

HealthMultiple Medical Insurance Plan Enrolment Form

「智樂人生」自選醫療保險計劃 投保表格



Enquiry no. 查詢電話：(852) 2903 9391 Fax 傳真：(852) 2968 0639

Please tick the appropriate box and * delete whichever is inappropriate. 請✓適用方格及於*號刪去不適用者。

Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

Proposer's information 投保人資料				
Mr./Mrs./Ms.* 先生/太太/女士*		English name: 英文姓名：		Chinese name: 中文姓名：
HKID card no.: 香港身份證號碼：	Date of birth: 出生日期：	D 日	M 月	Y 年
Sex: 性別：		<input type="radio"/> Male 男		<input type="radio"/> Female 女
Correspondence address: 通訊地址：	Flat/Room 室/單位	Floor 樓	Block 座	
Building 大廈				
Estate name/Street no. & name/Lot no.* 屋苑名稱/街名及門牌/地段*				
District 地區			HK / KLN / NT* 香港/九龍/新界*	
Day time telephone no.: 日間聯絡電話：		Night time telephone no.: 晚間聯絡電話：		
Mobile phone no.: 流動電話號碼：		E-mail address: 電郵地址：		

Insured person's information 受保人資料				
	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
Surname 姓				
Given name 名				
Sex 性別	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女
HKID card no. 香港身份證號碼				
Date of birth (dd/mm/yy) 出生日期(日/月/年)	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年
Relationship with proposer 與投保人關係	<input type="radio"/> Self 本人 <input type="radio"/> Spouse 配偶 <input type="radio"/> Child* 子女*	<input type="radio"/> Spouse 配偶 <input type="radio"/> Child* 子女*	<input type="radio"/> Child* 子女*	<input type="radio"/> Child* 子女*
Height (cm) 身高(厘米)				
Weight (kg) 體重(公斤)				
Occupation & position 職業及職位				

* Child(ren) must be aged at or below 17 years, unemployed and unmarried.
* 子女必須為 17 歲或以下、未在職及未婚之人士。

Choice of cover and plan level 保障項目及計劃級別

Core Cover* 基本保障*

	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
Section 1 – Room & Board 第 1 節 – 房租費用	<input type="radio"/> Section 1 第 1 節	<input type="radio"/> Section 1 第 1 節	<input type="radio"/> Section 1 第 1 節	<input type="radio"/> Section 1 第 1 節
Section 2 – Surgical Cover 第 2 節 – 手術費用保障	<input type="radio"/> Section 2 第 2 節	<input type="radio"/> Section 2 第 2 節	<input type="radio"/> Section 2 第 2 節	<input type="radio"/> Section 2 第 2 節
Section 3 – Post-surgery Cover 第 3 節 – 手術後保障	<input type="radio"/> Section 3 第 3 節	<input type="radio"/> Section 3 第 3 節	<input type="radio"/> Section 3 第 3 節	<input type="radio"/> Section 3 第 3 節
Enrolment of Section 1 to Section 3 投保第 1 節至第 3 節	<input type="radio"/> Section 1 to Section 3 第 1 節至第 3 節	<input type="radio"/> Section 1 to Section 3 第 1 節至第 3 節	<input type="radio"/> Section 1 to Section 3 第 1 節至第 3 節	<input type="radio"/> Section 1 to Section 3 第 1 節至第 3 節
Plan level of Core Cover* 基本保障之計劃級別*	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃

* The plan level selected must be the same for all sections under Core Cover.
* 所有基本保障項目中所選擇的計劃級別必須相同。

Additional Cover^ 附加保障^

(Only applicable to enrolment of Section 1 to Section 3 只適用於投保第 1 節至第 3 節)

Section 4(a) – Supplementary Major Medical Cover# 第 4(a) 節 – 附加醫療保障#	<input type="radio"/> Section 4(a) 第 4(a) 節	<input type="radio"/> Section 4(a) 第 4(a) 節	<input type="radio"/> Section 4(a) 第 4(a) 節	<input type="radio"/> Section 4(a) 第 4(a) 節
Section 4(b) – Voluntary deductible# 第 4(b) 節 – 自願性自負額#	<input type="radio"/> Section 4(b) 第 4(b) 節	<input type="radio"/> Section 4(b) 第 4(b) 節	<input type="radio"/> Section 4(b) 第 4(b) 節	<input type="radio"/> Section 4(b) 第 4(b) 節
Please choose the deductible amount (HK\$) 請選擇自負額(港幣/元)	<input type="radio"/> \$ 20,000 <input type="radio"/> \$ 30,000 <input type="radio"/> \$ 50,000	<input type="radio"/> \$ 20,000 <input type="radio"/> \$ 30,000 <input type="radio"/> \$ 50,000	<input type="radio"/> \$ 20,000 <input type="radio"/> \$ 30,000 <input type="radio"/> \$ 50,000	<input type="radio"/> \$ 20,000 <input type="radio"/> \$ 30,000 <input type="radio"/> \$ 50,000
	Deductible amount (HK\$) 自負額(港幣/元)	Discount on premium (only applicable to premium of Section 1 to Section 3) 保費折扣(只適用於第 1 節至第 3 節保費)		
	20,000 30,000 50,000	Standard Plan 標準計劃 25% n/a n/a	Enhanced Plan 優越計劃 27.5% 30% n/a	Platinum Plan 白金計劃 30% 32% 35%

Insured person can choose either Section 4(a) or Section 4(b) only. The plan level selected must be the same as Core Cover.
投保人只可於第 4(a) 節或第 4(b) 節選擇其中一節投保，而投保的計劃級別必須與基本保障相同。

Section 5 – Hospital Cash 第 5 節 – 住院現金	<input type="radio"/> Section 5 第 5 節	<input type="radio"/> Section 5 第 5 節	<input type="radio"/> Section 5 第 5 節	<input type="radio"/> Section 5 第 5 節
Plan level of Section 5 第 5 節之計劃級別	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃
Section 6 – Critical Illness 第 6 節 – 危疾保障	<input type="radio"/> Section 6 第 6 節	<input type="radio"/> Section 6 第 6 節	<input type="radio"/> Section 6 第 6 節	<input type="radio"/> Section 6 第 6 節
Plan level of Section 6 第 6 節之計劃級別	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃
Section 7 – Special Treatment and Care 第 7 節 – 特別治療及護理	<input type="radio"/> Section 7 第 7 節	<input type="radio"/> Section 7 第 7 節	<input type="radio"/> Section 7 第 7 節	<input type="radio"/> Section 7 第 7 節
Plan level of Section 7 第 7 節之計劃級別	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃
Out-patient Medical Plan (OMP) 門診醫療保障計劃	<input type="radio"/> Out-patient Medical Plan 門診醫療保障計劃	<input type="radio"/> Out-patient Medical Plan 門診醫療保障計劃	<input type="radio"/> Out-patient Medical Plan 門診醫療保障計劃	<input type="radio"/> Out-patient Medical Plan 門診醫療保障計劃
Plan level of OMP 門診醫療之計劃級別	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 白金計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃

^ The plan level selected for Additional Cover can be different from the Core Cover, except for Section 4(a) and Section 4(b).

^ 所選附加保障項目的計劃級別可與基本保障不同，惟第 4(a) 節及第 4(b) 節除外。

Premium payment 保費支付辦法

	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
Total premium (HK\$) 保費總額(港幣/元) Premium = Core Cover premium x (100% - Deductible discount (if applicable)) or Core Cover premium + Additional Cover premium (if applicable) 保費 = 基本保障保費 x (100% - 自負額折扣(如適用))或基本保障保費 + 附加保障保費(如適用)	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月
Less premium discount 扣減保費折扣	<ul style="list-style-type: none"> Enrol in Section 1 to Section 3 at the same time, you can receive 5% premium discount. 同時投保第1節至第3節, 可獲95折保費優惠。 Enrol the whole family, you can receive 5% premium discount. 全家同時投保, 可獲95折保費優惠。 			
Total premium payable (HK\$) 應付保費總額(港幣/元) <i>(Minimum annual premium per policy is HK\$800 每保單每年最低保費為港幣800元)</i>	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月
Effective date of insurance cover* 保險生效日期*	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年

* For Out-patient Medical Plan, coverage shall be effective on the 1st or the 15th day of the month following the date of receipt of the application by Zurich Insurance Company Limited (whichever is earlier).
* 門診醫療保障計劃之保障生效日期為蘇黎世保險有限公司收到申請表後之翌月之1號或15號(以較早者為準)。

Medical questionnaire 醫療問卷

All questions must be answered in full by all insured person(s). 所有受保人均須詳細回答下列問題。	Yes 是	No 否																																																																														
1. Have you ever admitted into hospital or sanatorium, or undergone or been recommended to undergo surgery (other than that associated with a full term pregnancy)? 閣下是否曾入住醫院或療養院、或曾接受或被建議接受手術(有關與足月的懷孕除外)?	<input type="radio"/>	<input type="radio"/>																																																																														
2. Are you currently under or have you been advised to have medical observation, treatment or require medication or follow-ups due to any illness or effects of any accident? 閣下現時是否或曾否被建議接受醫療觀察、治療或因疾病或意外影響而需接受藥物或覆診治療?	<input type="radio"/>	<input type="radio"/>																																																																														
3. Have you ever had any physical disability or mental condition, or suffered from any congenital abnormalities and/or disease, chronic disease or hereditary disease or any disorder on physical conditions? 閣下是否有任何身體殘障、精神問題、或患有先天性缺陷及/或疾病、慢性疾病或遺傳病或身體功能失調?	<input type="radio"/>	<input type="radio"/>																																																																														
4. Have you ever suffered from or been treated for any of the following disorders or diseases? If yes, please tick the appropriate box below. 閣下是否曾患過或就以下任何一種身體功能失調或疾病接受過治療? 若「是」, 請在以下適用方格加上✓號。	<input type="radio"/>	<input type="radio"/>																																																																														
<table border="1"> <tr> <td>Tuberculosis 結核病 <input type="radio"/></td> <td>Bronchitis 支氣管炎 <input type="radio"/></td> <td>Diabetes 糖尿病 <input type="radio"/></td> <td>Malaria 瘧疾 <input type="radio"/></td> <td>Stroke 中風 <input type="radio"/></td> <td>Epilepsy 癲癇症 <input type="radio"/></td> </tr> <tr> <td>Chest pain 胸痛 <input type="radio"/></td> <td>Spinal problem 脊椎問題 <input type="radio"/></td> <td>Herina 疝 <input type="radio"/></td> <td>Nasal sinusitis 鼻竇炎 <input type="radio"/></td> <td>Gout 痛風 <input type="radio"/></td> <td>Arthritis 關節炎 <input type="radio"/></td> </tr> <tr> <td>Thyroid disorder 甲狀腺失調 <input type="radio"/></td> <td>Rheumatic fever 風濕熱 <input type="radio"/></td> <td>Varicose veins 靜脈曲張 <input type="radio"/></td> <td>Alcoholism 酗酒 <input type="radio"/></td> <td>Drug addiction 吸毒 <input type="radio"/></td> <td>Venereal disease 性病 <input type="radio"/></td> </tr> <tr> <td>Haemorrhoids 痔瘡 <input type="radio"/></td> <td>Anaemia 貧血 <input type="radio"/></td> <td>Haemophilia 血友病 <input type="radio"/></td> <td>Hallux valgus 姆趾外翻 <input type="radio"/></td> <td>Anal fistulae 肛瘻 <input type="radio"/></td> <td></td> </tr> <tr> <td>Raised blood pressure 高血壓 <input type="radio"/></td> <td colspan="2">Asthma or respiratory diseases 哮喘或呼吸疾病 <input type="radio"/></td> <td colspan="3">Stone of kidney / bladder / gall bladder 腎石 / 膀胱石 / 膽石 <input type="radio"/></td> </tr> <tr> <td>Cancer or tumour(s) of any kind 癌症或任何腫瘤 <input type="radio"/></td> <td colspan="2">Gynaecological conditions 婦科病 <input type="radio"/></td> <td colspan="3">Duodenal or ulcer of any kind 十二指腸或各類型潰瘍 <input type="radio"/></td> </tr> <tr> <td colspan="3">Any form of hepatitis (or is Hepatitis B carrier) 任何種類肝炎(或乙型肝炎帶菌者) <input type="radio"/></td> <td colspan="3">Acquired Immune Deficiency Syndrome (AIDS) 愛滋病 <input type="radio"/></td> </tr> <tr> <td colspan="6">Mental disorder or psychiatric problem / disease 神經失常或精神病 <input type="radio"/></td> </tr> <tr> <td colspan="6">Disease or disorder of the 疾病或身體功能失調:</td> </tr> <tr> <td>Eyes 眼 <input type="radio"/></td> <td>Ears 耳 <input type="radio"/></td> <td>Kidneys 腎 <input type="radio"/></td> <td>Bladder 膀胱 <input type="radio"/></td> <td>Arteries 關節炎 <input type="radio"/></td> <td>Lung 肺 <input type="radio"/></td> </tr> <tr> <td>Brain 腦部 <input type="radio"/></td> <td>Pancreas 胰臟 <input type="radio"/></td> <td>Liver 肝臟 <input type="radio"/></td> <td>Genitor-urinary organs 泌尿生殖器官 <input type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Gastro-intestinal tract 胃腸管道 <input type="radio"/></td> <td colspan="2">Central nervous system 中樞神經系統 <input type="radio"/></td> <td colspan="2">Muscular skeletal 肌肉及骨骼 <input type="radio"/></td> </tr> <tr> <td colspan="6">Heart or cardio vascular or circulatory diseases 心臟或心臟血管或循環系統疾病 <input type="radio"/></td> </tr> </table>			Tuberculosis 結核病 <input type="radio"/>	Bronchitis 支氣管炎 <input type="radio"/>	Diabetes 糖尿病 <input type="radio"/>	Malaria 瘧疾 <input type="radio"/>	Stroke 中風 <input type="radio"/>	Epilepsy 癲癇症 <input type="radio"/>	Chest pain 胸痛 <input type="radio"/>	Spinal problem 脊椎問題 <input type="radio"/>	Herina 疝 <input type="radio"/>	Nasal sinusitis 鼻竇炎 <input type="radio"/>	Gout 痛風 <input type="radio"/>	Arthritis 關節炎 <input type="radio"/>	Thyroid disorder 甲狀腺失調 <input type="radio"/>	Rheumatic fever 風濕熱 <input type="radio"/>	Varicose veins 靜脈曲張 <input type="radio"/>	Alcoholism 酗酒 <input type="radio"/>	Drug addiction 吸毒 <input type="radio"/>	Venereal disease 性病 <input type="radio"/>	Haemorrhoids 痔瘡 <input type="radio"/>	Anaemia 貧血 <input type="radio"/>	Haemophilia 血友病 <input type="radio"/>	Hallux valgus 姆趾外翻 <input type="radio"/>	Anal fistulae 肛瘻 <input type="radio"/>		Raised blood pressure 高血壓 <input type="radio"/>	Asthma or respiratory diseases 哮喘或呼吸疾病 <input type="radio"/>		Stone of kidney / bladder / gall bladder 腎石 / 膀胱石 / 膽石 <input type="radio"/>			Cancer or tumour(s) of any kind 癌症或任何腫瘤 <input type="radio"/>	Gynaecological conditions 婦科病 <input type="radio"/>		Duodenal or ulcer of any kind 十二指腸或各類型潰瘍 <input type="radio"/>			Any form of hepatitis (or is Hepatitis B carrier) 任何種類肝炎(或乙型肝炎帶菌者) <input type="radio"/>			Acquired Immune Deficiency Syndrome (AIDS) 愛滋病 <input type="radio"/>			Mental disorder or psychiatric problem / disease 神經失常或精神病 <input type="radio"/>						Disease or disorder of the 疾病或身體功能失調:						Eyes 眼 <input type="radio"/>	Ears 耳 <input type="radio"/>	Kidneys 腎 <input type="radio"/>	Bladder 膀胱 <input type="radio"/>	Arteries 關節炎 <input type="radio"/>	Lung 肺 <input type="radio"/>	Brain 腦部 <input type="radio"/>	Pancreas 胰臟 <input type="radio"/>	Liver 肝臟 <input type="radio"/>	Genitor-urinary organs 泌尿生殖器官 <input type="radio"/>			Gastro-intestinal tract 胃腸管道 <input type="radio"/>		Central nervous system 中樞神經系統 <input type="radio"/>		Muscular skeletal 肌肉及骨骼 <input type="radio"/>		Heart or cardio vascular or circulatory diseases 心臟或心臟血管或循環系統疾病 <input type="radio"/>					
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Mental disorder or psychiatric problem / disease 神經失常或精神病 <input type="radio"/>																																																																																
Disease or disorder of the 疾病或身體功能失調:																																																																																
Eyes 眼 <input type="radio"/>			Ears 耳 <input type="radio"/>	Kidneys 腎 <input type="radio"/>	Bladder 膀胱 <input type="radio"/>	Arteries 關節炎 <input type="radio"/>	Lung 肺 <input type="radio"/>																																																																									
Brain 腦部 <input type="radio"/>	Pancreas 胰臟 <input type="radio"/>	Liver 肝臟 <input type="radio"/>	Genitor-urinary organs 泌尿生殖器官 <input type="radio"/>																																																																													
Gastro-intestinal tract 胃腸管道 <input type="radio"/>		Central nervous system 中樞神經系統 <input type="radio"/>		Muscular skeletal 肌肉及骨骼 <input type="radio"/>																																																																												
Heart or cardio vascular or circulatory diseases 心臟或心臟血管或循環系統疾病 <input type="radio"/>																																																																																
5. Are there any material health or physical conditions not mentioned above which may affect your well being? 閣下的健康狀況是否受任何以上並未提及的身體症狀所影響?	<input type="radio"/>	<input type="radio"/>																																																																														
6. Are you having any personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance (excluding group medical insurance provided by the insured person's employer) with Zurich Insurance Company Limited or any other insurer? If yes, please state the benefits, the sum insured and the company name of the insurer (including Zurich Insurance Company Limited). 閣下現時是否擁有蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保險(不包括受保人之僱主提供之團體醫療保險)? 若「是」, 請提供保障範圍、保額及保險公司名稱(包括蘇黎世保險有限公司)。	<input type="radio"/>	<input type="radio"/>																																																																														

Medical questionnaire 醫療問卷

All questions must be answered in full by all insured person(s). 所有受保人均須詳細回答下列問題。

Yes 是

No 否

7. Have you ever been refused enrolment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance, or subject to special terms and conditions or additional premium?
閣下是否曾於投保、續保或復效任何人壽、個人意外、醫療、住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納？

8. Are you currently making a claim for accident, disability or medical insurance benefit?
閣下現時是否就意外、傷殘或醫療保險向保險公司要求索償？

9. Do you consider to taking part in any dangerous sports or races?
閣下是否打算參與任何危險性運動或競賽？

The following questions are **applicable to Section 6 - Critical Illness benefit application:**
以下問題適用於第6節-危疾保障申請：

1. Have any of your natural parents, brothers or sisters died or suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is Hepatitis B carrier), cancer or any hereditary disease before the age of 60?
閣下的親生父母、兄弟或姊妹中，是否有成員於60歲前患有心臟病、中風、高血壓、糖尿病、腎病、精神失調、肝炎(或乙型肝炎帶菌者)、癌症或任何遺傳病或因上述疾病而去世？

2. Have you smoked any cigarettes in the last 12 months?
閣下於過去12個月內是否曾吸煙？

3. Have you ever smoked cigarettes? If yes, please specify the daily consumption. If you stopped smoking, please also state when and for what reason.
閣下是否曾吸煙？若「是」，請註明每日吸煙量。如閣下已戒煙，請註明時間及原因。

Consumption: piece per day for years
吸煙量：每日 支煙，吸煙達 年

Date ceased smoking:
戒煙日期：

Reason:
原因：

If the answer to any of the above questions is "Yes", please give full details below. (If the space provided is insufficient, please use a separate sheet to give details.)
如以上任何問題答「是」者，請詳加說明如下。(若空位不足，請以另紙詳加說明)

Name of insured person 受保人姓名：

Question 1 第1題

Reason(s) of being subject to special terms and conditions or additional premium or being refused for enrolment or renewal of life or medical insurance
曾投保或續保任何人壽或醫療保險時被拒或需附加特別條款或增收保費始被接納的原因

Question 2 第2題

Details of physical impairment, diagnosis & treatment received (including any kind of medication treatment)
請說明有關殘障、疾病及所接受的治療(包括任何種類藥物治療)

Question 3 第3題

Present health condition
身體現時狀況

Question 4 第4題

Period of medical treatment
治療期間

Question 5 第5題

Name & address of attending doctor
主診醫生姓名及地址

Question 6 第6題

State the name of insurer and number of individual medical insurance the insured person currently has
請陳述有關的保險公司名稱及受保人持有之個人醫療保險數目

Direct debit authorization 直接付款授權書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of Zurich Insurance Company Limited (name of beneficiary) in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

本人〔等〕現授權本人〔等〕的下列銀行，〔根據受益人或其往來銀行不時給予本人〔等〕銀行的指示〕自本人〔等〕的戶口內轉賬予蘇黎世保險有限公司〔受益人〕，惟每次轉賬金額不得超過以下的限額。

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

本人〔等〕同意本人〔等〕的銀行毋須證實該等轉賬通知是否已交予本人〔等〕。

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).

如因該等轉賬而令本人〔等〕的戶口出現透支〔或令現時的透支增加〕，本人〔等〕願共同及各別承擔全部責任。

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.

本人〔等〕確認本人〔等〕在此表格上的簽署與本人〔等〕用以轉賬的戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Limited (name of beneficiary) 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.

本人〔等〕同意會通知蘇黎世保險有限公司〔受益人〕任何銀行戶口的變更或取消收費方式，亦同意如本人〔等〕的戶口並無足夠款項支付該等授權轉賬，本人〔等〕的銀行有權不予轉賬，且銀行可收取慣常的收費。

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

本授權書將繼續生效直至另行通知為止或直至下列到期日為止〔以兩者中最早的日期為準〕。

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 the beneficiary.

本人〔等〕同意，本人〔等〕取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人〔等〕的銀行及受益人。

Account number: Bank name:

戶口號碼： 銀行名稱：

Name of account holder(s):

戶口持有人：

(As recorded on statement/passbook – Please complete in English) (在結單/存摺上所有紀錄的名稱 – 請以英文填寫)

ID no. of account holder(s): ID type*:

戶口持有人的身份證件： 身份證件類別*：

Limit for each payment/month[#]: HKD 港幣 Debtor's reference:

每次/月付款限額[#]： 債務人參考：

Expiry date: M Y

到期日： 月 年

Signature of account holder(s): Date: D M Y

戶口持有人簽署： 日期： 日 月 年

* ID type 身份證件類別：I = HKID 香港身份證 P = Passport 護照 B = Business Registration 商業登記證 C = Certificate of Incorporation 公司註冊證書 X = Others 其他

[#] If limit for each payment/month is not specified, the debtor's bank will set the limit as "unlimited".
如「每次/月付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。