

Policy Owner 保單持有人: _____ (Company Name 公司名稱)

Contact Person 聯絡人: _____ Phone No 電話號碼: _____ Email 電郵: _____

Name of Agent and Agent code 保險營業員/保險代理人姓名及編號: _____

MEMBER'S PARTICULARS 成員資料

PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫

English Name : 英文姓名 :	Chinese Name : 中文姓名 :	Gender : 性別:	HKID Card No.: 香港身份證號碼 : ()
Nationality 國籍	Department (if applicable) 部門名稱 (如適用)	Date of Birth : 出生日期 : MM 月 DD 日 YY 年	
Phone No. : (Home) 電話號碼 : (住宅)	(Office) (辦公室)	(Mobile) (手提電話)	Email 電郵 :
Residential Address (P. O. Box, hotel address and overseas address are not acceptable): 居住地址(郵政信箱、酒店地址及海外地址恕不接納) :			Correspondence Address (If it is different from the Residential Address) : 通訊地址 (如跟居住地址不同) (郵政信箱、酒店地址及海外地址恕不接納) :

BENEFIT OPTIONS 保障選項

Dental Care Plan 牙科保健計劃	Eligible Age : 6 – 70 years old 合資格投保年齡為 6 至 70 歲	Annual Premium 年費
Option 1 計劃 1 : Option 2 計劃 2 :	Scaling and polishing once per year 每年 1 次洗牙 Scaling and polishing twice per year 每年 2 次洗牙	HK\$558 HK\$768

Proposed Insured's Particulars 準受保人之個人資料 Please list family members to be covered (if applicable) 請列明同時受保之家庭成員 (如適用)

English Name of Proposed Insured 準受保人英文姓名	Relationship with the above member 與上述成員的關係	Date of Birth 出生日期			Gender 性別	Nationality 國籍	HKID Card No. / Birth Cert. No.# 香港身份證號碼/ 出世紙號碼	Dental 牙科保健		每年保費 (港元\$) Annual Premium (HK\$)
		MM 月	DD 日	YY 年				Option1 計劃 1	Option2 計劃 2	
	Member 成員	As above 同上						<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
# Please provide a certified true copy of HKID card/Birth Certificate 請提供香港身份證明文件認證副本。 For non-permanent Hong Kong resident, please provide a certified true copy of passport. 如非香港永久居民，請提供護照的認證副本。									Total Premium (HK\$) 保費總額 (港元\$)	

If space is insufficient, please fill in the required information on a separate enrolment form and counter sign. 如空位不足, 請填妥另一份參加表格並在表格上加簽。

Premium Payment Method 繳付保費方法:

- ☐ By Cheque 支票 (Please attach a cheque made payable to "YF Life Insurance International Ltd.". 請連同支票抬頭寫上「萬通保險國際有限公司」。)
- ☐ By Credit Card 信用卡 (Please complete the following "Credit Card Payment Authorization Form" 請填妥以下「信用卡付款授權書」。)

Premium Payment Mode 繳付保費方式: Annually 年繳

Declaration & Agreement 聲明及同意:

- I declare that, to the best of my knowledge and belief, the information contained in this Application are true and complete ; and
本人聲明, 就本人所知所信, 本申請表上填報之一切資料, 均完整屬實; 及
- I agree that the benefits provided by YF Life Insurance International Ltd. ("the Company") are subject to the Limitations & Exclusions, and the terms and conditions as stated in the Policy.
本人同意由萬通保險國際有限公司(貴公司)所提供的保障是受保單所列明的限制及不保事項及條款限制。
- I understand that this Plan is a non-refundable program and it will be renewed on an annual basis subject to the payment of renewal premium in advance. The Company reserves the right not to renew the benefits upon Policy Anniversary at its sole discretion. I also understand that a full description of network medical services will be provided in the Benefit Schedule.
本人明白此計劃已繳付的保費將不予退還, 保障並將按年續保, 續保保費須於續保前繳付。貴公司亦保留權利於保單週年不予續保。本人同時明白本計劃所提供的網絡醫療服務是根據已列明於本保單的保障範圍表內。
- I agree that the Company shall not be held responsible for any damages incurred through tort, negligence, breach of contract or malpractice by the Appointed Panel of Medical Practitioners, or which result from any defective or dangerous condition in or about the medical facility premises. I also agree that the Company does not undertake any obligation with regard to the Appointed Panel of Medical Practitioner's practice or services except to warrant that the Appointed Panel of Medical Practitioners are currently the General Dental Practitioners for the purposes of rendering dental services in Hong Kong under the laws of Hong Kong.
本人同意貴公司不需承擔因委任網絡醫生之疏忽、失職、違約、侵權行為、使用不符合標準的診療設施或提供不安全之診療場所等而導致任何人有所損失的一切責任; 本人並同意貴公司不會保證委任網絡醫生之專業操守, 但可保證委任網絡醫生確為現時在香港法律下可在香港執業的牙科醫生。

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

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

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- | |
|---------------|
| Others 其他個人資料 |
| |

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

(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。

Transfer of Personal Information 轉移個人資料

(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

9. 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。

Note : If the duly completed enrolment form and the required premium are received by the Company on or before 20th of the month, the benefits will come into effect on the first day of the following month, otherwise the benefits will come into effect on the first day of the month after the following month. 若本公司於每月 20 號或之前收到填妥的參加表格及應繳保費，保障將由下月首日生效，否則保障將於隨後第 2 個月的首日生效。

Signature of Member : _____
成員簽署

Date : _____

日期 MM 月 DD 日 YY 年

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 **Voluntary Group Assurance Plan**.
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**自選福利計劃**之保費。

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

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M	M	Y	Y	Y	Y

Name of Member 成員姓名 (In English 英文): _____

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

Credit Card Holder's Relationship with Member 信用卡持有人與成員的關係: _____

(If Card Holder is neither the Member nor Proposed Insured 若信用卡持有人並非成員或準受保人必須申報)

Hong Kong Identity Card No./ 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 benefit 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，本人必須在保障生效後 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 月 / DD 日 / YY 年

YF Life Insurance International Ltd.

萬通保險國際有限公司

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