

Broker Name 保險經紀名稱: _____ Broker Code 保險經紀編號: _____

(A) COMPANY INFORMATION 公司資料 (only applicable if the application is through your Company 若是經公司申請, 請填寫此欄)

Company Name and Reference No.(if any) : _____
公司名稱及參考編號 (如有)
Company Address : _____
公司地址
Contact Person : Mr/Ms _____ Contact Tel. No. _____
聯絡人姓名 先生/女士 聯絡電話 :

(B) PERSONAL PARTICULARS 個人資料 (please use one form for one participant 每位參加者請各自填寫一張表格)

Name of Participant 參加者姓名	(In English) (英文)	(In Chinese) (中文)
HK Identity Card/Passport Number 香港身份證/護照號碼	Gender 性別	Date of Birth 出生日期 MM月 DD日 YY年
Contact Telephone Number 聯絡電話號碼	(Mobile) (手提電話)	(Office) (辦公室) (Home) (住宅)
Correspondence Address 通訊地址 (P. O. Box, hotel address and overseas address are not acceptable 郵政信箱、酒店地址及海外 地址恕不接納)		

All participants must provide a copy of identity card. 所有參加者必須遞交身份證明文件副本。

(C) CHECK-UP ITEMS 檢驗項目 (Please "v" as appropriate 請於適當方格加上"✓"號)

Health Check-Ups 健康檢查計劃			
Basic Profile 基本檢查計劃 <input type="checkbox"/> HK\$320	Standard Profile 標準檢查計劃 <input type="checkbox"/> HK\$980	Premier Profile 優越檢查計劃 <input type="checkbox"/> HK\$1,480	Supreme Profile 尊貴檢查計劃 <input type="checkbox"/> HK\$3,480
Additional Items 自選項目			
Cancer Marker 腫瘤指標測試 <input type="checkbox"/> HK\$1,080	Well-Men Program 男士健康檢查 <input type="checkbox"/> HK\$350	Well-Women Program 女士健康檢查 <input type="checkbox"/> HK\$520	
Mammogram & USG Breast 乳房X光造影及乳房超聲波掃描 (For Female over aged 40 or by doctor's referral) (適用於年齡超過四十歲之女性或經醫生轉介)	<input type="checkbox"/> HK\$1,980	DEXA Spine & Hip 骨質密度 - 腰椎及股骨 (recommended for Female over aged 50) (建議適用於年齡超過五十歲之女性)	<input type="checkbox"/> HK\$780
Fibroscan of Liver 肝臟纖維化掃描 (recommended for those who are suffering from fatty liver or Hepatitis B carrier) (建議適用於脂肪肝患者或乙型肝炎帶菌者)	<input type="checkbox"/> HK\$930	Treadmill 運動心電圖	<input type="checkbox"/> HK\$2,280
Immunization Programs 預防疫苗注射計劃			
Hepatitis A 甲型肝炎	Hepatitis A Virus Antibody IgG (Blood Test) 甲型肝炎抗體 (驗血) <input type="checkbox"/> HK\$240	Hepatitis A Vaccination (2 doses)* 甲型肝炎疫苗注射(2次注射)*	<input type="checkbox"/> HK\$1,270
Hepatitis B 乙型肝炎	Hepatitis B Antigen (Blood Test) 乙型肝炎表面抗原 (驗血) <input type="checkbox"/> HK\$145	Hepatitis B Antibody (Blood Test) 乙型肝炎表面抗體 (驗血)	<input type="checkbox"/> HK\$190
	Hepatitis B Antigen & Antibody (Blood Test) 乙型肝炎表面抗原及抗體 (驗血) <input type="checkbox"/> HK\$260	Hepatitis B Vaccination (3 doses)* 乙型肝炎疫苗注射(3次注射)*	<input type="checkbox"/> HK\$770
Hepatitis A+B 甲型及乙型肝炎	Hepatitis A Virus Antibody IgG + Hepatitis B Antigen & Antibody (Blood Test) 甲型肝炎抗體 + 乙型肝炎表面抗原及抗體 (驗血) <input type="checkbox"/> HK\$450	Hepatitis A & B Vaccination (3 doses)* 甲型 + 乙型肝炎疫苗注射(3次注射)*	<input type="checkbox"/> HK\$1,900
Others 其他	Influenza Vaccination 流行性感冒疫苗注射 <input type="checkbox"/> HK\$200	*Not applicable for hepatitis carriers and those with antibodies, please perform blood tests first. *不適用於肝炎帶菌者及有抗體者, 請先驗血確認。	

Total 總數
HK\$ 港幣: _____

(D) PAYMENT METHOD 付款方法

By Cheque 支票付款

Please send this form together with your cheque payment (**cheque payable to "YF Life Insurance International Ltd."**) to us for registration. 請連同支票(支票抬頭請寫上「萬通保險國際有限公司」)與參加表格一併交回本公司。

By Credit Card 信用卡付款 Please complete the following authorization form. 請填妥以下授權書。

Upon receipt your enrollment will then issue a Certificate of Eligibility to you for enjoying this program.

收妥閣下之申請後，本公司將會簽發保障證明書予閣下以享用此計劃。

Declaration & Authorization 聲明及授權:

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。

1. I declare that I have read the above PICs and confirm that I fully understand and consent to the terms above. 本人聲明本人已閱讀個人資料收集聲明的內容, 並確認本人明白及接受其條款。
2. I authorize YF Life Insurance International Ltd. to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry. 本人在此授權萬通保險國際有限公司由「聯會」從保險業內收集的資料中查閱及/或核對本人的任何資料。
3. I understand that Certificate of Eligibility will be issued with a six-month validity from the date of issue. This is not refundable or transferable, and any lost certificate will not be replaced. 本人明白保障證明書會於簽發日起計六個月內生效。保障證明書不可轉讓, 亦不設退款安排。如有遺失, 將不獲補發。
4. I have read the product's Important Information and/or product brochure (if applicable) before signing this application form and I fully understood the contents thereof including the key product risks, key exclusions (if applicable), premium adjustment (if applicable) of the insurance plan(s) that I am applying in this application. 本人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)。
5. I declare that I understand, acknowledge and agree that the Insurer will pay the authorized insurance broker commission during the continuance of the program including renewals, for arranging the said program (including completion of any of its program services which results in increase in coverage and/or adjusted premium payment). The authorized person who signs on behalf of myself further confirms to the Insurer that he or she is authorized to do so. I further understand that this declaration is necessary for the Insurer to proceed with the application. 本人聲明本人明白、確知及同意, 保險公司會就本人於計劃有效期內(包括續保期), 向負責安排有關計劃獲授權的保險經紀支付佣金(包括完成其任何計劃服務而引致增加保障及/或支付調整保費)。代表本人簽署的獲授權人須向保險公司確認他/她已獲法人團體授權簽署。本人亦明白保險公司必須取得本人同意上述事項後, 才可處理有關申請。

Disclaimer 免責聲明

You should always consult your family doctor before you decide to take the vaccination programme. YF Life Insurance International Ltd. shall not be responsible for any complications arising out of your receiving the health check up/injection services or any direct, indirect, incidental, consequential or other damages you have or may have suffered whether based on contract, tort (in particular, negligence or malpractice by the appointed panel providing the health check up/vaccination services) or any other legal theory. 我們建議閣下於決定接受疫苗注射前應徵詢您的家庭醫生。萬通保險國際有限公司概不會承擔由體檢/疫苗注射服務所引致的併發症或任何基於合約、非侵權行為(尤其以提供有關服務的指定體檢中心的疏忽或醫療過失)或其他法規定理所直接的、間接的、偶發的、相因而生的損失或可能產生的損失。

Participant's Signature: _____
參加者簽署

Date: _____
日期 MM DD YY
月 日 年

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

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客戶服務 香港尖沙咀廣東道 9 號港威大廈 6 座 12 樓 1208 室
Macau Branch Office Avenida Doutor Mario Soares No. 320, Finance and IT Center of
Macau, 8 Andar A, Macau
澳門分公司 澳門蘇亞利斯博士大馬路 320 號澳門財富中心 8 樓 A 座
EB00328/2302/1

Credit Card Payment Authorization Form 信用卡付款授權書

I authorize YF Life Insurance International Ltd. to debit the following credit card account for all payments payable to YF Life Insurance International Ltd. in relation to the Healthy-Life Check Up Program.

本人授權萬通保險國際有限公司在以下信用卡戶口扣除有關「健康人生」驗身計劃之所有費用。

Credit Card Account Details 信用卡戶口資料 (PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫)

VISA MasterCard Name of Credit Card Issuing Bank 發卡銀行名稱 : _____

Credit Card Number :
信用卡號碼

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Credit Card Valid Thru
信用卡有效期至

M	M	Y	Y	Y	Y															

Name of Participant 參加者姓名 (In English 英文): _____

Credit Card Holder's Name 信用卡持有人姓名 (In English 英文): _____

Credit Card Holder's Relationship with Participant 信用卡持有人與參加者的關係 : _____

(If Card Holder is not the Participant 若信用卡持有人並非參加者必須申報)

Hong Kong Identity Card/Passport No. of Credit Card Holder 信用卡持有人的香港身份證/護照號碼 : _____

Contact Telephone Number 聯絡電話: _____

In consideration of YF Life Insurance International Ltd. agreeing to the above, I acknowledge and agree that (notwithstanding any terms to the contrary in the relevant cardholder agreement governing the use of my above Credit Card) in the event of any dispute regarding charges aforesaid, I will raise it within 30 days from the program effective date, failing which I hereby waive all my rights against YF Life Insurance International Ltd. or any person in respect of such charges or payments. 有鑑於萬通保險國際有限公司同意上述安排，本人了解及同意(縱然抵觸「信用卡使用守則」)若本人對上述信用卡賬戶支取費用有任何不滿，本人必須在計劃生效後 30 天內提出；否則，本人將放棄向萬通保險國際有限公司或有關人士追究的權利。

Signature 簽名 : _____

Signature of Credit Card Holder 信用卡持有人簽名
(same as Credit Card A/C Signature 與信用卡戶口之簽名相同)

Date 日期: _____

(MM/DD/YY) (月/日/年)

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

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