

Employee Benefits 僱員福利

POLICY NUMBER 保單號碼		NAME OF EMPLOYER 僱主名稱	
NAME OF EMPLOYEE 僱員姓名		ID CARD/CERT. NO. 身份證/證書號碼	RESIDENTIAL ADDRESS 住址
NAME OF PATIENT 病者姓名		RELATIONSHIP WITH EMPLOYEE 與僱員關係	
DATE OF CONSULTATION 診症日期 (MM/DD/YY 月/日/年)	RECEIPT CHARGES 收據金額	If treatment is related to pregnancy, please provide the expected date of delivery 若治療與懷孕有關，請填寫預產期 MM/DD/YY (月/日/年)	
1.			
2.			
3.			

Declarations & Authorizations 聲明及授權

I declare that I am the insured member of the above mentioned policy and all the information supplied by me on this form is complete and true to the best of my knowledge and belief. I also declare that I have read and understood the Personal Information Collection Statement stated below. I authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who has any records or knowledge of me or my health to divulge to YF Life Insurance International Ltd. ("YF Life") in any information required for the purpose of evaluating the claims application. A photocopy of this authorization shall be as valid as the original. I also confirm that the claims information regarding myself may be released to my Employer or related parties from YF Life. I also declare that there is no change to my record provided by the Employer upon my enrollment, and if there are any changes to my record, I shall forthwith provide documentary proofs of such changes satisfactory to YF Life, and I authorize YF Life to obtain from and verify my personal information with my Employer for the purpose of conducting due diligence under the relevant laws and regulations.

現聲明本人乃上述保單之受保成員，就本人所知及所信以上所填報之資料均正確無訛。本人亦聲明已閱讀及明白下列個人資料收集聲明。本人茲授權持有本人健康或任何資料之註冊西醫、醫院、診所、保險公司、機構、協會或人仕，可以將有關資料提供予萬通保險國際有限公司（「萬通保險」），作為索償申請之參考。此授權書之副本與正本有同等效力。本人亦同意萬通保險可向本人之僱主或相關人士提供有關本人之索償資料。本人亦聲明由僱主於登記時所提供有關本人的資料並沒有任何更改，如有關的資料有任何更改，本人會立刻向萬通保險提供與更改有關的及符合萬通保險要求之證明文件。本人亦授權萬通保險向本人之僱主索取及核實本人的個人資料，作為於有關法例及規例下進行盡職審查之用。

Personal Information Collection Statement 個人資料收集聲明

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: (1) approving, evaluating or processing your insurance application / policy service request; (2) administering, maintaining or reinsuring your policies; (3) adjudicating your claims, or conducting any investigation or analysis of your claims; (4) data matching; (5) investigation or prevention of crime; or (6) fulfilling legal or regulatory requirements. 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. 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: (1) YF Life group companies and their associated / affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies / persons necessary for claims assessment / investigation; (4) industry associations / federations and their members; (5) governmental / regulatory bodies and law enforcement agencies; (6) crime prevention organisations and their members/participants; and (7) service providers and selected persons which are under a duty of confidentiality to YF Life. 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.

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) 批核、評審及處理閣下之投保計劃申請 / 保單服務要求；(2) 就閣下之保單提供行政、持續或再保險的服務；(3) 評核閣下索償，或就閣下之索償進行調查或分析；(4) 資料核對；(5) 偵測或防止罪行；或(6) 符合法律或合規要求。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。萬通保險可能為達到上述目的或就閣下 / 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) 萬通保險集團成員公司及其關聯或相關公司；(2) 金融機構、保險公司、中介人或再保險公司；(3) 賠償調查公司及所需有關評核索償之公司及 / 或人士；(4) 行業組織 / 聯會及其成員；(5) 政府部門或監管機構和執法機構；(6) 防犯罪組織及其會員；及(7) 與萬通保險有保密協議的服務提供者及其他人士。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。

SIGNATURE OF PATIENT (18 YEARS OF AGE OR OVER) 病者簽署 (如超過十八歲)

SIGNATURE OF EMPLOYEE 僱員簽署

DATE (MM/DD/YY) 日期 (月/日/年)

YF Life Insurance International Ltd. 萬通保險國際有限公司

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EB Enquiry System 僱員福利查詢系統:

www.yflife.com/EBweb/

IMPORTANT NOTES 注意事項

1. **This form must be fully completed and signed by the employee and the patient, otherwise the claim processing will be delayed.**
此表格必須全部由僱員及病者填寫及簽署，否則索償處理將被延誤。
2. **If you need us to return the original receipts to you after processing, please state your request on the top of this claim form together with your signature. Please note that claim documents will not be returned after 3 months from the submission date.**
如您需要本公司於索償處理後退回收據正本，請於此申請表表格上方列明並在旁簽署。請注意，於索償文件遞交日起計三個月後，本公司概不退回有關索償文件。
3. **This form is only applicable to single patient's clinical consultations. For clinical operations and other medical expenses, please complete "Group Hospitalization and Surgical Claim Form".**
此表格只限於門診索償，每表格只供一病者使用。門診手術及其他醫療費用之索償，請填妥「團體住院及手術索償申請表格」。
4. **Original receipt must bear the following information: (a) Date of consultation; (b) Name of patient; (c) Breakdown of charge and (d) Diagnosis. The receipt must bear the attending doctor's signature and stamp.**
醫生收據正本必須附有（甲）診症日期、（乙）病者姓名、（丙）各收費項目（丁）病症等資料，並需附有醫生簽署及蓋章。
5. **Attending doctor's referral letter must be submitted with this form if you are claiming for Specialist Consultation, X-ray & Lab. Test, Physiotherapy, Chiropractic treatment and Prescribed Medicine reimbursement.**
凡申請專科診治、X 光化驗、物理治療、脊椎治療及藥物處方索償，需連同醫生轉介信，一併交回本公司。
6. **For Chinese Medicine's Treatment, original official receipt and prescription sheet issued by the Chinese Medicine Practitioner with clinic stamp and doctor's signature are required.**
如欲申請中醫治療的索償，必須提交由中醫師發出並附有診所蓋章及醫生簽署的正式收據及藥方的正本。
7. **Please submit original receipts and this claim form within ninety (90) days after the treatment date, otherwise claims will be declined.**
請於治療後九十日內遞交正本收據及此申請表，否則索償申請將不獲處理。