

**Worldwide Elite Medical Plan Amendment Form**
**「環球滙晉醫療計劃」修改書**

Policy Number 保單號碼	
Received Date (by Branch) 分行收表日期	
Name of Policyholder in English (Surname first) 保單持有人英文姓名 (姓氏先行)	
ID Type 身份證明文件類別	<input type="checkbox"/> Hong Kong ID Card 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other, please specify 其他, 請註明 _____
ID No. 身份證明文件號碼	
Note 備註: 1. 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。 2. 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)。 ^ Levy collected by the Insurance Authority will be 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 8611 保單將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 8611。	

**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 受保人	<input type="checkbox"/> (b) Policyholder 保單持有人
<input type="checkbox"/> Name 姓名 _____	<input type="checkbox"/> ID Type & No. 身份證明文件號碼 _____
<input type="checkbox"/> Date of Birth 出生日期 _____	

**Part II 第二部分**

- ☐ **Change of correspondence address 更改通訊地址**

Flat 號數	Floor 層數	Block 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	Office phone 辦公室電話	Mobile phone 手提電話	E-mail 電郵地址

**Part III 第三部分**

- ☐ **Loss of Worldwide Elite Medical Card declaration 環球滙晉醫療卡遺失聲明**

I/We hereby declare that my/our Worldwide Elite Medical Card(s) ("the Card") 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) 遺失環球滙晉醫療卡, 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。 Note: No replacement fee needed for the Card(s). 注: 補領新卡無需額外補領費。
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## Part IV 第四部分

### ☐ 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

- Your spouse must be aged between 18 and 80. 您的配偶年齡必須介乎 18 至 80 歲。
- Your child(ren) means any biological child, stepchild, legally adopted child or foster child and must be aged between 14 days and 17 years or up to the age of 23 who is an unmarried person, financially solely dependent upon you, and is registered as a full-time student at school, college or university. 您的子女指任何親生子女、繼子女、合法領養或寄養子女，及須年齡介乎 14 日至 17 歲，或為最高 23 歲的未婚，及非財政獨立，並註冊為學校、學院或大學的全日制學生。
- A 10% family discount on premiums will be offered if 1) your direct family member(s) (see note below) is an existing Worldwide Elite Medical Plan member or 2) you and your direct family member(s) (see note below) successfully enrol for the Worldwide Elite Medical Plan at the same time. Please provide the personal particulars of your direct family member(s) for verification (if applicable). 如 1) 您的直系親屬成員（備注如下）為現有「環球滙晉醫療計劃」會員 或 2) 您及您的直系親屬（備注如下）同時成功投保「環球滙晉醫療計劃」，可獲保費九折之家庭優惠。請提供您的直系親屬成員的個人資料，以便核對（如適用）。

Note: Direct family member(s) refers to parents, 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. For applications made by parents and partner, please note that separate application form has to be used.

備註：直屬家庭成員指申請人的父母、配偶、伴侶（指此人與其受保人的關係等同於婚姻，不論相同或不同之性別）及子女。由父母或伴侶所作的申請，需另外使用一張申請表。

Name 姓名：\_\_\_\_\_ Date of birth 出生日期：\_\_\_\_\_ HK ID/Passport Number 香港身份證／護照號碼：\_\_\_\_\_

Worldwide Elite Medical Plan membership no. 「環球滙晉醫療計劃」會員號碼：\_\_\_\_\_

- 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 the identity document of the additional member(s). 請遞交新增受保人之身份證明文件副本。
- Please also complete the Health declaration in Part V if you are adding additional insured person(s) to the policy. 請為新增受保人填寫第五部分之健康聲明。
- Cover will not start until your application has been accepted by AXA and the relevant premium payment has been received. 直至您的申請被安盛接受並收到您的保費，保障才會生效。

Insured Person(s) 受保人	Name of Insured Person (in English) 受保人英文姓名	Identity Document Type 身份證明文件類別	Identity Document no. 身份證明文件號碼	Nationality 國籍	Country/City of Residence 居住國家／城市	Sex 性別	Date of Birth (DD/MM/YYYY) 出生日期 (日／月／年)
1. Spouse 配偶		<input type="checkbox"/> HK ID Card 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other, please specify: 其他，請註明 _____				<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	/ /
2. Child 子女		<input type="checkbox"/> HK ID Card 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other, please specify: 其他，請註明 _____				<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	/ /
3. Child 子女		<input type="checkbox"/> HK ID Card 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other, please specify: 其他，請註明 _____				<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	/ /
4. Child 子女		<input type="checkbox"/> HK ID Card 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other, please specify: 其他，請註明 _____				<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	/ /

#### ☐ 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。
- Choice of cover of the new insured person(s) (if applicable) is the same as the policyholder. 新增受保人（如適用）的投保項目與保單持有人相同：  
☐ Yes 是 ☐ No 否  
If “No” is selected, please complete the “Change of Cover/Choice of cover” section below 如選擇「否」，請填妥以下之「更改保障項目／投保項目」
- Insured persons under the same policy can apply for different deductibles and optional benefits. 不同受保人於同一保單內可選擇不同自負額及自選保障項目。
- Change of cover for existing insured 現有受保人更改保障項目：  
☐ Yes 是 ☐ No 否  
If “Yes” is selected, please complete the “Change of Cover/Choice of cover” section below. 如選擇「是」，請填妥以下之「更改保障項目／投保項目」
- For the addition of optional benefit(s)/plan upgrading (except for Optional Dental Plan and Optional Optical Plan), please also complete the Health declaration in Part V. 若增加保障項目或提升計劃保障（自選牙科計劃及／或自選眼科計劃除外），請填妥第五部分之健康聲明。
- Addition of optional benefit(s) is subject to the respective waiting periods for the relevant benefits. 增加保障項目須受相關保障項目的等候期條款約束。

**Part IV (Continued) 第四部分 (續)**

Area of Cover 投保地區	Worldwide 環球					
	Core Benefit 基本保障項目	Deductible Options* of Basic Plan & Optional Out-patient Plan (if applicable) 基本計劃及自選門診計劃 (如適用) 的自付額選擇 *	Optional Benefits 自選保障項目			
			Out-patient Plan 門診計劃	Dental Plan <sup>#</sup> 牙科計劃 <sup>#</sup>	Optical Plan <sup>#</sup> 眼科計劃 <sup>#</sup>	Maternity Plan <sup>®</sup> 產科計劃 <sup>®</sup>
1. Policyholder 保單持有人	Basic Plan 基本計劃	<input type="checkbox"/> No Deductible 零自付額 <input type="checkbox"/> Deductible Option 自付額選擇 A <input type="checkbox"/> Deductible Option 自付額選擇 B	<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"/> Addition 增加 / <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加 / <input type="checkbox"/> Deletion 取消
2. Spouse 配偶		<input type="checkbox"/> No Deductible 零自付額 <input type="checkbox"/> Deductible Option 自付額選擇 A <input type="checkbox"/> Deductible Option 自付額選擇 B	<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"/> Addition 增加 / <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加 / <input type="checkbox"/> Deletion 取消
3. Child 子女		<input type="checkbox"/> No Deductible 零自付額 <input type="checkbox"/> Deductible Option 自付額選擇 A <input type="checkbox"/> Deductible Option 自付額選擇 B	<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"/> Addition 增加 / <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加 / <input type="checkbox"/> Deletion 取消
4. Child 子女		<input type="checkbox"/> No Deductible 零自付額 <input type="checkbox"/> Deductible Option 自付額選擇 A <input type="checkbox"/> Deductible Option 自付額選擇 B	<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"/> Addition 增加 / <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加 / <input type="checkbox"/> Deletion 取消
5. Child 子女		<input type="checkbox"/> No Deductible 零自付額 <input type="checkbox"/> Deductible Option 自付額選擇 A <input type="checkbox"/> Deductible Option 自付額選擇 B	<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"/> Addition 增加 / <input type="checkbox"/> Deletion 取消	<input type="checkbox"/> Addition 增加 / <input type="checkbox"/> Deletion 取消

Note 備注：

\* The deductible option of Basic Plan and Optional Out-patient Plan must be the same. The deductible amount for Basic Plan: Option A is HK\$16,000; Option B is HK\$48,000; the deductible amount for Optional Out-patient Plan: Option A is HK\$6,000; Option B is HK\$12,000. 基本計劃及自選門診計劃必須選擇相同的自付額選擇。基本計劃的自付額選擇 A 為 16,000 港元，選擇 B 為 48,000 港元。自選門診計劃的自付額選擇 A 為 6,000 港元，選擇 B 為 12,000 港元。

# Optional Dental Plan and Optional Optical Plan must be applied together with Optional Out-patient Plan. 自選牙科計劃及自選眼科計劃必須與自選門診計劃一併申請。

® Insured person must be aged between 18 and 44 for Optional Maternity Plan. 自選產科計劃只適用於 18 歲至 44 歲之受保人。

## Part V 第五部分

### ☐ Health declaration 健康聲明

- 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。
- \*‘Selected customers’ refers to life insureds who are currently applying for an Jade Universal Life plan policy (“Jade Policy”) underwritten by HSBC Life (International) Limited (“HSBC Life”) or currently holding in-force Jade Policy/Policies and such Jade Policy is to be issued/is issued on either a Medical or non-Medical basis (as defined below): \* 指正在申請或目前持有經由滙豐人壽保險（國際）有限公司（以下稱「滙豐人壽」）完成核保的已生效之「翡翠萬用壽險」保單（以下稱「翡翠保單」）之受保人，而此翡翠保單根據體檢或免體檢準則（定義見下文）將正式簽發／已簽發：
  - Medical basis means customer who has either undergone a medical examination within the last 12 months from the date of this application for this Worldwide Elite Medical Plan; or will shortly undergo a medical examination for the purpose of assessment of his/her insurance application for the Jade Policy. 體檢準則指已通過此「環球滙晉醫療計劃」之申請日起計過去 12 個月內曾進行體檢；或為彼（等）的保險申請作評估而即將接受體檢之客戶。
  - Non-Medical basis means customer who has made an application for the Jade Policy either at the same time as the application for this Worldwide Elite Medical Plan or within the last 12 months from the date of this application for this Worldwide Elite Medical Plan. 免體檢準則指同一時間已申請翡翠保單及此「環球滙晉醫療計劃」之客戶或此申請日起計過去 12 個月內已完成並簽署一份「環球滙晉醫療計劃申請表」之客戶。

	1. Policyholder 保單持有人	2. Spouse 配偶	3. Child 子女	4. Child 子女	5. Child 子女
<p>Are you selected customer*? 你是否特選客戶*?</p> <p>If yes, (i) please complete the “Medical information transfer authorization” section below and (ii) the insured person(s) do not need to complete the questions below. 如是，(i) 請填寫以下之「醫療資料轉遞授權書」，(ii) 該受保人無需填寫以下部份。</p>	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是
1. (a) Height 身高	<input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft 呎 / in 吋	<input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft 呎 / in 吋	<input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft 呎 / in 吋	<input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft 呎 / in 吋	<input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft 呎 / in 吋
(b) Weight 體重	<input type="checkbox"/> kg 千克 <input type="checkbox"/> lbs 磅	<input type="checkbox"/> kg 千克 <input type="checkbox"/> lbs 磅	<input type="checkbox"/> kg 千克 <input type="checkbox"/> lbs 磅	<input type="checkbox"/> kg 千克 <input type="checkbox"/> lbs 磅	<input type="checkbox"/> kg 千克 <input type="checkbox"/> lbs 磅
<p>2. Have you (or any of the proposed insured) ever had or been told you had chest pain, high blood pressure, heart attack, stroke, high cholesterol, congenital conditions, anaemia, any heart/blood/vascular diseases, cancer (including melanoma), lump/polyp/cyst/growth of any kind, diabetes, thyroid diseases, metabolic diseases, endocrine diseases, Hepatitis B or C (including Hepatitis carrier), HIV infection, liver diseases, gallbladder diseases, any gastrointestinal diseases (including gastric/duodenal ulcer, ulcerative colitis), kidney diseases, nephritis, diseases of the genitourinary system (including the bladder and prostate), breasts diseases, any reproductive organ diseases (including the ovaries and uterus), any musculoskeletal diseases (including joint/bone diseases, arthritis), any auto-immune diseases (including lupus), eyes/ears/nose/throat diseases, any respiratory diseases (including asthma, tuberculosis, emphysema), epilepsy, head/brain injury, paralysis, alcohol/drug dependency, psychiatric diseases or other neurological diseases, that required medical advice or treatment or been referred to a specialist doctor?</p> <p>您（或任何建議受保人）曾否患有或被告知患有胸痛、高血壓、心臟病發作、中風、高膽固醇、先天性疾病、貧血、任何心臟／血液／血管之疾病、癌症（包括黑色素瘤）、腫瘤／息肉／囊腫／任何其他贅生物、糖尿病、甲狀腺疾病、代謝疾病、內分泌疾病、乙型肝炎或丙型肝炎（包括肝炎帶菌）、愛滋病毒病毒感染、肝臟疾病、膽囊疾病、任何腸胃系統疾病（包括胃／十二指腸潰瘍、潰瘍性結腸炎）、腎病、腎炎、泌尿生殖系統疾病（包括膀胱及前列腺）、乳房疾病、任何生殖器官疾病（包括卵巢及子宮）、任何肌肉骨骼疾病（包括關節／骨骼疾病、關節炎）、任何自身免疫之疾病（包括狼瘡）、眼睛／耳朵／鼻／咽喉之疾病、任何呼吸系統疾病（包括哮喘、肺結核、肺氣腫）、癲癇症、頭／腦損傷、癱瘓、酒精／藥物依賴、精神異常之疾病或其他神經系統疾病，而需要接受醫療諮詢或治療，或被轉介諮詢專科醫生？</p>	<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
<p>3. In the last 3 years, have you (or any of the proposed insured) received medical treatment or been prescribed medication for any condition which has lasted longer than 14 days (other than for minor conditions such as cold or flu)?</p> <p>過去三年內，您（或任何建議受保人）曾否因任何狀況而接受醫療治療或被處方用藥持續超過 14 天（輕微情況如傷風或感冒除外）？</p>	<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

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4. Are you (or any of the proposed insured) currently receiving any medical treatment or intend seeking or have been advised by a registered physician to seek medical treatment for any health conditions or waiting the results of any medical tests/investigations? 您（或任何建議受保人）目前是否正接受任何醫療治療、或正打算尋求或曾否因健康狀況被註冊醫生建議尋求醫療治療、或是否正等候任何醫療測試／檢驗結果？	<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
5. Have you (or any of the proposed insured) ever been declined, postponed, or accepted with an increased premium or an exclusion applied in any Life (including Critical Illness) or Medical Insurance application, reinstatement or renewal due to health/medical reasons? 您（或任何建議受保人）曾否因健康／醫療理由於投保或要求復效或續保人壽（包括嚴重疾病）或醫療保險時被拒絕、延期、增加保費或附加不保事項？	<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

If you reply 'Yes' to any of the above questions (2) - (5), please complete the following: 若以上問題 (2) 至 (5) 的回答為「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 ☐ 號及連同附頁一併遞交：☐

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	Results 結果

**Medical information transfer authorisation 醫療資料轉遞授權書**  
(This section is only applicable to that insured person who is a **Selected Customer** 此部分只適用於該名為**特選客戶**的受保人。)

I/We hereby authorise HSBC Life (International) Limited ("HSBC Life") to use and transfer to AXA General Insurance Hong Kong Limited ("AXA") a copy of my/our medical reports and the related medical information submitted for any past or current life insurance application for Jade Universal Life plan at HSBC Life for the purpose of obtaining a premium quotation in relation to my/our application for a Worldwide Elite Medical Plan underwritten by AXA. 本人（等）現授權滙豐人壽保險（國際）有限公司（「滙豐人壽」）使用及轉遞本人（等）任何過往或現有就申請滙豐人壽翡翠萬用壽險而作的本人（等）之醫療報告副本及相關的醫療資料予安盛保險有限公司（「AXA 安盛」）以作 AXA 安盛就承保本人（等）所申請之「環球滙晉醫療計劃」的保費報價。

I/We declare that there has been no change in the Life Insured's /the Proposed Insured's condition of health, and that I/the Proposed Insured have not sought/received any medical advice or attention, consultation, examination or treatment whatsoever (except medical attention or consultation for minor conditions such as colds and influenza, and/or examination with normal results for employment or immigration purpose) since the date I/We signed the Application Form of the Jade Universal Life plan policy underwritten by HSBC Life and/or the examination date of my/our provided medical report and related medical information. 本人（等）聲明自滙豐人壽完成核保而正式簽發的翡翠萬用壽險保單之申請書簽署日及／或所提交之醫療報告及所相關的醫療資料的檢查日起，受保人／建議受保人的健康狀況沒有任何改變，及本人／建議受保人並沒有尋求／接受任何醫學建議或護理、諮詢、檢驗或治療（輕微狀況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而結果正常者除外）。

I/We also declare that I/We have no current signs and/or symptoms that would cause the Life Insured/the Proposed Insured to seek or plan for any medical treatment, advice or consultations in the near future. I/We understand that AXA will rely on the information contained in this application for the purpose of assessing my/our application for the Worldwide Elite Medical Plan underwritten by AXA. 本人（等）聲明本人（等）現時並沒有病徵及／或症狀導致受保人／建議受保人需尋求或計劃於未來接受任何醫學治療，建議或諮詢。本人（等）明白 AXA 安盛將根據此申請所提供的資料而評估本人（等）就 AXA 安盛承保的「環球滙晉醫療計劃」之申請。

I/We also understand that a copy of this application form shall be kept by HSBC Life for record purposes. 本人（等）明白滙豐人壽會保留此申請表的副本以作記錄。

Signature of policyholder  
保單持有人簽署

Signature of spouse (if applicable)  
配偶簽署（如適用）

Date signed (DD/MM/YYYY)  
簽署日期（日／月／年）

☐ **Deletion of insured person(s) 刪除受保人**

- | Name of insured person (in English)<br>受保人姓名 (英文) | HKID no./passport no.<br>香港身份證／護照號碼 | Membership no.<br>會員編號 | Relationship to the Policyholder<br>與保單持有人關係 |
|---|-------------------------------------|------------------------|--|
|   |                                     |                        |  |
|   |                                     |                        |  |

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

HK\$ 港元 \_\_\_\_\_

☐ **Change of Direct Debit Authorisation/Claims Settlement 更改直接付款授權／收取賠償方法**

☐ Current 往來



☐ Part B 乙部

(i) Premium and levy<sup>^</sup> payment and shortfall payment (if applicable) by HSBC Visa / MasterCard

以滙豐滙財卡 / 萬事達卡繳付保費及徵費<sup>^</sup>及繳付差額欠款 (如適用)

I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited ("HSBC") to debit my/our following HSBC credit card account maintained with the same for all premium and levy<sup>^</sup> due or payable under this Policy as shall be instructed by AXA General Insurance Hong Kong Limited ("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」) 根據安盛保險有限公司 (簡稱「AXA 安盛」) 不斷的指示從本人 (等) 的滙豐信用卡戶口內扣取此保單下所有到期或應繳付的保費及徵費<sup>^</sup>。

I/We hereby authorise and direct AXA to charge the credit card account to repay any medical expenses not covered by the policy or shortfall incurred. 本人 (等) 現授權和指示 AXA 安盛從本人 (等) 之信用卡戶口中扣除任何應償還不受保治療及賠償差額欠款。

Remark: For security consideration, please note that we will no longer ask for the full Credit Card number via phone or physical/softcopy forms.  
註：基於安全考量，我們將不再通過電話或實體/電子表格索取您的完整信用卡號。



Credit card holder please authorise your credit card on our Digital Payment Authorisation Portal for premium and levy<sup>^</sup> payment:

信用卡持卡人請在電子交易授權平台授權您的信用卡以繳付保費及徵費<sup>^</sup>：

<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=amend&bizChannel=Banca&feat=Both>

(You may access the Digital Payment Authorisation Portal with the URL or QR code. 您可以通過URL或二維碼訪問電子交易授權平台。)

Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.

在電子授權平台完成信用卡授權後，請您將授權ID填在此表格上。

Confirmation ID  
授權ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of cardholder

信用卡持有人簽署

(S.V.)

(Must match with Bank's record

必須與所屬銀行紀錄相同)

Full name of cardholder

信用卡持有人姓名

Date

日期

(ii) Claims Settlement 收取賠償方法

I/We hereby authorise and direct AXA to credit the claims settlement payment under the Policy to my/our following HSBC savings/current account. 本人 / 吾等現授權和指示 AXA 安盛把保單下的索償賠償付款存入本人 / 吾等之滙豐儲蓄 / 往來戶口。

HSBC Account no.

滙豐賬戶號碼

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of account holder(s)

戶口持有人簽署

(1)

(S.V.)

(2)

(S.V.)

(Must match with Bank's record

必須與所屬銀行紀錄相同)

Full name of account holder(s)

戶口持有人姓名

(1)

(2)

HKID/Passport no. of account holder(s)

(Delete if inappropriate)

戶口持有人之身份證 / 護照號碼

(請刪去不適用者)

(1)

(2)

Date 日期

For Integrated Accounts, please specify the account to be debited/credited:

如支賬 / 入賬戶口為綜合理財戶口，請註明戶口類別：

☐ Savings 儲蓄

☐ Current 往來

ID Type\* Delete If Inappropriate 身份證明文件類別\* 請刪去不適用者

HKID\*/Passport\*/Others\* 香港身份證\*/護照\*/其他\*

ID Number

文件編號：

☐ Others (please specify) 其他 (請說明)


**Conditional insurance 臨時保險 (Applicable for additional insured person(s) only 只適用於新增受保人)**

Except if this application is declined, this Conditional Insurance shall take effect upon our actual receipt of the annual premium 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 the Basic Plan (i.e. In-patient and Day-patient Treatment Benefit) 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，賠償按基本計劃的「住院及日間住院治療保障」計算及受所申請的醫療計劃及有關條款限制。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。本條款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。

**Declaration and Authorisation 聲明及授權書**

1. 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 Worldwide Elite Medical Plan 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 Worldwide Elite Medical Plan Amendment 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 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認有關投保前已存在病況的治療並不在保障範圍內及列於此修改書上的更改及／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後始能生效。
2. 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。
3. 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。



## 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.

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。本公司僅將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。

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.

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。

**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: **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：

- 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;  
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；
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;  
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；
- providing subsequent services to you, including but not limited to administering the policies issued;  
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；
- 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;  
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；
- detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);  
偵測和防止欺詐行為（無論是否與就由本公司及 / 或安盛關聯方提供的產品 / 服務有關）；
- evaluating your financial needs;  
評估閣下的財務需求；
- designing products/services for customers;  
為客戶設計產品 / 服務；
- conducting market research for statistical or other purposes;  
為統計或其他目的進行市場研究；
- matching any data held which relates to you from time to time for any of the purposes listed herein;  
不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料；
- 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;  
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；
- conducting identity and/or credit checks and/or debt collection;  
進行身份和 / 或信用核查和 / 或債務追收；
- complying with the laws of any applicable jurisdiction;  
遵守任何適用的司法管轄區的法律；
- carrying out other services in connection with the operation of the Company’s business; and  
開展與本公司業務經營有關的其他服務；及
- other purposes directly relating to any of the above.  
與上述任何目的直接有關的其他目的。

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

**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：

- any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, 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;  
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；
- \*The Hong Kong 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;  
\* 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；
- 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;  
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）；
- 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;  
在香港或香港以外其他地方向本公司和 / 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；
- credit reference agencies or, in the event of default, debt collection agencies;  
信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
- any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and  
本公司權利或業務的任何實際或建議的承讓人、受讓人、參與者或次參與者；及
- any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.  
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。
- the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other

insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

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”**.

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。

Transfer of your personal data will only be made for one or more of the Purposes specified above.

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。

### **Use and provision of personal data in direct marketing**

#### **在直接促銷中使用及將其個人資料提供予其他人士**

The Company intends to

本公司有意：

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;  
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. conduct direct marketing (including but not limited to 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:  
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) insurance, banking, provident fund or scheme, financial services, securities and related products and services;  
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) 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;  
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. the above products and services may be provided by the Company and/or:  
以上服務及產品將會由本公司及 / 或以下機構提供：
  - a) any of our affiliates;  
任何安盛關聯方；
  - b) third party financial institutions;  
第三方金融機構；
  - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;  
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) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;  
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. 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;  
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）。

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.

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。

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

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。

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.

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。

**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.

**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，獲取該資料的副本，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。

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 Privacy Officer of AXA General Insurance Hong Kong Limited, 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, 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.

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：安盛保險有限公司個人資料保護主任，香港黃竹坑道 38 號安盛匯 5 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。

\*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 保單持有人簽名

Date signed 簽署日期

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. General insurance plans are products of AXA but not HSBC. 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。一般保險計畫乃 AXA 安盛之產品而非滙豐之產品。

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Staff name		Staff contact tel. no.	Special promotion/campaign code
Staff I.A. no. <input type="checkbox"/> G.I			
<ul style="list-style-type: none"><li>• Send reference copy/report to branch _____ (branch code)</li><li>• Send policy to: <input type="checkbox"/> Branch _____ (branch code) <input type="checkbox"/> Customer</li></ul>		Branch chop	Staff case: <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch code	Job title: Sales _____ Referral _____ Staff ID no.: Sales _____ Referral _____	<input type="checkbox"/> Client's ID Copy attached <input type="checkbox"/> Client's original ID sighted	Staff case: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Existing Jade Universal Life Plan Policy Number (if applicable):			
Policy no.	Input by	Issued by	
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