

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: 商業地址: 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: 聯絡人: ☐ Mr. 先生 ☐ Ms. 女士 Position: 職位:

Telephone No.: 電話號碼: Email: 電郵:

Plan Details 計劃資料

Policy Effective Date: 保單生效日期: M M D D Y Y Y Y

Plan: 計劃: ☐ (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: 僱員參加計劃資格: ☒ The immediate day following _____ Months' probation _____ 個月試用期滿後的首日

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

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

Claims Reimbursement Method: 賠償付款方法: ☒ Autopay 自動轉帳

Claims Advice Method: 賠償通知書方法: ☒ 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? 貴公司曾否在參加此計劃前 24 個月內有其他醫療保險計劃? ☐ 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

☐ Multiple of Monthly Salary
月薪之倍數

☐ Multiple of Annual Salary
年薪之倍數

☐ Flat Amount
定額

Benefits Types:
福利類別:

Benefits Class 福利級別	Definition of Employees 受保僱員定義	Benefits 福利保障			
		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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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:										☐ 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		☐ Yes 是	☐ No 否
2		☐ Yes 是	☐ No 否
3		☐ Yes 是	☐ 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	
1		☐ Yes 是	☐ No 否
2		☐ Yes 是	☐ No 否
3		☐ 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。

Full 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）。

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

Hong Kong Head office 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong
香港總公司 香港灣仔駱克道 33 號萬通保險大廈 27 樓
Customer Service Suite 1208, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Hong Kong
客戶服務 香港尖沙咀廣東道 9 號港威大廈 6 座 12 樓 1208 室

Objectives of Purchasing Insurance Products 選購保險產品目標

- (a) sourcing a health insurance coverage available within specific budgetary parameters
尋找適合預算的僱員醫療保險
- (b) offering the insurance as part of a competitive employee benefits package
提供醫療保險以作為具有競爭力的僱員福利計劃的一部分
- (c) ensuring employees can access medical treatment when needed thereby reducing sickness absence and underpinning productivity as well as staff morale
確保員工在需要時獲得醫療服務，從而減少因病缺勤，並維持生產力及員工士氣
- (d) Others
其他 _____

Declaration 聲明

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 YF Life Insurance International Ltd. (hereinafter referred to as "YF Life") 同意要求個別僱員（如有需要）參與萬通保險國際有限公司（以下簡稱「萬通保險」）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 YF Life. 同意支付全部保費予萬通保險。
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 YF Life and shall be the basis for YF Life'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萬通保險所定保單的一部份，亦視為萬通保險核保之憑證。
5. authorizes YF Life to arrange the medical credit card facilities for Out-Patient Benefits (if applicable). 授權萬通保險安排醫療信用卡服務（如適用）。
6. confirms that we, the Applicant, have read and understood the PERSONAL INFORMATION COLLECTION STATEMENT ("the Statement") contained in this Application Form. We, the Applicant, agree that YF Life may collect, use, store, disclose, transfer and otherwise process our personal data in accordance with the terms and conditions of the Statement. We, the Applicant, further confirm that we have obtained the express consent of all eligible employees and their dependents and any other relevant persons (if applicable) to provide their personal data to YF Life in accordance with the purposes stated in the Statement, and to allow YF Life to collect, use, store, disclose, transfer and otherwise process their personal data in accordance with the terms and conditions of the Statement. 確認吾等（投保公司）已閱讀及明白載於本投保申請書的「個人資料收集聲明」（「該聲明」）。吾等（投保公司）同意萬通保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理吾等的個人資料。吾等（投保公司）進一步確認，吾等已獲得所有合資格僱員及其家屬和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將其個人資料提供給萬通保險，並允許萬通保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。
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. understands and agrees that we, the Applicant, are required to provide YF Life with certified copy of valid documents* (such as identity documents and address proofs, etc.), to the satisfaction of YF Life, for the compliance with applicable laws and regulations relevant to anti-money laundering and counter-terrorist financing, sanctions, tax, etc., to perform customer due diligence. If we, the Applicant, fail to meet the requirement, YF Life has the right to suspend all transactions under the insurance policy or deem the insurance policy terminated. 吾等（投保公司）明白及同意吾等（投保公司）必須提供符合萬通保險要求之有效證明文件副本*（例如身份證明及地址證明等）予萬通保險，讓萬通保險能進行客戶盡職審查及遵從反洗錢和反恐融資、制裁、稅務等相關的法律法規。如吾等（投保公司）未符合此要求，萬通保險有權停止辦理本保單的所有交易或視為本保單終止。
- * Refer to Annex 請參閱附件
11. undertakes to advise YF Life 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 25% 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 YF Life forthwith upon its request. 保證會立刻通知萬通保險任何有關（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 25% 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，及保證如萬通保險提出要求，會立刻向萬通保險提交與該更改有關及令其滿意的文件。

Authorized Signature & Company Chop 負責人簽署及公司印章	Name 姓名	Position 職位	Date: 日期： MM 月 DD 日 YYYY 年
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Purposes of Personal Information Collection

Transfer of Personal Information

Access to or Correction of Personal Information

收集個人資料的目的

請注意，閣下向萬通保險提供的個人資料全屬自願。然而，若閣下未能提供萬通保險所需的個人資料，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）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／參與者；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。

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 25% or more shares

持股相等或多於 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 25% or more shares

持股相等或多於25%之最終實益擁有人的有效地址

Note: Based on the information you provide, YF Life Insurance International Limited ("YF Life") may ask follow-up questions or inquiries and require you to provide further information/ documents for the purpose of issuing the insurance policy.

注意：就閣下提供的資料，萬通保險國際有限公司（「萬通保險」）可能會提出跟進問題或查詢而需要 閣下進一步提供資料／文件以作簽發保單之用。