

Civil Servants & Non – Civil Servants Employed by the Government
Protection Scheme Application Form

公務員及非公務員合約僱員自願參與醫療保險計劃 申請表

Employee Care



2012 - 13 年版

A. Staff (Applicant) Personal Information (Please fill in with BLOCK letters) 員工 (投保人) 個人資料 (請以英文正楷填寫)

英文姓名 English Name	性別 Sex M/ F	出生日期 Date of Birth M月/ D日/ YR年		
中文姓名 Chinese Name	身份證號碼 I.D.No.	員工編號 Staff No.	非公務員合約僱員 NCSC <input type="checkbox"/>	
住宅電話 Tel (Home)	手提電話 Tel (Mobile)	辦公室電話 Tel (Office)	政府部門 Government Department	職位 Position
聯絡地址 Address		工作性質 Job Nature	室內/文職 Indoor/ Clerical <input type="checkbox"/>	戶外 Outdoor <input type="checkbox"/>
		電郵地址 E-Mail Address		

B. Family Member(s) Information (For Applicant's Family Members only) 投保人家庭成員資料 (適用於投保人之家庭成員)

English Name 英文姓名	I.D.No. 身份證號碼/ Cert. of Birth No. 出生證明書號碼	Occupation 職業	Sex 性別	Date of Birth 出生日期 (M月/ D日/ YR年)
配偶 Spouse			M/ F	/ /
子女 Child			M/ F	/ /
父母/ 配偶父母 Parents/ Parents-in-law			M/ F	/ /
			M/ F	/ /

C. Monthly Premium Table 每月保費表 Please tick the appropriate box for cover(s) / protection required 請於所需保障前之方格加 ✓
The Category for different coverage chosen should be the same (各保障所選擇的組合必須相同)

Basic Accident Cover 基本意外保障							
Unit 單位	Individual 個人	Individual+Spouse 個人+配偶	Family 家庭	Individual+Child(ren) 個人+子女	Each parent 每位父母	No. 人數	Premium 保費
1	<input type="checkbox"/> HK\$60	<input type="checkbox"/> HK\$120	<input type="checkbox"/> HK\$120	<input type="checkbox"/> HK\$60	<input type="checkbox"/> HK\$60	X	
2	<input type="checkbox"/> HK\$79	<input type="checkbox"/> HK\$158	<input type="checkbox"/> HK\$158	<input type="checkbox"/> HK\$79	<input type="checkbox"/> HK\$79	X	
3	<input type="checkbox"/> HK\$96	<input type="checkbox"/> HK\$192	<input type="checkbox"/> HK\$192	<input type="checkbox"/> HK\$96	<input type="checkbox"/> HK\$96	X	
4	<input type="checkbox"/> HK\$113	<input type="checkbox"/> HK\$226	<input type="checkbox"/> HK\$226	<input type="checkbox"/> HK\$113	<input type="checkbox"/> HK\$113	X	
5	<input type="checkbox"/> HK\$128	<input type="checkbox"/> HK\$256	<input type="checkbox"/> HK\$256	<input type="checkbox"/> HK\$128	<input type="checkbox"/> HK\$128	X	
Sub-Total 共計							

Optional Accidental Death + Permanent Disablement Cover for Children 額外子女意外死亡及永久傷殘保障

All Children 所有子女	Premium 保費
<input type="checkbox"/> HK\$19	

Daily Hospital Income Cover (Monthly Premium Per Unit) 每日住院現金保障 (每單位每月保費)

Age 年齡	Individual 個人	Individual + Spouse 個人+配偶	Family Coverage 家庭	Individual + Child(ren) 個人+子女	Unit 單位	Premium 保費
18-25	<input type="checkbox"/> HK\$31	<input type="checkbox"/> HK\$59	<input type="checkbox"/> HK\$73	<input type="checkbox"/> HK\$45	X	
26-30	<input type="checkbox"/> HK\$34	<input type="checkbox"/> HK\$67	<input type="checkbox"/> HK\$83	<input type="checkbox"/> HK\$51	X	
31-35	<input type="checkbox"/> HK\$37	<input type="checkbox"/> HK\$73	<input type="checkbox"/> HK\$90	<input type="checkbox"/> HK\$55	X	
36-40	<input type="checkbox"/> HK\$39	<input type="checkbox"/> HK\$76	<input type="checkbox"/> HK\$95	<input type="checkbox"/> HK\$58	X	
41-45	<input type="checkbox"/> HK\$45	<input type="checkbox"/> HK\$88	<input type="checkbox"/> HK\$109	<input type="checkbox"/> HK\$66	X	
46-50	<input type="checkbox"/> HK\$53	<input type="checkbox"/> HK\$105	<input type="checkbox"/> HK\$130	<input type="checkbox"/> HK\$79	X	
51-55	<input type="checkbox"/> HK\$65	<input type="checkbox"/> HK\$129	<input type="checkbox"/> HK\$160	<input type="checkbox"/> HK\$97	X	
56-60	<input type="checkbox"/> HK\$73	<input type="checkbox"/> HK\$145	<input type="checkbox"/> HK\$180	<input type="checkbox"/> HK\$109	X	
61-65	<input type="checkbox"/> HK\$94	<input type="checkbox"/> HK\$186	<input type="checkbox"/> HK\$233	<input type="checkbox"/> HK\$140	X	
Sub-Total 共計						

Daily Hospital Income Cover (Monthly Premium Per Unit) 每日住院現金保障 (每單位每月保費)

Age 年齡	Parents/ Parents-in-law 父母/ 配偶父母	No. 人數	Unit 單位	Premium 保費
18-25	<input type="checkbox"/> HK\$31	X	X	
26-30	<input type="checkbox"/> HK\$34	X	X	
31-35	<input type="checkbox"/> HK\$37	X	X	
36-40	<input type="checkbox"/> HK\$39	X	X	
41-45	<input type="checkbox"/> HK\$45	X	X	
46-50	<input type="checkbox"/> HK\$53	X	X	
51-55	<input type="checkbox"/> HK\$65	X	X	
56-60	<input type="checkbox"/> HK\$73	X	X	
61-65	<input type="checkbox"/> HK\$94	X	X	
Sub-Total 共計				

Critical Illness Cover (Monthly Premium Per Unit) 危疾保障 (每單位每月保費)

Age 年齡	Individual 個人		Individual+Spouse / Family 個人+配偶 / 家庭	Individual+Child(ren) 個人+子女		Unit 單位	Premium 保費
	Male 男性	Female 女性		Male 男性	Female 女性		
18-25	<input type="checkbox"/> HK\$37	<input type="checkbox"/> HK\$28	<input type="checkbox"/> HK\$54	<input type="checkbox"/> HK\$37	<input type="checkbox"/> HK\$28	X	
26-30	<input type="checkbox"/> HK\$57	<input type="checkbox"/> HK\$40	<input type="checkbox"/> HK\$81	<input type="checkbox"/> HK\$57	<input type="checkbox"/> HK\$40	X	
31-35	<input type="checkbox"/> HK\$79	<input type="checkbox"/> HK\$53	<input type="checkbox"/> HK\$111	<input type="checkbox"/> HK\$79	<input type="checkbox"/> HK\$53	X	
36-40	<input type="checkbox"/> HK\$109	<input type="checkbox"/> HK\$70	<input type="checkbox"/> HK\$150	<input type="checkbox"/> HK\$109	<input type="checkbox"/> HK\$70	X	
41-45	<input type="checkbox"/> HK\$153	<input type="checkbox"/> HK\$94	<input type="checkbox"/> HK\$209	<input type="checkbox"/> HK\$153	<input type="checkbox"/> HK\$94	X	
46-50	<input type="checkbox"/> HK\$197	<input type="checkbox"/> HK\$115	<input type="checkbox"/> HK\$264	<input type="checkbox"/> HK\$197	<input type="checkbox"/> HK\$115	X	
51-55	<input type="checkbox"/> HK\$254	<input type="checkbox"/> HK\$139	<input type="checkbox"/> HK\$332	<input type="checkbox"/> HK\$254	<input type="checkbox"/> HK\$139	X	
56-60	<input type="checkbox"/> HK\$289	<input type="checkbox"/> HK\$154	<input type="checkbox"/> HK\$375	<input type="checkbox"/> HK\$289	<input type="checkbox"/> HK\$154	X	
61-65	<input type="checkbox"/> HK\$360	<input type="checkbox"/> HK\$276	<input type="checkbox"/> HK\$478	<input type="checkbox"/> HK\$360	<input type="checkbox"/> HK\$276	X	
Sub-Total 共計							

Critical Illness Cover (Monthly Premium Per Unit) 危疾保障 (每單位每月保費)

Age 年齡	Parents/ Parents-in-law 父母 / 配偶父母				Premium 保費
	Male 男性	Female 女性	No. 人數	Unit 單位	
18-25	<input type="checkbox"/> HK\$37	<input type="checkbox"/> HK\$28	x	x	
26-30	<input type="checkbox"/> HK\$57	<input type="checkbox"/> HK\$40	x	x	
31-35	<input type="checkbox"/> HK\$79	<input type="checkbox"/> HK\$53	x	x	
36-40	<input type="checkbox"/> HK\$109	<input type="checkbox"/> HK\$70	x	x	
41-45	<input type="checkbox"/> HK\$153	<input type="checkbox"/> HK\$94	x	x	
46-50	<input type="checkbox"/> HK\$197	<input type="checkbox"/> HK\$115	x	x	
51-55	<input type="checkbox"/> HK\$254	<input type="checkbox"/> HK\$139	x	x	
56-60	<input type="checkbox"/> HK\$289	<input type="checkbox"/> HK\$154	x	x	
61-65	<input type="checkbox"/> HK\$360	<input type="checkbox"/> HK\$276	x	x	
Sub-Total 共計					

China Assist Card 中國住院保障

Individual 個人	No. 人數	Premium 保費
English Name 英文姓名		
<input type="checkbox"/> HK\$22	x	
Sub-Total 共計		
Total Monthly Premium 每月總保費 HK\$		

Note 注意

- Premium payable for Daily Hospital Income Cover and/or Critical Illness Cover for Individual, Individual + Spouse, Individual + Child(ren) and Family is calculated according to the applicant's age at the time upon Daily Hospital Income Cover and / or Critical Illness Cover application. 每日住院現金保障及/或危疾保障之個人、個人+配偶、個人+子女及家庭計劃的保費乃根據投保人投保每日住院現金保障及/或危疾保障時的實際年齡而厘定。
- You have to apply for the Basic Accident Cover first before selecting Daily Hospital Income Cover, Critical Illness Cover and / or China Assist Card. 如欲投保每日住院現金保障、危疾保障及/或中國住院保障，必須先投保「基本意外保障」。
- Monthly premium will be payable either by Credit Card or Autopay. 每月保費將以信用卡或自動轉帳扣除。
- "Family Coverage" includes you, your legal spouse and all your unmarried & unemployed child(ren) aged 6 months to 21, or upon to 25 if full-time student. 「家庭保障」包括員工、配偶及所有6個月至21歲未婚及未在職之子女，全日制學生可續保至25歲。

D. Declaration & Authorization 聲明及授權

- 1) I/We now declare that to the best of my/our knowledge and belief the information in this Application Form is true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited. I/We declare that I/we have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.
- 1) 本人/吾等現聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人/吾等與美亞保險香港有限公司所簽署合約之依據。本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。
- 2) If this application is made through an insurance broker, by signing this form I/we agree to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.
- 2) 如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險香港有限公司向保險經紀支付佣金，作為保險經紀安排（及/或續保）有關保單的報酬。
- 3) **Personal Information Collection Statement**
In relation to the personal data collected in this application form, I/we agree and acknowledge that:
- (a) (unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.
- (b) the personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).
- (c) unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
- (d) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
- third parties providing services related to the administration of my/our policy (including reinsurance);
 - financial institutions for the purpose of processing this application and obtaining policy payments;
 - in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
 - another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
 - other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
- (e) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

Promotion Material Opt-out (if you wish to opt-out, please tick)

3) 個人資料收集聲明

就有關從此表格所收集的個人資料，本人/吾等同意及確認：

- 除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司（“美亞保險”）處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；
- 美亞保險可按列於其私隱政策的用途使用此表格所收集的個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途）；
- 除非本人/吾等於以下的「不收取推廣資料」表格填上 號以作表示（其內容本人/吾等已細閱），美亞保險可使用本人/吾等的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡本人/吾等有關其它由AIG集團提供之保險產品，而在未獲本人/吾等同意的情况下，本人/吾等之個人資料將不會被如此使用；
- 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述（b）及（c）項所列明之用途：
 - 提供有關本人/吾等保單管理服務的第三者（包括再保險公司）；
 - 財務機構，作處理此申請及收取保費；
 - 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
 - AIG集團授權的市場推廣公司，以作直銷之用（如上（c）項所述）；
 - 其它在任何國家之AIG集團之成員公司，作上述（b）及（c）項所有列明之用途；或
 - 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
- 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任（地址：香港郵政總局信箱456號或電郵：cs.hk@aig.com）查閱、或要求修改本人/吾等的個人資料（美亞保險可就查閱及修改要求收取合理費用），或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

不收取推廣資料（如閣下不欲收取推廣資料，請在表格填上 號）

Applicant Signature 投保人簽署: _____

Date 日期: _____ M/ _____ D/ _____ Y年

This application form will become part of the policy after approval from the issuing company. 本投保申請書於公司授權人核保及簽署後將成為保單之一部份。

Administrator:	Code No:	Tel No:
For Office Use Only		

PAYMENT METHOD FORM

保費支付方法表

Monthly Payment 月費付款

Please choose the payment method either by Credit Card or by Autopay 請選擇以信用卡或自動轉賬支付每月保費

By Credit Card 信用卡付款

Charge my monthly premium to 請在以下的信用卡賬號扣除每月保費 (Tick one box only 請選擇其中一項) :

Visa Card  Master Card 

I/We hereby authorize AIG Insurance Hong Kong Limited to charge my/our credit card account below for all payment(s) of this policy including that/those related to its renewal(s).

本人/吾等授權美亞保險香港有限公司，經由本人/吾等下列的信用卡戶口內，扣除有關本單的費用，包括其續保之有關費用。

Credit card No. 信用卡號碼:	
Expiry Date 有效期至:	MM 月 YY 年
Name on Credit card 持咭人姓名:	
Cardholder's Signature 持咭人簽名: (The above signature must be identical to the one on your credit card) (此簽名必須與信用卡上之簽名相同)	

By Autopay 自動轉賬付款

Please fill in the following form 請填妥下列表格

Authorization Agreement Form With Creditor 付款授權同意書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of AIG Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from AIG Insurance Hong Kong Limited from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer had been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We confirm that my/our signature(s) on this application form is/are the same as that/ those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify AIG Insurance Hong Kong Limited of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

This authorization shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to AIG Insurance Hong Kong Limited.

本人/吾等現授權本人/吾等之下述銀行，根據美亞保險香港有限公司不時給予本人/吾等之銀行之指示，自本人/吾等之賬戶內轉賬予美亞保險香港有限公司之賬戶。本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支 (或令現時之透支增加)，本人/吾等共同及各別承擔全部責任。

本人/吾等證明本人/吾等在此申請表格上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。

本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知美亞保險香港有限公司本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用。

本授權書當繼續生效直至另行通知。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行，並同時通知美亞保險香港有限公司。

Bank Name 銀行名稱	Account Number 銀行賬號
Name of Account-holder(s) (As recorded on Statement/Passbook-please complete in English) 戶口持有人姓名 (在結單/存摺上所記錄之名稱 — 請以英文填寫)	Signature(s) of Account-holder(s) 戶口持有人簽名
ID Number of Account-holder(s) 戶口持有人身份證明文件號碼	
Witnessed By (Full Name) 見證人 (全名)	Debtor's Reference (To be completed by the Company) 債務人參考 (由公司填寫)
ID Number of Witness 見證人身份證號碼	

Note 附註:

Please ensure that you sign the form in the usual way that you would sign on your Bank account.

請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。