

PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫

Company Details 公司資料

Company Name (The "Applicant"):
公司名稱 (「投保公司」):

Affiliated Company Name (if any):
關聯公司名稱 (如適用):

Business Address: Flat/Room 室 Floor 樓 Block 座

Name of Building 大廈

Street No. 街道號碼 Name of Street 街道

District 地區 ☐ Hong Kong 香港 ☐ Kowloon 九龍 ☐ N.T. 新界

Registered Address (If it is different from the Business Address) 註冊地址 (如跟商業地址不同): Date and Place of Incorporation 公司成立日期及地點:

Business Registration No. #: 商業登記號碼#: Nature of Business: 業務性質:

#Please provide a photocopy. 請附上影印本。

Contact Person: ☐ Mr. 先生 ☐ Ms. 女士 Position: 職位:

Telephone No.: 電話號碼: Fax No.: 傳真號碼: Email: 電郵:

Plan Details 計劃資料

Policy Effective Date:
保單生效日期:

Plan: ☐ (A) GROUP LIFE 團體人壽 ☐ (B) Masshealth *Plus* Employee Benefits Plan 首選萬康保僱員福利計劃 ☐ (C) GROUP MEDICAL 團體醫療

Eligibility for Employees joining the Plan: ☒ The immediate day following _____ Months' probation _____ 個月試用期滿後的首日

Participation*: ☐ Employee's Contribution 僱員供款 ☐ Employee's Non-Contribution 僱員免供款

Payment Mode: ☐ Annual 一年 ☐ Semi-annual* 半年* ☐ Quarterly* 每季* ☐ Monthly* 每月*

Claims Reimbursement Method: ☒ Autopay 自動轉帳

Claims Advice Method: ☒ By E-mail 電郵方式

Has the Company provided any medical insurance cover for its employees during the 24 months prior to the Policy Effective Date? ☐ Yes 是 ☐ No 否

If yes, please attach benefits schedule, employee member list and claims experience report.
如答「是」, 請附上福利計劃表、僱員資料表及醫療賠償記錄。

*Not applicable for MASSHEALTH *PLUS* EMPLOYEE BENEFITS PLAN. 不適用於首選萬康保僱員福利計劃。

Note for **MASSHEALTH *PLUS* EMPLOYEE BENEFITS PLAN**: If the duly completed application form and the required premium are received by YF Life Insurance International Ltd. on or before the 20th of the month, the policy will come into effect on the first day of the following month, otherwise the policy will come into effect on the first day of the month after the following month.

首選萬康保僱員福利計劃 備註: 若本公司於當月 20 號或以前接獲已填妥的申請書及應繳保費, 保單將於隨後第一個月的首天生效, 否則, 保單則會於隨後第二個月的首天生效。

(A) GROUP LIFE 團體人壽

Optional Benefits:
自選擇:

☐ Accidental Death & Disablement:
意外傷亡保障:

☐ Comprehensive Scale
全面保障

☐ Short Scale
基本保障

☐ Total & Permanent Disability:
完全及永久傷殘保障:

☐ Any Occupation
任何職業

☐ Own or Suitable Occupation
本身或合適職業

☐ Critical Illness
嚴重疾病

Benefits Types:
福利類別:

☐ Multiple of Monthly Salary
月薪之倍數

☐ Multiple of Annual Salary
年薪之倍數

☐ Flat Amount
定額

Benefits 福利保障					
Benefits Class 福利級別	Definition of Employees 受保僱員定義	Life 人壽	AD&D 意外傷亡保障	TPD 完全及永久傷殘保障	CI 嚴重疾病
1					
2					
3					

(B) MASSHEALTH PLUS EMPLOYEE BENEFITS PLAN 首選萬康保僱員福利計劃

Schedule of Benefits 保障計劃內容: (Please put “✓” to complete your choice of plan benefits 請於您所選擇的保障內容加上“✓”號)
Benefit Option 福利選擇

Benefits Class 福利級別	Hospital and Surgical Benefits 住院醫療保障				Optional Supplementary Major Medical Benefits 自選額外醫療保障	Optional Outpatient Benefits 自選門診保障											
						80% Outpatient Reimbursement 80%門診賠償保障				100% Outpatient Reimbursement 100%門診賠償保障				Outpatient Network 門診網絡			
	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四		Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee & Dependent joining the MASSHEALTH PLUS Employee Benefits Plan can join: 參與首選萬康保僱員福利計劃之僱員及其家屬均可選擇:										<input type="checkbox"/>	Voluntary Group Assurance Plan - Dental Care 自選福利計劃 - 牙科保健計劃						

Benefits Class 福利級別	Definition of Employees 受保僱員定義	Dependent Cover 家屬保障	
1		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
3		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

(C) GROUP MEDICAL 團體醫療

Optional Benefits:
自選擇:

☐ Supplementary/Extended Major Medical
額外醫療/附加醫療

☐ Maternity
產科

☐ Out-patient
門診

☐ Dental
牙科

Medical Card Facilities:
醫療卡服務:

☐ Required
需要

☐ Not Required
不需要

Benefits Class
福利級別

Definition of Employees
受保僱員定義

Dependent Cover
家屬保障

☐ Yes 是

☐ No 否

☐ Yes 是

☐ No 否

☐ Yes 是

☐ No 否

Letter of Authorization 授權書

The applicant hereby confirm that the following persons^{#1} are authorized to handle all matters relating to our Company group insurance application with YF Life Insurance International Ltd., and to provide all necessary information for the purpose of due diligence process under the applicable laws.
投保公司確認下列人士^{#1} 為本公司處理所有有關與萬通保險國際有限公司之團體保險申請事宜的授權代表，及為了根據適用的法例下所指明的盡職審查程序而提交必須的資料。

Name of Authorized Person ^{#2} 授權人士之姓名 ^{#2}	Title 職級	Date of Birth 出生日期			Identification Document Number & Type ^{#3} 身份證明文件號碼及類別 ^{#3}	Nationality 國籍	Signature Specimen 簽名樣式
		MM 月	DD 日	YY 年			

Remarks 註：

#1 If there is any change or revocation of the authority of the above-named persons, the applicant must send written confirmation to YF Life Insurance International Ltd.
如果有任何變更或撤銷上述人士的權力，投保公司必須發出書面確認予萬通保險國際有限公司。

#2 Declaration by the signatory himself is not acceptable.
恕不接受由授權人自己所作之聲明。

#3 Please provide a copy of a valid identification document (such as Hong Kong identity card and/or passport for non-Hong Kong Permanent Residents) certified by an agent/broker.
請提交一份由代理人/經紀所核實的有效身份證明文件（例如：香港身份證及/或非香港永久居民，則需要提供護照）。

The Applicant 投保公司

1.

agrees to request individual employees (if necessary) to take part in all underwriting requirements (including health exam) by the Insurer. 同意要求個別僱員（如有需要）參與保險公司的核保要求（包括驗身），以便作為核保之用。
2.

agrees to pay all the required premiums to the Insurer. 同意支付全部保費予保險公司。
3.

declares that all eligible employees are actively at work on the Policy Effective Date. 聲明在保單生效日期時，所有合資格僱員皆為正常在職工作之僱員。
4.

declares that all statements made in this Application Form and Employees' Addition Form are complete and true. The Applicant understands that this information shall form part of the Policy between the Applicant and the Insurer, and shall be the basis for the Insurer's acceptance. 聲明在此投保申請書及參加員工資料表格內陳述之資料均為完整及真確，投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份，亦視為保險公司核保之憑證。
5.

authorizes the Insurer to arrange the medical credit card facilities for Out-Patient Benefits (if applicable). 授權保險公司安排醫療信用卡服務（如適用）。
6.

authorizes the Insurer to disclose the employees' data to the related assistance company and medical service providers in carrying out the emergency assistance and medical services. 授權保險公司將員工資料給予有關之緊急救援及醫療服務公司，以便提供緊急支援及醫療服務。
7.

agrees and understands that if dependent medical coverage is chosen, all dependents of eligible employees must be enrolled; declares that all eligible dependent children enrolling under this Policy are full time students. 同意及明白如選擇家屬醫療保障，所有合資格僱員之配偶及子女必須參加；聲明所有加入此保單的合資格家屬子女皆為全日制學生。
8.

declares that the Applicant has verified the identification documents of all eligible employees and their dependents upon member enrollment. 聲明投保公司已於成員申請投保時，核對所有合資格僱員及其家屬的身份證明文件。
9.

has read the product's Important Information and/or product brochure (if applicable) before signing this application form and fully understood the contents thereof including the key product risks, key exclusions (if applicable), premium adjustment (if applicable) of the insurance plan(s) that are applying in this application. 在簽署本投保申請書前已詳細閱讀有關產品的「重要資料」及/或產品冊子（如適用）及完全明白其內容，包括適用於本投保計劃的主要產品風險、主要不保事項（如適用）、保費調整（如適用）。
10.

confirms that all eligible employees and their dependents have been informed and have agreed that their personal information will be released to the Insurer in accordance with the below Personal Information Collection Statement. 確認已知會所有合資格僱員及其家屬，關於其個人資料將會根據下述之個人資料收集聲明披露予保險公司之事宜；而僱員亦同意此安排。

Personal Information Collection Statement (“PICS”) 個人資料收集聲明

Purposes of Personal Information Collection 收集個人資料的目的

Your personal information (including a record of your image or voice by whatever means and your health information) collected by or held by YF Life Insurance International Ltd. (“YF Life”) may be used for the purposes of: 萬通保險國際有限公司（下稱「萬通保險」）所收集或持有的閣下的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的：

- (1)

approving, evaluating or processing your insurance application / policy service request; (1) 批核、評審及處理閣下之投保計劃申請／保單服務要求；
- (2)

administering, maintaining or reinsuring your policies; (2) 就閣下之保單提供行政、持續或再保險的服務；
- (3)

adjudicating your claims, or conducting any investigation or analysis of your claims; (3) 評核閣下索償，或就閣下之索償進行調查或分析；
- (4)

data matching; (4) 資料核對；
- (5)

investigation or prevention of crime; or (5) 偵測或防止罪行；或
- (6)

fulfilling legal or regulatory requirements. (6) 符合法律或合規要求。

Please note that failure to provide any information requested by YF Life may result in YF Life not being able to process your insurance application / policy service request. 請注意，閣下必須提供萬通保險所需的個人資料，否則，萬通保險將不能處理閣下之投保申請或就閣下之保單提供服務。

Transfer of Personal Information 轉移個人資料

Your personal information collected by or held by YF Life may be transferred or disclosed by YF Life to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental / regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental / regulatory functions: 萬通保險可能為達到上述目的或讓政府／監管機構（不論在香港或海外）執行其職務而向以下任何一方（不論在香港或海外）轉移或透露由萬通保險收集或持有屬於閣下的個人資料：

- (1)

YF Life group companies and their associated / affiliated companies; (1) 萬通保險集團成員公司及其關聯或相關公司；
- (2)

financial institutions, insurance companies, intermediaries and reinsurers; (2) 金融機構、保險公司、中介人或再保險公司；
- (3)

claims investigation companies or any companies / persons necessary for claims assessment / investigation; (3) 賠償調查公司及所需有關評核索償之公司及／或人士；
- (4)

industry associations / federations and their members; (4) 行業組織／聯會及其成員；
- (5)

governmental / regulatory bodies and law enforcement agencies; (5) 政府部門或監管機構和執法機構；
- (6)

crime prevention organisations and their members/participants; and (6) 防犯罪組織及其會員／參與者；及
- (7)

service providers and selected persons which are under a duty of confidentiality to YF Life. (7) 與萬通保險有保密協議的服務提供者及其他人士

Access to or Correction of Personal Information 查閱或更改個人資料

You have the right to access to, and to correct, any of your personal information held by YF Life by writing to our Employee Benefits Personal Data Protection Officer. (Address: 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong). YF Life may charge a reasonable fee for the processing of such request. 閣下有權查閱和更改任何由萬通保險持有屬於閣下的個人資料。如有需要，閣下可與萬通保險的僱員福利資料保護主任提出有關要求、並以書面方式呈交至香港灣仔駱克道 33 號萬通保險大廈 27 樓。處理上述要求時，萬通保險可能會收取合理費用。

11.

declares that the Applicant has read the above PICS and confirms that the Applicant fully understand and consent to the terms above. 聲明投保公司已閱讀個人資料收集聲明的內容，並確認投保公司明白及接受其條款。
12.

understands that the Applicant is required to provide documents* to the satisfaction of the Insurer for the Insurer to conduct due diligence on the Applicant, the ultimate beneficial owner of the policy (if any) and all authorized signatory(ies) for this insurance application (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If the Applicant fails or refuses to do so, the Insurer shall have the right to disapprove the application. 明白投保公司必須提供符合保險公司要求之文件*予保險公司，讓保險公司能按照於「打擊洗錢及恐怖分子資金籌集（金融機構）條例」第 615 章所載，對投保公司、保單之最終實益擁有人（如有）及所有於這保險申請之授權簽署人士（如適用）進行客戶盡職審查。如投保公司未符合此要求，保險公司有權不批核上述申請。
*Refer to Annex 請參閱附件
13.

undertakes to advise the Insurer forthwith upon any change to (i) the Applicant (such as name, registered address and ownership structure); (ii) the Applicant's shareholder(s) holding not less than 10% of its shares/voting rights or his/her personal particulars; or (iii) the Applicant's director(s)/authorized signatory(ies)/ultimate beneficial owner(s) or his/her personal particulars; and to provide documentary proof(s) of such change to the satisfaction of the Insurer forthwith upon its request. 保證會立刻通知保險公司任何有關（i）申請人的名字、註冊地址及架構的更改；或（ii）擁有申請人不少於 10% 的股本或投票權的股東及其個人資料；或（iii）申請人的董事/獲授權人/最終實益擁有人的更改或其個人資料的更改，及保證如保險公司提出要求，會立刻向保險公司提交與該更改有關及令其滿意的文件。

<div>Authorized Signature & Company Chop 負責人簽署及公司印章</div>	<div>Name 姓名</div>	<div>Position 職位</div>	<div>Date: 日期：</div> <div>MM 月</div> <div>DD 日</div> <div>YYYY 年</div>
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Annex 附件:

- Original Application Form

投保申請書正本

- Copy of Valid Business Registration (BR); & Copy of Valid Business Registration (BR) for Affiliated Company (if any)

有效商業登記證副本：和關聯公司的有效商業登記證副本（如適用）

- Clear HKID copy/Passport copy in Certified True Copy for Authorized Person on Letter of Authorization

經核實之授權人士清晰的身份證明文件副本

- Organization chart with company chop / Declaration for Company Register of Members with company chop & authorized signature /

Significant Controllers Register with company chop & authorized signature (If any)

蓋上公司印章的公司架構圖 / 蓋上公司印章和授權簽名的公司成員登記冊聲明 / 蓋上公司印章和授權簽名的重大控制人登記冊（如適用）

- Clear HKID copy/Passport Copy in Certified True Copy for Ultimate Beneficial Owner(s) owning 10% / 25%# or more shares

持股相等或多於 10% 或 25%# 之最終實益擁有人經核實之清晰身份證明文件副本

- Valid Address for Ultimate Beneficial Owner(s) owning 10% / 25%# or more shares

持股相等或多於 10% 或 25%# 之最終實益擁有人的有效地址

Depends on the assessment of Company Risk

視乎對投保公司的風險評估

YF Life Insurance International Ltd.

萬通保險國際有限公司

www.yflife.com

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