安盛保險有限公司 (簡稱「AXA 安盛」) 或會從保單的給付金額中, 根據適用法定及/或規管要求扣除任何逾期金額, 包括但不限於保險業監管局收取的徵費。 I/We HEREBY AUTHORISE The Hongkong and Shanghai Banking Corporation Limited ("HSBC") to debit my/our following savings/current account maintained with the same for all premium and levy[^] payments (including payments upon policy renewal) under this Policy as shall be instructed by AXA from time to time. 本人 (等) 授權香港上海滙豐銀行有限公司 (簡稱「滙豐」) 根據 AXA 安盛不時的指示從本人 (等) 之儲蓄/ 往來戶口內扣除此保單下所有應繳保費及徵費[^](包括續保費用)。 I/We also acknowledge that HSBC will establish an autopay on my/our following savings/current account for any shortfall arising from a claim under the Policy as shall be instructed by AXA from time to time. I/We HEREBY AUTHORISE HSBC to effect the transfer of such shortfall from my/our account to that of AXA, and authorise and direct AXA to credit the claims settlement payment under the Policy to the same account. 本人 (等) 亦知悉滙豐會根據 AXA 安盛不時的指示於本人 (等) 之以下儲蓄 / 往來戶口設立自動轉賬以扣取保單下由索償引致的差額。本人 (等) 現授權滙豐從本人 (等) 之同一戶口轉賬該差額至 AXA 安盛的戶口, 及授權和指示 AXA 安盛把保單下的索償賠償付款存入本人 (等) 同一戶口。 		
Account No. 賬戶號碼		
For Integrated Account, please specify 如賬戶口為綜合理財戶口, 請註明	<input type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> Current 往來	
Full Name in English of Account Holder(s) 戶口持有人英文姓名	(1)	(2)
Account Holder(s) 戶口持有人 <input type="checkbox"/> HKID No. 香港身份證 <input type="checkbox"/> Passport No. 護照	(1)	(2)
Signature of Account Holder(s) 戶口持有人簽署 (Must Match with Bank's Record 必須與所屬銀行紀錄相同)	(1)	(2)
Signature Date 簽署日期	(1) ____ DD 日 ____ MM 月 ____ YYYY 年	(2) ____ DD 日 ____ MM 月 ____ YYYY 年

b. Direct Debit Authorisation – by HSBC Credit Card 直接付款授權 – 經滙豐信用卡

Declarations 聲明:

- I/We HEREBY DECLARE that I/We understand that AXA General Insurance Hong Kong Limited ("AXA") may deduct any outstanding amount applicable to the Policy from sum received by AXA under the Policy according to the applicable statutory and/or regulatory requirement(s), including but not limited to levy[^] collected by the Insurance Authority. 本人(等)謹此聲明本人(等)明白安盛保險有限公司(簡稱「AXA 安盛」)或會從保單的給付金額中,根據適用法定及/或規管要求扣除任何逾期金額,包括但不限於保險業監管局收取的徵費[^]。
- I/We HEREBY AUTHORISE The Hongkong and Shanghai Banking Corporation Limited ("HSBC") to debit my following credit card maintained with the same for (i) the required premium and levy[^] payments (including payments upon policy renewal) or (ii) any shortfall arising from a claim under this Policy as shall be instructed by AXA General Insurance Hong Kong Limited ("AXA") from time to time and provide my name / credit card no. / credit card expiry date to AXA when required for the purpose of processing payments. 本人(等)授權香港上海滙豐銀行有限公司(簡稱「滙豐」)根據安盛保險有限公司(簡稱「AXA 安盛」)不時的指示從本人(等)之滙豐信用卡內扣除此保單下(i)所有應繳保費及徵費[^](包括續保費用)或(ii)由索償引致的差額,並在有需要時向 AXA 安盛提供本人(等)姓名/信用卡號碼/信用卡有效期限以作處理付款用途。

Credit Card Type 信用卡類別	<input type="checkbox"/> 		<input type="checkbox"/> 																						
Credit Card No. 信用卡號碼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date (MM/YY) 有效期限 (月/年)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Full Name in English of Cardholder 信用卡持有人英文姓名																									
Cardholder's Document No. 信用卡持有人身份證明文件號碼	<input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Others 其他 _____																								
Signature of Cardholder 信用卡持有人簽署 (Must Match with Bank's Record 必須與所屬銀行紀錄相同)																									
Signature Date 簽署日期	_____ DD 日 _____ MM 月 _____ YYYY 年																								

c. HSBC Credit Card Interest-free Instalment Plan Application 滙豐信用卡免息分期付款計劃申請

Declarations 聲明:

1. I/We certify that below information is true and complete and authorise The Hongkong and Shanghai Banking Corporation Limited ("the Bank") to contact all necessary parties for verifications. 本人(等)證明下列資料乃屬正確及完整,並授權香港上海滙豐銀行有限公司(下稱「銀行」)向所有有關方面查證核實。
2. I/We hereby agree that once my/our application is approved by the Bank, the terms and conditions for FirstCare / FirstCare Plus Medical Insurance credit card interest-free instalment plan will apply (available at www.hsbc.com.hk). 本人(等)同意若本人(等)的申請成功,則摯關懷/摯關懷超卓醫療計劃信用卡免息分期付款計劃條款及細則適用(可於www.hsbc.com.hk取閱)。
3. I/We hereby agree that approval of this application and the instalment amount and the instalment period granted shall be at the sole discretion of the Bank. I/We agree that the instalment amounts for the first year and any subsequent period as determined by the Bank and AXA will be debited from my/our below credit card account for paying FirstCare / FirstCare Plus Medical Insurance policy annual premium and levy^ in such amount as determined by AXA on a yearly rolling basis. I/We understand that the continuation of the Instalment Plan upon policy renewal shall also be at the sole discretion of the Bank. I/We also agree that the Bank and AXA reserve the right to withdraw or cancel the Instalment Plan at any time without prior notice. 本人(等)同意接納此項申請與否以及批予之分期付款金額及期數全由銀行決定。本人(等)同意銀行在首年及其後由銀行與AXA 安盛決定的任何期間,於以下信用卡戶口扣取摯關懷/摯關懷超卓醫療計劃為期一年的保費及徵費^,而保費額由AXA 安盛在每年續保時決定。本人(等)明白續保時是否延續分期付款計劃將全由銀行決定。本人(等)亦同意銀行與AXA 安盛保留隨時撤回或取消分期付款計劃的權利,而毋須預先通知。
4. I/We hereby agree that once this application is submitted, the details of the Instalment Plan requested below cannot be changed by me/us and the Bank is authorised to charge the applicable instalment amounts during the below-designated instalment period and any subsequent instalment period as determined by AXA and the Bank to my/our below-mentioned credit card account. Should the Bank decline this application or the Bank and AXA withdraw or cancel the Instalment Plan at any time, I/ we agree that the applicable annual premium and levy^ amount or any unpaid part thereof shall be debited from my/our below-mentioned credit card account in one lump sum. 本人(等)明白一經遞表,本人(等)不能更改已填於下列申請表內之資料,而銀行有權按以下分期付款期數及其後由AXA 安盛與銀行決定的分期付款期內,於本人(等)以下信用卡戶口中扣取適用分期付款供款額。如上述申請不被銀行接納或銀行與AXA 安盛隨時撤回或取消分期付款計劃,本人(等)同意銀行於以下信用卡戶口中一次過扣取適用之全年保費及徵費^或任何未付保費及徵費^。
5. I/We hereby authorise HSBC to debit from my/our below-mentioned credit card account for any shortfall arising from a claim under this Policy as shall be instructed by AXA from time to time and provide my name/credit card no./ credit card expiry date to AXA when required for the purpose of processing payments. 本人(等)授權滙豐根據AXA安盛不時的指示從本人(等)以下信用卡戶口中扣取由索償引致的差額,並在有需要時向AXA 安盛提供本人(等)姓名/信用卡號碼/信用卡有效期限以作處理付款用途。
6. I/We declare that I/we am/are not delinquent in repaying any credit facilities with any financial institution. I/We am/are not a bankrupt or discharged bankrupt, I/we have no intention to declare myself/ourselves bankrupt and I/we am/are not aware of any bankruptcy proceedings made against me/us. 本人(等)聲明本人(等)並無拖欠或隱瞞任何財務機構的債務。本人(等)聲明本人(等)並非破產或曾經破產。本人(等)並無意向申請破產及據本人(等)所知現時並無任何有關本人(等)的破產申請在進行中。

[^]Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678. 保單已按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2867 8678。

[#] Please refer to the terms and conditions below. 請參閱以下之有關條款。

摺關懷／摺關懷超卓醫療計劃 — 信用卡免息分期付款計劃條款及細則

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6. The Bank accepts no responsibility in any way for FirstCare / FirstCare Plus Medical Insurance and/or the annual premium and levy[^] paid under the Policy and any dispute relating to the same should be resolved by the Cardholder directly with the Insurer and no claim by the Cardholder against the Insurer will relieve the Cardholder from his/ her obligation to repay the monthly instalments and other obligations to the Bank hereunder.
- 對於任何以分期付款計劃購買之摺關懷／摺關懷超卓及／或支付的保費及徵費[^]，銀行概不負責；任何有關保險及／或保費及徵費[^]之爭議由持卡人直接與承保人解決。即使持卡人向承保人索償，亦不能免除持卡人按分期付款計劃繳付每月之供款及其對銀行之其他責任。
7. Unless otherwise provided herein, the Bank's Credit Card Cardholder Agreement or the Bank's Affinity/Co-branded Card Cardholder Agreement ("Cardholder Agreement") shall apply to payments under the Instalment Plan as if each instalment amount were a transaction charged or to be charged to the Cardholder's Card Account. In the event of any conflict between these Terms and Conditions and the Cardholder Agreement, the former shall prevail to the extent that the same relates to matters involving payments under the Instalment Plan.
- 除非在此另外註明，滙豐信用卡持卡人合約或滙豐聯營卡持卡人合約（下稱「持卡人合約」）應適用於本計劃下之所有繳費，而每次供款均會作為信用卡賬戶內的一項交易處理。如本條款細則與持卡人合約互相抵觸，有關本計劃之付款規定，皆以本條款細則為準。
8. The Bank reserves the right to alter these Terms and Conditions from time to time and may notify the Cardholder of such alterations in any manner it thinks fit (including display at the Bank's branches). The Cardholder will be bound by such alterations unless the sum of all instalments then remaining outstanding under the Instalment Plan is settled in full before the date upon which any such alterations is to have effect.
- 銀行保留權利，可不時修訂本條款細則，並以其認為適當之方式（包括在銀行分行張貼告示），將此等修訂通知持卡人。持卡人需受此等修訂約束，除非本分期付款計劃內之全部分期供款額及剩餘供款額於任何修訂生效前清付，則作別論。
9. This application of the Instalment Plan is subject to the available balance in, and credit limit available to, the Cardholder's Card Account and to acceptance by the Bank.
- 關於本計劃的所有申請，均需視乎持卡人信用卡狀況和可用結餘；並需經銀行接納始為有效。
10. The Bank and the Insurer reserve the right to withdraw or cancel the Instalment Plan without prior notice.
- 銀行及承保人保留權利，在可毋須事先通知客戶的情況下撤銷或取消分期付款計劃。
11. These Terms and Conditions will be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region.
- 本合約得受香港特別行政區香港法律約束，並依香港法律詮釋。
12. If this English version of the terms and conditions does not conform to the Chinese version, the English version shall prevail.
- 如中英文版本的條款有任何分歧，以英文版本為準。

[^]Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678. 保單已按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2867 8678。

Part XI 第十一部分

☐ Others (please specify) 其他 (請說明)

Conditional Insurance* 臨時保險* (Applicable to FirstCare and FirstCare Plus Medical Insurance only 只適用於「摺關懷 / 摺關懷超卓醫療計劃」)

Except if this application is declined, this Conditional Insurance shall take effect upon our actual receipt of the annual premium and levy[^] payment and will automatically expire at the time when the applied insurance coverage is issued or after 30 days from the date of application, whichever is earlier. If the proposed Insured Person suffers bodily injury caused by an accident after the date of application and this Conditional Insurance applies, we shall reimburse the emergency treatment expenses incurred under Hospital and Surgical Benefits directly as a result of the injury and payable under the insurance plan applied for, provided that the proposed Insured Person is insurable and acceptable for insurance according to our prevailing principle of underwriting rules and practices for the plan of insurance and any benefit applied for, and at the date of this application had answered all questions in the application completely and truly. Nothing herein contained shall prejudice our discretion to accept or decline your application at any time on terms as we shall absolutely determine. 若此醫療保險申請被拒除外，此臨時醫療保險將在我們收訖全年保費及徵費[^]後生效，並於此申請保單正式簽發或填交申請表後滿 30 日（以較早者為準）自動終止。若受保人於申請保單後因為意外而身體受傷及此臨時保險有效時，則受保人將獲賠償有關之緊急醫療費用，賠償按「住院及手術保障」計算及受所申請的醫療計劃及有關係款限制。條件是受保人須符合現行核保規則的標準和慣例內所指的申請計劃、保障範圍及完全據實地填寫申請表上所有問題。本條並不影響我們在任何時間決定接受或拒絕此申請或任何受保條件之絕對酌情權。

*Note 註：This Conditional Insurance is **NOT** applicable to the proposed Insured who has specified a Policy Effective Date except for the backdated policy. 此臨時保險並不適用於受保人自訂保單生效日，回溯保單除外。

[^]Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678. 保單已按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2867 8678。

Declaration and Authorisation 聲明及授權書

1. (a) I, the applicant, on behalf of all the Insured Person(s) hereby declare and confirm that all answers to the questions set out in the Declaration and Authorisation Section of the Amendment Form are complete and true to the best of my knowledge and belief. I, on behalf of the Insured Person(s), further acknowledge that benefits are not payable for treatment arising from any Pre-existing Conditions and the change(s) and/or addition requested under this FirstCare / FirstCare Plus Medical Insurance and Medical Insurance amendment form/declaration of loss form shall not take effect until they have been duly approved and accepted by the AXA General Insurance Hong Kong Limited and the applicable premium and levy[^] has been paid in full before the effective date of the change(s) and/or addition. 本人謹代表所有受保人聲明及證實列於修改書上的聲明及授權部分的所有問題之答案，皆屬完整及真確無訛。本人謹代表所有受保人聲明所有受保人確有關投保前已存在病況的治療並不在保障範圍內及列於摺關懷／摺關懷超卓醫療計劃／醫療保險計劃修改書上的更改及／或增加之申請必須經安盛保險有限公司核准及接受，並在保險生效日期前全數支付所需的保費及徵費[^]後始能生效。
- (b) I, the applicant, on behalf of all the Insured Person(s) also understand that the clinical/outpatient benefit (if applicable) under this policy is not payable unless the valid FirstCare / FirstCare Plus Medical Insurance / Outpatient Care card is presented on registration at the network clinic. 本人謹代表所有受保人明白於求診門診網絡醫生時（若適用），必需出示有效摺關懷／摺關懷超卓醫療卡，否則有關門診保障將不獲賠償。

2. I, the applicant, on behalf of all the Insured Person(s) hereby declare and confirm that the additional Insured Person(s) is not currently an Insured Person under any other AXA Medical Insurance policy which is in effect. 本人謹代表所有受保人聲明及證實額外受保人現時並不是任何生效中的AXA 安盛醫療計劃的受保人。
3. I, the applicant, on behalf of myself and other persons to be covered, hereby authorise any physician, clinic, hospital, insurance company, other organisation or government office that has any record or knowledge of me/us to disclose to AXA General Insurance Hong Kong Limited or its representative any and all information relevant to this application. A copy of this authorisation shall be as valid as the original. 本人(申請人)謹此代表本人及各受保人,授權任何知道本人(等)健康情況或持有有關紀錄之醫生、診所、醫院、保險公司、其他機構或政府部門或人士向安盛保險有限公司或其代表提供本人(等)之有關資料,本授權書之影印本亦屬有效。
4. I, the applicant, confirm that I have full authority from each of the persons to be insured to provide information, make the above declarations and give the authorisation set out in this application form on behalf of each of the persons to be insured. 本人(申請人)證實本人獲每位受保人授權本人提供資料,作出以上聲明及代每位受保人賦予列於本申請表上的授權要求。
5. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS") (available at www.axa.com.hk). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited (the "Company") in accordance with the PICS. 本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明《該聲明》(可於www.axa.com.hk取閱)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》,而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得。根據以上所述,本人/我們特此確認並同意安盛保險有限公司(「貴公司」)根據《該聲明》使用及轉移本人/我們的個人資料。
6. I/WE ACKNOWLEDGE AND CONFIRM that the personal data provided by me/us will be kept confidential but, subject to the provisions of any applicable law, may be provided to *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations. 本人/我們確認本人/我們所提供的個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給*就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司(「滙豐」):確保客戶信貸信譽度持續良好,建立和維持信貸及風險的相關模型,為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料,確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項。

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent. 此僅適用於您透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求的的情況。如果您並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求,您的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

**Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678. 保單已按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情,請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2867 8678。*

Personal Information Collection Statement 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by policy or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations;
3. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".
Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

FirstCare / FirstCare Plus Medical Insurance / Medical Insurance Amendment Form

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1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.
You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: Data Protection Officer of AXA General Insurance Hong Kong Limited, 23/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, Hong Kong. A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

安盛保險有限公司（下稱“**本公司**”）明白其就《個人資料（私隱）條例》（香港法例第486章）（“**條例**”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。

本公司僅為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“**有關目的**”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（“**安盛關聯方**”）或本公司的商業合作夥伴（參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份）之產品／服務，以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品 / 服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. * 就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司（“**滙豐**”）：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項；
3. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
4. 在香港或香港以外其他地方本公司和／或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
5. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：
 - a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及／或以下機構提供：
 - a. 任何安盛關聯方；
 - b. 第三方金融機構；
 - c. 提供上文2. 所列之服務及產品之本公司及／或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - d. 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1. 段部份所述的資料提供予上文3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“**個人資料的查閱和更正**”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲得資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：個人資料保護主任，安盛保險有限公司，香港九龍九龍灣宏遠街1 號壹號九龍 23 樓。本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

* 此僅適用於閣下透過滙豐 (作為本公司的分銷代理人) 申請本公司的產品和/ 或服務或者透過滙豐 (作為本公司的分銷代理人) 向本公司提出要求的情況。如果閣下並未透過滙豐 (作為本公司的分銷代理人) 申請本公司的產品和/或服務或者透過滙豐 (作為本公司的分銷代理人) 向本公司提出要求，閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“**PICS**”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明 (“**該聲明**)”。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀該聲明，而本人／我們已詳細閱讀該聲明對貴公司所收集或持有之本人／我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人／我們特此確認並同意貴公司根據該聲明使用及轉移本人／我們的個人資料，包括在直接促銷中使用及將本人／我們個人資料提供予其他人士。

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “**Use and provision of personal data in direct marketing**”, please tick the box below and we will not use your personal data for direct marketing.]

[重要通知: 如閣下不同意根據“收集個人資料的聲明”使用和轉移閣下的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)，請在下列方格內加上剔號 (“✓”)，本公司將不會使用閣下的個人資料作為直接促銷用途。]

☐ I/ we do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see “**Use and provision of personal data in direct marketing**”) and do not wish to receive any promotional and direct marketing materials.
本人 / 我們不同意貴公司根據“**收集個人資料的聲明**”使用和轉移本人 / 我們的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

☐ I acknowledge and confirm that this amendment form is signed in Hong Kong.
本人確認此修改書於香港簽署。

Signature of the Policyholder 保單持有人簽署

Date signed 簽署日期

For Bank's use only			
Staff name Staff I.A. no. <input type="checkbox"/> GI		Staff contact tel. no.	Special promotion/campaign code
• Send reference copy/report to branch _____ (branch code) • Send policy to: <input type="checkbox"/> Branch _____ (branch code) <input type="checkbox"/> Customer		Branch chop and Branch code	Staff case: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title: Sales _____ Referral _____ Staff ID no.: Sales _____ Referral _____			Staff case: <input type="checkbox"/> Yes <input type="checkbox"/> No
For office use only			
Policy no	Input by		Issued by
Remark			

The above policy is underwritten by AXA General Insurance Hong Kong Limited (“AXA”), which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. 以上保單由安盛保險有限公司「(AXA 安盛)」承保，AXA 安盛已獲香港保險業監管局授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司乃根據保險業條例 (香港法例第41章) 註冊為AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

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