



您的健康

您的選擇

智采醫療計劃

## 智采醫療計劃

健康是人生最重要的財富，絕對值得維護。您現在安逸的生活可能會被突如其來的疾病打亂。在醫療費用日益增長的前提下，我們都想確保在人生每個階段均可享用優質的醫療服務，又不會影響現有的生活質素。「智采醫療計劃」(「智采」或「本計劃」)提供的全面醫療保障便能減輕您的擔憂。

## 周全保障 顯赫護航

為您尊貴的人生旅程時刻守護，本計劃提供高達5千萬港元的個人終身保障限額<sup>1</sup>，不僅涵蓋各類住院及手術保障，更特設「指定危疾全數保障 - 豁免每年自付費」<sup>2</sup>。更為您的定期健康檢查<sup>3</sup>提供保障。住院及手術的保障範圍包括每日住院住房費用<sup>4</sup>、手術費用、醫生巡房及專科醫生費用等。

## 12種不同計劃組合 切合您個人的需要

本計劃特設覆蓋2個不同地區的3種不同計劃級別以供選擇。另設4等級的每年自付費<sup>5</sup>選擇(0港元，2萬5千港元，5萬港元及8萬港元)，讓您輕鬆組合最切合理想的生活保障。假設您選擇毋需承擔任何每年自付費<sup>5</sup>的尊尚計劃，便可享有覆蓋全球<sup>12</sup>的醫療保障。倘若您本身已有僱主提供的醫療保障，而尋求額外醫療保障，附有每年自付費<sup>5</sup>的標準計劃或能滿足您所需。

## 指定危疾全數保障—豁免每年自付費<sup>2</sup>

巨大壓力及不良生活習慣往往會增加患上危疾的風險。香港每4名男性及每5名女性中，便分別有1人於75歲前患上癌症<sup>6</sup>。一旦不幸罹患危疾，難免給您與您的家人帶來突如其來的財務負擔。本計劃正好針對您的顧慮及需求，為您提供指定危疾全數保障—豁免每年自付費<sup>2</sup>，為您與您的家人減輕由於相關醫療費用而產生的財務壓力(保障金額需視乎不同計劃的每年保障限額、個人終身保障限額<sup>1</sup>及個別保障的保障限額而定)，專心捍衛您的家庭及您的健康。

## 貼心的額外保障

為關顧一旦不幸需要接受指定之特別治療及器官移植的投保人，本計劃在原有每年保障限額的基礎上提供額外每年保障限額<sup>7</sup>高達150萬港元以應付不同醫療開支，包括器官及骨髓移植、癌症化學療法、放射療法、免疫療法、標靶治療、癌症賀爾蒙療法、質子治療及腎臟透析。

## 保證每年續保<sup>8</sup>至100歲

本計劃可助您消除因歲月增長或健康轉變導致被終止保單的憂慮。無論您的健康、財務狀況或理賠紀錄有任何重大轉變，富衛均保證您的保單可續保至被保人100歲(視乎續保時富衛仍否持續提供本計劃，並受當時適用的條款及細則、保障及保費率所限。保障及保費並非保證及富衛將對其保留更改的權利)。

## 保障靈活 與您未來同步

考慮到您於不同人生階段會有不同需要，本計劃特設於緊接被保人50、55、60或65歲的保單週年享有一次(以個人終身計)轉投低於現有之每年自付費<sup>5</sup>的特別權利，而無需提交任何可受保證明<sup>9</sup>，確保您一路獲享最切合未來所需的保障。

## 免現金住院服務<sup>21</sup>

為讓您能更安心接受治療，我們可以通過住院付款保證書為您安排住院醫療費用代支服務，為您在香港私家醫院提供免現金住院安排。

## 覆蓋全球的支援服務<sup>10</sup>

當您身處外地遇上意外或患病，本計劃的全球緊急援助服務將妥善照顧您的需要。您只需致電24小時環球緊急援助熱線，即可獲得由國際思奧思提供的24小時環球緊急支援服務，包括電話醫療諮詢、緊急醫療撤離及遺體運送等服務。

## 全天候客戶支援

致電富衛的服務熱線(852)3123 3123，我們的客戶服務主任隨時為您服務，處理您的保險需要。

透過富衛 eServices 流動應用程式或登入 [www.fwd.com.hk](http://www.fwd.com.hk)，您可隨時隨地輕鬆管理您的富衛保險賬戶。富衛 eServices 的功能全面及操作簡易，主要服務包括：

- 檢視保單及保障範圍
- 檢視索償記錄及索償理賠表
- 電子索償申請- 線上迅速及安全地遞交索償申請
- 透過「保單服務」功能，更新通訊資料
- 以流動應用程式的推送通知及電郵，收取有關索償狀況及理賠詳情通知



立即下載  
富衛 eServices  
流動應用程式！

## 智采醫療計劃 TheChoice Medical Insurance

### 申請資格 Eligibility

投保年齡 Issue Age	15日至69歲 (對上一次的生日年齡) 15 days – 69 (Age at last birthday)
保障年期 Benefit Term	保證每年續保 <sup>8</sup> 至被保人100歲 Guaranteed yearly renewal <sup>8</sup> up to age 100 of the insured
保費繳付方式 Premium Payment Mode	年繳 / 月繳 Annually / Monthly
保單貨幣 Currency	港幣 HKD
居住地 Residence	香港 Hong Kong

## 保障範圍一覽表 Schedule of Benefit

### 保障項目 Benefit Schedule

#### 最高保障限額(港元) Maximum Benefit Limit (HK\$)

計劃級別 Plan Level	標準 (大房 <sup>4</sup> ) Standard (Ward <sup>4</sup> )	優選 (半私家房 <sup>4</sup> ) Advance (Semi-Private Room <sup>4</sup> )	尊尚 (私家房 <sup>4</sup> ) Prestige (Private Room <sup>4</sup> )
保障地區 Area of Cover	亞洲 <sup>11</sup> Asia <sup>11</sup>	亞洲 <sup>11</sup> Asia <sup>11</sup>	全球 (美國除外) <sup>12</sup> Worldwide exclude US <sup>12</sup>
每年保障限額 Annual Limit	2,000,000	4,000,000	10,000,000
個人終身保障限額 <sup>1</sup> Lifetime Limit <sup>1</sup>	10,000,000	20,000,000	50,000,000
每年自付費 <sup>5</sup> (只適用於保障範圍表內「A. 主要保障」下的項目1至5) Annual Deductible <sup>5</sup> options (Only available for item 1 – 5 under Section A. Core Benefits of this Schedule of Benefit)		0 / 25,000 / 50,000 / 80,000	

### A. 主要保障 Core Benefits

#### 1. 住院保障 Hospitalization Benefits

住房及膳食費 Room and Board	全數保障 Full Cover		
陪床費 Companion Bed	全數保障 Full Cover		
私家看護費 <sup>13</sup> Private Nursing <sup>13</sup>	全數保障 (每個保單年度最多30日及 個人終身最多180日) Full Cover (up to max. of 30 days per policy year and 180 days per lifetime)	全數保障 (每個保單年度最多30日及 個人終身最多180日) Full Cover (up to max. of 30 days per policy year and 180 days per lifetime)	全數保障 (每個保單年度最多60日及 個人終身最多180日) Full Cover (up to max. of 60 days per policy year and 180 days per lifetime)
專科治療費 Specialist's Fee	全數保障 Full Cover		
醫生巡房費 Physician's Visit	全數保障 Full Cover		
深切治療費 Intensive Care	全數保障 Full Cover		
醫院雜費 <sup>14</sup> Miscellaneous Hospital Services <sup>14</sup>	全數保障 Full Cover		
每日住院現金 <sup>15</sup> (需入住香港醫院管理局轄下醫院之大房) (每個保單年度最多30日) Daily Hospital Cash <sup>15</sup> (for confinement in general ward of a Hospital Authority's hospital in Hong Kong) (up to max. of 30 days per policy year)	每日 / Per day 500	每日 / Per day 1,000	
自願入住私家房以下等級病房之每日住院現金 <sup>15</sup> (需入住香港私家醫院) (每個保單年度最多30日) Daily Hospital Cash for Voluntary Room and Board Stay Below Private Room <sup>15</sup> (Stay in private hospital in Hong Kong) (up to max. of 30 days per policy year)	不適用 Not Applicable		每日 / Per day 1,000
精神疾病治療 <sup>22</sup> (每個保單年度最多30日及個人終身最多180日) Psychiatric Treatment <sup>22</sup> (up to max. of 30 days per policy year and 180 days per lifetime)	不適用 Not Applicable		全數保障 Full Cover

## 保障範圍一覽表 Schedule of Benefit

2. 手術保障 Surgical Benefits			
最高保障限額(港元) Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	標準 (大房 <sup>4</sup> ) Standard (Ward <sup>4</sup> )	優選 (半私家房 <sup>4</sup> ) Advance (Semi-Private Room <sup>4</sup> )	尊尚 (私家房 <sup>4</sup> ) Prestige (Private Room <sup>4</sup> )
手術費用 (包括外科醫生手術費、手術室費、麻醉師費及門診手術費) Surgery Fee (including surgeon's fee, operating theatre fee, anaesthetist's fee and Clinical Surgery fee)	全數保障 Full Cover		
器官及骨髓移植 Organ and Bone Marrow Transplantation	全數保障 Full Cover		
醫療裝置 Medical Appliances	指定項目 <sup>16</sup> ：全數保障 其他項目：每項個人終身最高50,000 Specified Items <sup>16</sup> ：Full Cover Other Items: 50,000 per item per lifetime	指定項目 <sup>16</sup> ：全數保障 其他項目：每項個人終身最高90,000 Specified Items <sup>16</sup> ：Full Cover Other Items: 90,000 per item per lifetime	
3. 住院前及出院後保障 Pre-and Post-Hospitalisation Benefits			
住院前門診保障 <sup>17</sup> (於住院或門診手術前的31日內之診治及每日最多1次) Pre-Hospitalisation Outpatient <sup>17</sup> (within 31 days immediately before confinement or Clinical Surgery and max. 1 visit per day)	每日 / Per day 800	全數保障 Full Cover	
出院後門診保障 <sup>20</sup> (於出院或門診手術後的60日內之診治及每日最多1次) Post-Hospitalisation Outpatient <sup>20</sup> (within 60 days immediately after confinement or Clinical Surgery and max. 1 visit per day)	每日 / Per day 800	全數保障 Full Cover	
出院後家庭看護 (於出院後的31日內之看護費，需曾接受手術或入住深切治療部。每個保單年度最多31日) Post-Hospitalisation Home Nursing (within 31 days immediately after discharge following surgery or admission to ICU and up to max. of 31 days per policy year)	每日 / Per day 800	全數保障 Full Cover	
4. 延伸保障 Extended Benefits			
指定危疾全數保障 - 豁免每年自付費 <sup>2</sup> (只適用於附有每年自付費的保單 <sup>5</sup> ) First-dollar Coverage - Deductible waived for Designated Critical Illness <sup>2</sup> (Only applicable to policies with Annual Deductible <sup>5</sup> )	全數保障 - 豁免每年自付費 <sup>2,5</sup> First-dollar coverage - Waive Annual Deductible <sup>2,5</sup>		
指定危疾 Designated Crises	<ul style="list-style-type: none"> <li style="width: 33%;">● 癌症 Cancer</li> <li style="width: 33%;">● 暴發性肝炎 Fulminant Hepatitis</li> <li style="width: 33%;">● 慢性肝病 Chronic Liver Disease</li> <li style="width: 33%;">● 末期肺病 End Stage Lung Disease</li> <li style="width: 33%;">● 心肌病 Cardiomyopathy</li> <li style="width: 33%;">● 心瓣手術 Heart Valve Surgery</li> <li style="width: 33%;">● 原發性肺動脈高血壓 Primary Pulmonary Arterial Hypertension</li> <li style="width: 33%;">● 冠狀動脈手術 Coronary Artery Disease Surgery</li> <li style="width: 33%;">● 主要器官移植 Major Organ Transplantation</li> <li style="width: 33%;">● 腎衰竭 Kidney Failure</li> <li style="width: 33%;">● 主動脈手術 Surgery to Aorta</li> <li style="width: 33%;">● 中風 Stroke</li> <li style="width: 33%;">● 嚴重類風濕關節炎 Severe Rheumatoid Arthritis</li> <li style="width: 33%;">● 急性心肌梗塞 Heart Attack</li> <li style="width: 33%;">● 帕金森症 Parkinson's Disease</li> <li style="width: 33%;">● 末期疾病 Terminal Illness</li> </ul>		
癌症化學療法及放射療法 Chemotherapy and Radiotherapy	全數保障 (包括免疫療法、標靶治療、癌症賀爾蒙療法及質子治療) Full Cover (including immunotherapy, target therapy, cancer hormonal therapy and proton therapy)		
腎臟透析 Kidney Dialysis	全數保障 Full Cover		
額外每年保障限額 <sup>7</sup> (接受器官及骨髓移植、癌症化學療法、放射療法及腎臟透析適用) Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy and Kidney Dialysis <sup>7</sup>	500,000	1,000,000	1,500,000
人類免疫力缺乏病毒 / 愛滋病治療 <sup>18</sup> HIV / AIDS Treatment <sup>18</sup>	400,000 (個人終身只限一次) (once per lifetime)	800,000 (個人終身只限一次) (once per lifetime)	
妊娠併發症 <sup>19</sup> Pregnancy Complications <sup>19</sup>	全數保障 Full Cover		

## 保障範圍一覽表 Schedule of Benefit

4. 延伸保障 Extended Benefits			
最高保障限額(港元) Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	標準 (大房 <sup>4</sup> ) Standard (Ward <sup>4</sup> )	優選 (半私家房 <sup>4</sup> ) Advance (Semi-Private Room <sup>4</sup> )	尊尚 (私家房 <sup>4</sup> ) Prestige (Private Room <sup>4</sup> )
中醫治療 (包括跌打及針灸) (於出院或門診手術後的60日內之診治, 每日最多1次及每個保單年度最多10次) Traditional Chinese Medicine (including Chinese bone-setting and acupuncture)(within 60 days immediately after discharge or Clinical Surgery)(max. 1 visit per day and up to max. of 10 visits per policy year)	不適用 Not Applicable		每次 / Per visit 350
5. 緊急牙科治療保障 Emergency Dental Treatment Benefit			
緊急牙科治療 <sup>14</sup> (因意外引致) Emergency Dental Treatment <sup>14</sup> (Due to accident)	全數保障 Full Cover		
6. 健康檢查保障 Health Screening Benefit			
健康檢查 <sup>3</sup> Health Screening <sup>3</sup>	不適用 Not Applicable	每2個保單年度1次及 每次最高為1,500 (附有每年自付費 <sup>5</sup> 的保單則為 每2個保單年度1次及 每次最高為750) Once and up to 1,500 for every 2 policy years (For policies with Annual Deductible <sup>5</sup> , once and up to 750 for every 2 policy years)	每2個保單年度1次及 每次最高為3,000 (附有每年自付費 <sup>5</sup> 的保單則為 每2個保單年度1次及 每次最高為1,500) Once and up to 3,000 for every 2 policy years (For policies with Annual Deductible <sup>5</sup> , once and up to 1,500 for every 2 policy years)
7. 其他 Other			
於指定年齡減低每年自付費 <sup>5</sup> 之權益 <sup>9</sup> Convertibility to Reduce Annual Deductibles <sup>5</sup> at Specified Ages <sup>9</sup>	可選擇於緊接被保人50 / 55 / 60 / 65歲時的保單週年日前後31日內行使減低每年自付費 <sup>5</sup> 的權益, 而毋需提交任何可受保證明。保費將根據各因素, 包括但不限於新的每年自付費 <sup>5</sup> 、其計劃級別、被保人年齡及當時的保費表釐定, 個人終身最多可行使此權益一次。 Privilege to reduce Annual Deductible <sup>5</sup> within 31 days before or after the policy anniversary at insured's age 50 / 55 / 60 / 65 without providing proof of insurability. The premium would be based on factors, including but not limited to new Annual Deductible <sup>5</sup> , plan level and age of the insured and the premium table applicable at that time. This right can only be exercised once by lifetime.		
24小時環球緊急支援服務 <sup>10</sup> 24-Hour Worldwide Assistance Services <sup>10</sup>	服務支援 Service Program		
B. 附加門診保障 (自選) (必須與住院保障計劃級別相同) Supplementary Outpatient Benefits (Optional) (Must be at the same plan level of the Hospitalisation Benefit)			
1. 醫生診所診治費 (每次) Consultation at Physician's Office (Per visit)	350	500	全數賠償 Full Cover
2. 專科醫生診治費*(每次) Specialist's Consultation* (Per visit)	700	1,000	全數賠償 Full Cover
3. 家中應診診治費 (每次) Consultation at Patient's Home (Per visit)	700	1,000	全數賠償 Full Cover
4. 物理治療師及脊椎治療師之治療費* (每次) Physiotherapist's and Chiropractor's Treatment* (Per visit)	550	750	全數賠償 Full Cover
5. 中醫診治費 (包括跌打及針灸) (每次及每個保單年度最多10次) Chinese Medicine Practitioner's Treatment (including Chinese bone-setting and acupuncture)(Per visit and max. 10 visits per policy year)	350	500	900
6. 精神病門診治療費* (每次及每個保單年度最多5次) Psychiatric Outpatient Treatment* (Per visit and max.5 visits per policy year)	350	500	900
7. 營養治療輔導 / 語言治療 / 職業治療* (每次及每個保單年度最多2次) Dietetic Guidance / Speech Therapy / Occupational Therapy* (Per visit and max. 2 visits per policy year)	350	500	900
以上保障項目1至7之每年最高賠償上限 Overall Annual Limit for benefit items 1-7 above	每個保單年度合共最多40次及每保障項目每日一次 Up to a total of 40 visits per policy year and one visit per day per benefit item		

## 保障範圍一覽表 Schedule of Benefit

### B. 附加門診保障 (自選) (必須與住院保障計劃級別相同)

**Supplementary Outpatient Benefits (Optional) (Must be at the same plan level of the Hospitalisation Benefit)**

**最高保障限額(港元) Maximum Benefit Limit (HK\$)**

計劃級別 Plan Level	標準 (大房 <sup>4</sup> ) Standard (Ward <sup>4</sup> )	優選 (半私家房 <sup>4</sup> ) Advance (Semi-Private Room <sup>4</sup> )	尊尚 (私家房 <sup>4</sup> ) Prestige (Private Room <sup>4</sup> )
8. 醫生處方西方藥物* (只限診所以外之藥房)(每個保單年度) Prescribed Western Medicines and Drugs* (from a pharmacy outside clinic) (Per policy year)	2,500	3,500	5,000
9. X光檢驗及化驗費* (每個保單年度) Diagnostic X-Ray and Laboratory Tests* (Per policy year)	2,500	3,500	5,000
10. 防疫注射 (每個保單年度) Vaccination (Per policy year)	300	600	1,000

\* 須由主診醫生以書面推薦 (皮膚科醫生、眼科醫生、婦科醫生、骨科醫生、兒科醫生及耳鼻喉科醫生之專科可獲豁免)

Written referral by the attending physician is required (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrician and Otorhinolaryngologist can be waived).

### C. 附加牙科保障 (自選) (需同時投保附加門診保障及需與其計劃級別相同)

**Supplementary Dental Benefits (Optional) (Must be chosen together with Supplementary Outpatient Benefits and at the same plan level)**

每年最高賠償上限 Overall Annual Limit	2,000	3,500	5,500
1. 例行口腔檢查及洗牙 Routine Oral Examination and Scaling	全數賠償 Full Cover (每個保單年度最多2次) (Twice per policy year)		
2. a) 牙科X光檢驗 Dental X-Ray	全數賠償 Full Cover		
b) 牙齦膿腫 Abscesses			
c) 補牙 Fillings			
d) 脫牙 Extraction			
e) 齒根管的填補 Root canal fillings			
f) 假牙、牙冠及牙橋 (只適用於因意外而導致) Dentures, Crowns and bridges (due to accident)			

#### 備註：

A. 富衛保險有限公司(「富衛」)將會根據以上保障(健康檢查保障<sup>3</sup>除外)的合理及慣常的收費作出賠償。合理及慣常是指：

- (i) 就費用、收費或開支而言，指須符合以下條件的任何費用或開支：(a) 為醫療需要之治療、物資或醫療服務的實際收費，並在醫生的護理、監管或命令下，為患病或受傷人士提供符合良好醫療服務標準的護理；(b) 有關費用不超過於產生費用的地方提供相類似的治療、物資或醫療服務的慣常或合理的平均收費標準；(c) 不包括任何因有保險存在而收取的費用；及(d) 不得超過實際產生的費用、收費或開支。富衛保留決定任何特定的費用是否合理及慣常之收費的權利，參考包括但不限於該筆合資格費用產生的地方之政府、有關當局及認可之醫療組織所提供的相關出版物或資料，如收費表等。對於富衛認為不屬合理及慣常收費的費用，富衛保留調整本計劃所定之任何或所有應付賠償額的權利。
  - (ii) 就住院而言，指入院及住院日數，及所進行之醫療服務和治療，必須符合普遍接受的專業醫療標準，並且不應超過當地治療同類疾病或受傷的慣常標準。
- B. 以上範圍及保障均適用於智采醫療計劃。有關智采醫療計劃的保費，可參閱相關之保費表。富衛保留隨時修訂應付賠償額、條款及細則及保費之權利。
- C. 除於此計劃書內個別指定的等候期及意外引致的治療外，以上保障的等候期為由保單日起計三十(30)日。詳情請參閱保單條文。
- D. 如住院之住房等級高於投保之計劃級別，應付金額將相等於應付賠償額(受限於受保計劃級別之限額)乘以以下調整因子：
- |   |     |   |       |   |      |
|---|-----|---|-------|---|------|
| (i) 大房 <sup>4</sup> 升至半私家房 <sup>4</sup>   | 50% | (ii) 大房 <sup>4</sup> 升至私家房 <sup>4</sup>   | 25%   | (iii) 大房 <sup>4</sup> 升至豪華病房 <sup>4</sup> | 不受保障 |
| (iv) 半私家房 <sup>4</sup> 升至私家房 <sup>4</sup> | 50% | (v) 半私家房 <sup>4</sup> 升至豪華病房 <sup>4</sup> | 12.5% | (vi) 私家房 <sup>4</sup> 升至豪華病房 <sup>4</sup> | 25%  |

#### Notes:

A. Reasonable and Customary charges for the above benefits(except for Health Screening Benefit<sup>3</sup>) will be paid by FWD General Insurance Company Limited ("FWD").

Reasonable and Customary shall mean:

- (i) in relation to a fee, a charge or an expense, shall mean any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Physician; (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. FWD reserves the right to determine whether any particular charge is Reasonable and Customary with reference to including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association at the location where the eligible expense is incurred. FWD reserves the right to adjust any and all benefits payable under the Plan which in our opinion is not Reasonable and Customary;
  - (ii) in relation to a confinement shall mean the admission and length of a confinement, and medical services and treatment received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the treatment of similar illness or injury at the location where such confinement is made.
- B. The above coverage and benefits are applicable to TheChoice. For the premium of TheChoice, please refer to the corresponding premium table for details. FWD reserves the right to revise the benefits payable, terms and conditions and the premium at any time.
- C. A 30-day waiting period from the policy date is applicable for the above benefits, except for the waiting periods otherwise specified in this plan material and the treatment due to accident. Please refer to the policy provisions for details.
- D. If the confinement is at a higher accommodation level than the insured plan level, the amount payable shall equal to the amount of the benefits payable (subject to the limit under the insured plan level) multiplied by the adjustment factors as follows:
- |  |     |  |       |  |             |
|--|-----|--|-------|--|-------------|
| (i) Ward <sup>4</sup> to Semi-Private Room <sup>4</sup>          | 50% | (ii) Ward <sup>4</sup> to Private Room <sup>4</sup>            | 25%   | (iii) Ward <sup>4</sup> to Deluxe Room <sup>4</sup>        | Not Covered |
| (iv) Semi-Private Room <sup>4</sup> to Private Room <sup>4</sup> | 50% | (v) Semi-Private Room <sup>4</sup> to Deluxe Room <sup>4</sup> | 12.5% | (vi) Private Room <sup>4</sup> to Deluxe Room <sup>4</sup> | 25%         |

## 註釋：

1. 個人終身保障限額是指被保人在世時由富衛繕發的所有保單及附加保障（如有）（不論保單仍否生效）之最高應付賠償總額。
2. 只適用於附有每年自付費<sup>5</sup>之保單及受每年及個人終身保障限額<sup>1</sup>所限。富衛不會就於保單日起計九十(90)日內指定危疾出現之徵狀或相關診斷或進行手術而豁免每年自付費<sup>5</sup>的餘額。詳情請參閱本單張之保障範圍、保單條款及保單資料頁。有關指定危疾之定義，請參閱指定危疾定義詮釋表。
3. 只適用於計劃級別為「優選」及「尊尚」之保單及受限於相關的限額。此保障支付由保單日起計已連續受保兩(2)年(最初受保期)之十八(18)歲或以上被保人且其接受健康檢查之時間需為最初受保期之後。另外，此保障將於最初受保期後起計每兩(2)年支付一次，未使用的保障並不能帶到下一個保單年度。詳情請參閱本單張保障範圍一覽表及保單條款。
4. 豪華病房是指醫院內等級高於私家房的標準單人病房。  
私家房是指被保人在住院期間入住設有相鄰的浴室的標準單人病房，但不包括醫院內設有廚房、飯廳或客廳的任何較上等級之病房。如被保人入住設有不同等級私家房的醫院，私家房則指該醫院所提供之價錢最低的私家房。  
半私家房是指醫院的雙人病房，配有兩(2)張病床(不包括陪床)和一(1)個相鄰的浴室。  
大房是指醫院內配有超過兩(2)張病床(但不包括陪床)的病房。
5. 每年自付費(載於保單資料頁內)是指須由保單持有人或被保人自行負擔的部份合資格費用，而該筆自付費將從可獲賠償額中扣減。
6. 資料來源：醫院管理局「香港癌症資料統計中心」於2015年的資料。
7. 當富衛就器官及骨髓移植、癌症化學療法、放射療法、免疫療法、標靶治療、質子治療、癌症賀爾蒙療法及腎臟透析支付保障時，富衛將提高該保單年度的每年保障限額。此保障於每個保單年度只適用一次。而個人終身保障限額<sup>1</sup>則維持不變。詳情請參閱保單條款。
8. 保證每年續保受限於富衛是否持續提供本計劃、每年續保時將根據當時的條款及細則包括但不受限於保單終止條文、保障和保費率。續保保費並非保證及每次續保之保費將根據續保時的實際年齡及當時的保費表釐定。保費表會不時根據各因素，包括但不受限於相關的醫療費用的通脹及富衛的理賠數據及保單續保情況釐定。富衛保留隨時作出修改應付賠償額、條款及細則及保費的權利。
9. 該申請須於相關的保單週年日之前或後三十一(31)日內提出並受當時適用的每年自付費<sup>5</sup>以及富衛不時釐訂的條款和條件所約束。此權利只可個人終身行使一次及不可撤回。
10. 此服務由國際思奧思援助(香港)有限公司（「國際思奧思」）提供，富衛將不會就國際思奧思的行為或疏忽負上任何責任。而富衛或將不時調整有關服務詳情，恕不提前通知。此項由國際思奧思提供的服務將適用於被保人在外地旅遊或暫時居住國外並每次行程不超過連續九十(90)天。
11. 富衛將涵蓋被保人在以下亞洲國家和地區發生的合理和慣常的醫療費用，包括阿富汗、孟加拉、不丹、汶萊、柬埔寨、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、中國內地、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
12. 富衛將涵蓋被保人在全球各地（但不包括美國）發生的合理和慣常的醫療費用。
13. 此服務只適用於當被保人仍在住院期間並於接受手術後或於離開深切治療部後。
14. 醫院雜費包括藥物、敷料、普通夾板及石膏倒模、物理療法、X光檢查和當地救護車服務等。緊急牙科治療包括診症、止血、脫牙和X光檢查。有關可賠償項目之詳情，請參閱保單條款。
15. 每日住院現金不會連同「自願入住私家房以下等級病房之每日住院現金」一同賠償。
16. 指定項目包括 (i) 起搏器；(ii) 經皮冠狀動脈腔內成形術的支架；(iii) 眼內人造晶體；(iv) 人工心臟；(v) 金屬或人工關節置換；(vi) 人工韌帶置換或植入；及 (vii) 人工椎間盤。
17. 只適用於導致被保人需要住院或接受門診手術的入院前診治費。富衛不會支付任何中醫治療、脊椎治療、足病診治或物理治療費用，不論該診治是否導致被保人需要住院或門診手術。
18. 此保障的等候期是由保單日起計連續五(5)年。此保障只會個人終身支付一次。此項保障將取代本保單其他的保障項目就住院和治療而作出的賠償。
19. 此保障的等候期為由保單日起計一(1)年。覆蓋的妊娠併發症包括異位妊娠、葡萄胎妊娠、彌散性血管內凝血病、先兆子痛、流產、先兆流產、醫學處方人工流產、胎兒死亡、產後出血需要子宮切除術、子癲、羊水栓塞和妊娠肺栓塞。
20. 此保障不包括中醫治療或足病診治，不論該診治是否與被保人出院後的門診治療有關。
21. 免現金住院服務為一項替被保人向指定香港私家醫院代支被保人於住院期間之合資格醫療支出的行政安排，且需於入院前獲得預先批核。此服務並非保單內的保障範圍及非保證的服務，富衛有權隨時撤銷或調整此項服務而無需另行通知，並保留絕對決定權。如該保單附有每年自付費<sup>5</sup>或其餘額，保單持有人須於入院時向該醫院繳付該餘額。如富衛已代支的醫療費用高於保障上限時，富衛將向保單持有人收取該差額。有關入院前預先批核的詳情，請參閱該用戶指南和智采醫療-免現金住院服務申請表。
22. 此保障一經支付，該住院和治療將不會於其他保障項目下獲得賠償。

## 重要事項及聲明：

- i. 您必須提供所有可能影響富衛作為保險公司接受承保及評估之重要事實。如未能確定該等項事實是否重要，您應將該等事實填報。我們建議您將所有有關的資料（包括已填妥的申請表副本）作記錄，以備日後作參考之用。如實呈報所有有關資料是為確保您的利益，否則此保單將可能無法提供您所需的保障，甚至可能會令此保單無效。
- ii. 所有核保及理賠決定均取決於富衛，富衛根據申請人及被保人於投保時所提供的資料而決定接受或拒絕有關申請，富衛保留接納或拒絕任何申請的權利，並可拒絕您的申請而毋須給予任何理由。申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。
- iii. 以上全部保障及款項將於扣除未清繳之保費或任何欠付富衛之款項(如有)後支付。
- iv. 保單持有人可向富衛作出書面申請取消保單。如在相關保障期內沒有作出任何賠償，富衛將退還一定比例的年度保費（扣除行政費用後）。如以月繳形式繳付保費，則不會退還任何已繳保費及保單持有人將需要支付行政費用。詳情請參閱保單條款。
- v. 本計劃之保單條款受香港特別行政區的法律所規管。
- vi. 本單張只供參考及旨在描述本計劃主要特點，有關條款細則的詳細資料及所有不保事項，請參閱本計劃的保單條款。如本單張及保單條款內容於描述上有任何歧異，應以保單條款的原義為準。如欲在投保前參閱保單條款的條款及細則，您可向富衛索取副本。本單張中英對照，如有任何歧異，概以英文原義為準。
- vii. 若於中國內地接受醫療治療，於入院時有關醫院必須是中華人民共和國國家衛生健康委員會評定為三級甲等的醫院。

## 不保事項：

### 主要不保項目 (適用於除牙科保障外的所有保障):

除非於保單條款或保單資料頁另有註明外，以下情況將不受富衛保障：

受保前已存在的疾病/先天性疾病、於保單日起計三十(30)日內出現的病症或疾病、任何主要為物理治療或就醫檢查的住院、愛滋病或受人類免疫力缺乏病毒感染的任何相關的併發症、睡眠疾病(睡眠窒息症除外)、兒童發展問題、持續性植物人狀態、由性接觸傳染的疾病、妊娠或終止妊娠、美容治療或外科整形手術、酗酒或濫用藥物、牙科治療或手術(由意外引起除外)、產生於尋找或獲得替代器官或從捐贈者身上移除器官及一切相關運輸及行政上的器官移植服務費用、預防性治療、治療過度肥胖或控制體重計劃或縮胃手術、實驗性質的或非主流的治療、戰爭、非法活動、蓄意自我毀傷、專業或危險性運動、採購或使用醫療裝置及器具/身體檢查/接種及疫苗注射/精神病(該等項目已於本計劃明確列明除外)、倘若於中國內地接受醫療治療，於入院時有關醫院並非中華人民共和國國家衛生健康委員會評定為三級甲等的醫院。

### 牙科保障之不保項目：

蓄意自我毀傷、以美容為目的之治療(包括但不限於牙齒矯形及漂白)、由酗酒/濫用藥物所引起的疾病或傷害、戰爭或非法活動、口腔衛生指導、牙菌斑控制或飲食指導。

**本小冊子並未包含所有保單條款。保單條款可於保單文件中查看。**



**Important Notes and Declarations:**

- i. You are required to disclose all material facts which you know FWD as an insurer would regard them as likely to influence the acceptance and assessment of the application. If you are in doubt whether certain facts are material, you should disclose them. We recommend you to keep a record (including a copy of the completed application form) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- ii. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the insured in the insurance application. FWD reserves the right to accept or decline any application and can decline your application without giving any reason. The liability of FWD does not commence until the application has been formally accepted and the premium has been paid.
- iii. All the above benefits and payment are paid after deducting unpaid premiums or any amount due to FWD under the policy.
- iv. The policyholder may cancel the policy by sending a written request to FWD. If no claims have been paid or will be payable under the policy during the relevant policy period, FWD will refund a proportionate amount of annual premium paid less an administration charge. If premium is paid by monthly installment, no premium will be refunded and an administration charge will be payable by the policyholder. Please refer to the policy provisions for details.
- v. The policy provisions of the Plan are governed by the laws of the Hong Kong Special Administrative Region.
- vi. This plan material is for reference only and is indicative of the key features of the Plan. For the exact terms and conditions and the full list of exclusions of the Plan, please refer to the policy provisions of the Plan. In the event of any ambiguity or inconsistency between the terms of this plan material and the policy provisions, the policy provisions shall prevail. If you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. In the event of discrepancies between the English and Chinese versions of this plan material, the English version shall prevail.
- vii. In case of medical treatment in Mainland China, the subject hospital must be a Grade 3A hospital recognized by the National Health Commission of the People's Republic of China at the time of admission.

**Exclusions:****Major Exclusions (applicable to all benefits except Dental benefits):**

Unless otherwise specified in the policy provisions or policy schedule, FWD shall not be liable to pay any benefits under the policy in the following circumstances:

Pre-existing condition / congenital conditions, illnesses or diseases occurs during the first thirty (30) days from the policy date, any confinement primarily for physiotherapy or medical investigation, AIDS or any complications associated with HIV infection, sleep disorder (except sleep apnoea), child development problems, persistent vegetative state, sexually transmitted diseases, pregnancy/termination of pregnancy, cosmetic treatments or plastic surgery, alcoholism/drug abuse, dental treatment or surgery (except for arising from accident), organ transplant services fee incurred in identifying, procuring a replacement organ or removal of the organ from the donor and all associated transportation and administration, preventive treatments, treatment of obesity or weight control programs or bariatric surgery, experimental or unconventional treatment, war, illegal activities, self-inflicted injuries, professional or hazardous sports, procurement or use of medical appliances and devices / physical examinations / vaccination and immunisation / mental disorder (unless such items explicitly covered by this Plan), in case of medical treatment in Mainland China, the subject hospital is not a Grade 3A hospital as recognized by the National Health Commission of the People's Republic of China at the time of admission.

**Dental Exclusions:**

Self-inflicted injuries, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), conditions or injury arising out of alcoholism / drug abuse, war or illegal activities, oral hygiene instructions, plaque control program and dietary instructions.

The product information does not contain the full terms of the policy and the full terms can be found in the policy document.

**Footnotes:**

1. Lifetime Limit refers to the maximum aggregate amount of benefits payable under all insurance policies and supplemental benefits (if any) issued by FWD covering the insured during his / her lifetime, regardless whether the insurance policies are still in force.
2. Only applicable to policies with Annual Deductible<sup>5</sup> and subject to the Annual Limit and Lifetime Limit<sup>1</sup>. FWD shall not waive the payment of any balance of Annual Deductible<sup>5</sup> if the confinement is related to designated crises whose symptoms appear or relevant diagnosis or surgery occurs within the first ninety (90) days from the policy date. Please refer to the schedule of benefit of this brochure, policy provisions, and policy schedule for the details and the document "Definition of Designated Crises" for the definition of "Designated Crises".
3. Only applicable to Advance Plan and Prestige Plan and subject to the respective limits. This benefit is payable when the insured is aged eighteen (18) or above, has been continuously covered for two (2) years from the policy date ("Initial Period") and the date of health screening received is after the Initial Period. This benefit is payable once every two (2) years after the Initial Period. Unused benefit cannot be carried forward to the next policy year. Please refer to schedule of benefit of this brochure and policy provisions for details.
4. Deluxe Room shall mean a standard single occupancy room of the class higher than Private Room in a hospital.  
Private Room shall mean a standard single occupancy room with adjoining bathroom for the insured's use during his/her confinement, but excluding any room of upper class with its own kitchen, dining or sitting rooms in a hospital. If the insured is confined in a hospital which offers multiple classes of Private Rooms, the Private Room shall refer to the lowest priced Private Room offered by the hospital.  
Semi-Private Room shall mean a twin or double occupancy room in a hospital with two (2) patient beds (not including companion bed) and one (1) adjoining bathroom.  
Ward shall mean a multi-bed room in a hospital with more than two (2) patient beds (not including companion bed).
5. Annual Deductible shall mean the part of eligible expenses which shall be borne by the policyholder or the insured and which has to be deducted from the reimbursable sum as shown in the policy schedule.
6. Source: Information from Hong Kong Cancer Registry, Hospital Authority as of 2015.
7. When the benefit is payable under Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and Kidney Dialysis, FWD shall increase the Annual Limit for that policy year. This benefit is only available once per policy year. The amount of Lifetime Limit<sup>1</sup> shall remain unchanged. Please refer to policy provisions for details.
8. Guaranteed yearly renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable including but not limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, FWD's medical claim experience and persistency of policies from time to time. FWD reserves the right to revise the benefits payable, terms and conditions and premiums at any time.
9. The application should be made within thirty-one (31) days immediately before or after the relevant policy anniversary and subject to the Annual Deductible<sup>5</sup> options available at that time and such terms and conditions as determined by FWD from time to time. This right can only be exercised once per lifetime of the insured and is irrevocable.
10. The service is provided by International SOS Assistance (HK) Limited ("International SOS"). FWD shall not be responsible for any act or failure to act on the part of International SOS. FWD may revise the details of the services from time to time without prior notice. International SOS services are available to FWD's insured when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.
11. FWD shall cover the Reasonable and Customary medical expenses incurred by the insured in the following countries and territories in Asia, which includes Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
12. FWD shall cover the Reasonable and Customary medical expenses incurred by the insured anywhere in the world excluding the United States of America.
13. Only applicable after the insured's surgery or discharged from Intensive Care Unit while the insured is still confined in hospital.
14. Miscellaneous Hospital Services Benefit covers drugs and medicines, dressing, ordinary splints and plaster casts, physiotherapy, x-ray examinations and local ambulance service, etc. Emergency Dental Treatment Benefit covers consultation, staunch bleeding, tooth extraction and x-ray. For further details, please refer to the policy provisions for the details of the items which the benefits are payable.
15. Daily Hospital Cash Benefit will not be paid in conjunction with "Daily Hospital Cash for Voluntary Room and Board Stay below Private Room".
16. Specified Items include(i) Pace maker; (ii) Stents for Percutaneous Transluminal Coronary Angioplasty; (iii) Intraocular lens; (iv) Artificial cardiac valve; (v) Metallic or artificial joints for joint replacement; (vi) Prosthetic ligaments for replacement or implantation between bones; and (vii) Prosthetic intervertebral disc.
17. Only applicable to the pre-admission outpatient consultations result in the insured's confinement or clinical surgery. This benefit shall not be payable for any Chinese medicine treatment, chiropractic consultation, podiatry consultation or physiotherapy, regardless whether such consultation results in the insured's confinement or clinical surgery.
18. The waiting period of this benefit is five (5) consecutive years from the policy date. This benefit is only payable once per lifetime of the insured. Payment of this benefit shall be in lieu of all benefits provided by the policy in respect of such confinement and treatment.
19. The waiting period of this benefit is one (1) year from the policy date. The covered pregnancy complications are ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy.
20. This benefit excludes Chinese medicine treatment or podiatry consultation, regardless whether such consultation relates to the follow-up out-patient consultations of the insured.
21. Cashless Inpatient Facility is an administrative arrangement to pay the covered expenses during confinement on behalf of the insured to the designated private hospitals in Hong Kong, pre-admission approval is required. It is not a benefit item under the policy and not a guaranteed arrangement. FWD reserves the rights to terminate or vary the service in its sole discretion without further notice. If there is Annual Deductible<sup>5</sup> or its balance of eligible plan, policyholders are required to pay such balance when being admitted to hospital. If the medical cost paid by FWD is higher than the maximum limit of benefits, FWD would seek reimbursement from policyholders for such balance. Please refer to its user guide and "TheChoice Medical – Cashless Inpatient Facility Application Form" for the details of pre-admission approval.
22. Once this benefit is paid, no other benefit will be payable in respect of such confinement and treatment under the policy.

## TheChoice Medical Insurance

Health is the most precious treasure in life which deserves the greatest defence. Your current peaceful and enjoyable life can be disturbed by unexpected illnesses. Despite the ever-increasing medical costs, we all want to ensure we can enjoy high quality medical services at different life stages without impact to our quality of life. TheChoice Medical Insurance ("TheChoice" or the "Plan") offers you comprehensive medical coverage that gives you a peace of mind.

### Comprehensive protection throughout life

To ensure you have an all-round protection during your life's journey, the Plan provides a Lifetime Limit<sup>1</sup> of up to HK\$50 million, including a range of hospitalisation and surgical benefits, as well as providing First-dollar Coverage-Deductible Waived for Designated Critical Illness<sup>2</sup>. What's more, it provides reimbursement for your regular health screening<sup>3</sup>. Hospitalisation and surgical benefits include daily hospital accommodation<sup>4</sup>, surgery fees, physician's visit and specialist's fees, etc.

### 12 different plan options to fit your specific needs

The Plan provides 3 different levels of plans that cover 2 different geographic areas. Furthermore, 4 Annual Deductible<sup>5</sup> options (HK\$0, HK\$25,000, HK\$50,000 and HK\$80,000) could be chosen to tailor your most ideal life protection. For example, Prestige Plan with HK\$0 annual deductible could provide a worldwide<sup>12</sup> full medical coverage to you. If you have an employer-sponsored medical coverage and are looking for additional medical coverage, our Standard Plan with Annual Deductible<sup>5</sup> may suit your needs.

### First-dollar Coverage – Deductible Waived for Designated Critical Illness Benefit<sup>2</sup>

Heavy stress and unhealthy habits raise the risk of critical illnesses. In Hong Kong, 1 out of every 4 men or 5 women is diagnosed with cancer before the age of 75<sup>6</sup>. Critical illnesses may cause an unexpected financial burden on you and your family. The Plan is focused around your concerns and needs, offering First-dollar Coverage – Deductible Waived for Designated Critical Illness<sup>2</sup> to ease your and your family's financial stress due to related medical expenses (The amount of benefit is subject to applicable Annual Limit, Lifetime Limit<sup>1</sup> and limits for specific benefit items). The Plan provides protection for your family as well as your health.

### Tailored extra benefits

In the event that the insured needs to receive medical services for specific treatments and organ transplantation, the Plan provides additional Annual Limit<sup>7</sup> on top of its original Annual Limit up to HKD1.5 million to cover medical expenses of organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, cancer hormonal therapy, proton therapy and kidney dialysis.

### Guaranteed yearly renewable<sup>8</sup> up to age 100

The Plan takes away your concern over policy discontinuity due to old age and changes in health conditions. Regardless of any eventual changes to your health, financial condition or claim history, FWD guarantees that your policy will be renewable until the age of 100 of the insured, subject to the continual availability of the Plan, terms and conditions applicable, the benefits and the prevailing premium rates of the Plan at the time of renewal. Benefits and premium are not guaranteed and subject to change by FWD.

### Flexible protection aligned to your future needs

Your needs vary as you go through different life stages. The Plan enables you to switch to a lower Annual Deductible<sup>5</sup> option once (per lifetime) when the insured turns 50, 55, 60 or 65 without the need to provide proof of insurability<sup>9</sup>, meeting any changing needs in the future for protection.

### Cashless Inpatient Facility<sup>21</sup>

Allows you to be worry-free about treatment, we can arrange inpatient credit facility by means of guaranteed letter offers you cashless facility for confinement in private hospitals in Hong Kong.

### Worldwide support service<sup>10</sup>

If you have an accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance provided by International SOS 24-hour Worldwide Assistance Services that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

### Service at Your Fingertips

Just call one number at (852)3123 3123 and our Customer Service Representatives are at your service to address your insurance needs.

You may access the FWD eServices mobile app or website ([www.fwd.com.hk](http://www.fwd.com.hk)) to manage your FWD insurance account anytime and anywhere. FWD eServices has broad features and is easy to use. Key services of the FWD eServices include:

- View policy and benefits schedule
- View claim history and statements
- Claims submission - quick and secure e-claims submission
- Update contact information (under 'Self-Service')
- Receive latest update on claim status and notification on settlement via the mobile app's push notification and email



Download  
FWD eServices  
Mobile App now!



Your Health

Your Choice

TheChoice Medical Insurance

# 智采醫療計劃 TheChoice Medical Insurance

## 基本住院保障(港元)年繳保費表 Basic Hospitalisation Benefits (HK\$) Annual Premium Table

每年自付費 Annual Deductible	NIL			25,000			50,000			80,000		
年齡 Age at last birthday	標準 Standard	優選 Advance	尊尚 Prestige	標準 Standard	優選 Advance	尊尚 Prestige	標準 Standard	優選 Advance	尊尚 Prestige	標準 Standard	優選 Advance	尊尚 Prestige
0 <sup>*</sup>	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
1	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
2	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
3	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
4	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
5	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
6	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
7	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
8	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
9	4,977	7,616	11,474	2,290	3,807	7,345	1,592	2,557	3,804	1,196	2,161	3,119
10	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
11	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
12	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
13	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
14	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
15	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
16	4,977	7,616	11,474	2,389	3,961	7,575	1,592	2,557	3,804	1,470	2,161	3,119
17	4,977	7,616	13,797	2,389	3,961	9,108	1,592	2,557	4,694	1,470	2,161	4,025
18	4,534	6,935	13,532	2,178	3,607	8,932	1,833	2,945	5,836	1,339	2,537	4,986
19	4,571	6,994	13,503	2,193	3,638	8,912	1,866	2,999	5,841	1,350	2,574	4,976
20	4,764	7,287	13,779	2,659	4,373	9,371	1,964	3,154	5,976	1,604	2,696	5,079
21	4,957	7,584	14,048	2,765	4,552	9,553	2,063	3,314	6,107	1,671	2,822	5,177
22	5,064	7,746	14,146	2,826	4,647	9,619	2,126	3,417	6,166	1,706	2,901	5,213
23	5,172	7,912	14,246	2,886	4,747	9,689	2,170	3,487	6,217	1,743	2,952	5,250
24	5,250	8,034	14,285	2,928	4,821	9,716	2,176	3,497	6,241	1,768	2,955	5,265
25	5,545	8,156	14,331	3,093	4,894	9,746	2,183	3,509	6,266	1,868	2,960	5,282
26	5,569	8,194	14,380	3,108	4,916	9,780	2,192	3,522	6,293	1,875	2,966	5,299
27	5,591	8,225	14,424	3,119	4,935	9,809	2,200	3,533	6,317	1,883	2,975	5,314
28	5,616	8,261	14,471	3,133	4,957	9,843	2,209	3,550	6,342	1,892	2,986	5,333
29	5,666	8,337	14,566	3,162	5,003	9,905	2,229	3,583	6,385	1,909	3,008	5,368
30	6,009	8,840	15,194	3,353	5,306	10,332	2,361	3,797	6,661	2,015	3,191	5,599
31	6,036	8,881	15,369	3,367	5,329	10,452	2,398	3,856	6,739	2,024	3,240	5,663
32	6,127	9,013	15,672	3,419	5,409	10,659	2,437	3,917	6,871	2,054	3,292	5,775
33	6,164	9,069	15,881	3,439	5,441	10,800	2,479	3,986	6,962	2,066	3,351	5,853
34	6,183	9,096	16,060	3,450	5,458	10,922	2,516	4,046	7,040	2,074	3,404	5,917
35	6,237	9,176	16,319	3,480	5,506	11,099	2,569	4,130	7,152	2,091	3,489	6,012
36	6,261	9,211	16,527	3,492	5,526	11,239	2,584	4,152	7,243	2,100	3,509	6,090
37	6,379	9,384	16,924	3,558	5,631	11,509	2,634	4,234	7,414	2,139	3,585	6,237
38	6,510	9,577	17,362	3,633	5,748	11,806	2,693	4,327	7,602	2,183	3,670	6,398
39	6,823	10,038	18,018	3,806	6,024	12,254	2,793	4,488	7,890	2,288	3,814	6,639
40	7,201	10,593	18,808	4,017	6,357	12,790	2,916	4,686	8,232	2,432	3,990	6,930
41	7,562	11,126	19,572	4,219	6,676	13,309	3,028	4,865	8,564	2,554	4,149	7,211
42	7,929	11,662	20,351	4,423	6,998	13,840	3,138	5,045	8,903	2,676	4,307	7,499
43	8,334	12,261	21,214	4,649	7,357	14,426	3,262	5,243	9,277	2,813	4,486	7,816
44	8,764	12,895	22,133	4,889	7,736	15,052	3,431	5,516	9,677	2,959	4,729	8,155
45	9,419	13,855	23,508	5,254	8,314	15,987	3,687	5,924	10,275	3,179	5,077	8,664
46	9,905	14,571	24,557	5,524	8,742	16,700	3,878	6,232	10,732	3,343	5,346	9,049
47	10,415	15,323	25,659	5,810	9,194	17,449	4,078	6,552	11,213	3,514	5,629	9,454
48	10,969	16,136	26,853	6,119	9,682	18,261	4,296	6,904	11,733	3,702	5,934	9,894
49	11,103	16,984	28,105	6,193	10,190	19,112	4,522	7,267	12,278	3,746	6,252	10,356
50	11,858	18,143	29,794	6,663	10,886	20,261	4,830	7,765	13,015	4,191	6,683	10,979
51	12,604	19,285	31,466	7,081	11,572	21,398	5,133	8,249	13,743	4,454	7,105	11,594
52	13,452	20,580	33,363	7,556	12,349	22,687	5,479	8,805	14,573	4,752	7,586	12,292
53	14,297	21,874	35,268	8,031	13,125	23,984	5,823	9,360	15,408	5,053	8,066	12,994
54	15,155	23,188	37,211	8,514	13,914	25,303	6,175	9,924	16,258	5,355	8,556	13,709
55	16,050	24,557	39,236	9,017	14,735	26,682	6,530	10,495	17,149	5,672	9,026	14,456
56	16,901	25,857	41,177	9,496	15,516	28,001	6,879	11,054	18,004	5,972	9,501	15,169
57	17,789	27,215	43,204	9,994	16,331	29,380	7,240	11,633	18,896	6,287	9,999	15,919
58	18,710	28,626	45,311	10,512	17,176	30,811	7,623	12,250	19,828	6,611	10,542	16,693
59	19,667	30,091	47,501	11,049	18,055	32,301	8,015	12,881	20,799	6,950	11,082	17,501
60	20,656	31,605	49,774	11,772	19,596	34,841	8,419	13,530	21,805	7,264	11,624	18,338
61	21,684	33,176	52,144	12,356	20,571	36,501	8,840	14,209	22,859	7,624	12,200	19,213
62	22,687	34,713	54,451	12,930	21,523	38,117	9,257	14,879	23,889	7,976	12,776	20,060
63	23,835	36,469	57,103	13,584	22,612	39,974	9,734	15,643	25,073	8,380	13,423	21,039
64	25,069	38,357	59,967	14,285	23,781	41,978	10,244	16,465	26,355	8,815	14,118	22,092
65	26,368	40,342	62,980	15,027	25,012	44,087	10,789	17,338	27,705	9,272	14,869	23,205
66	27,783	42,506	66,272	15,833	26,355	46,391	11,377	18,283	29,186	9,769	15,664	24,417
67	29,312	44,847	69,847	16,704	27,805	48,893	12,011	19,301	30,799	10,307	16,505	25,732
68	30,990	47,416	73,781	17,660	29,398	51,648	12,710	20,427	32,572	10,896	17,443	27,183
69	32,687	50,012	77,761	18,627	31,009	54,434	13,420	21,567	34,376	11,493	18,388	28,650
70 <sup>^</sup>	34,401	52,634	81,791	19,989	32,635	57,254	14,140	22,726	36,208	11,979	19,346	30,135
71 <sup>^</sup>	36,111	55,250	85,814	20,981	34,256	60,072	14,864	23,886	37,993	12,574	20,297	31,618
72 <sup>^</sup>	37,951	58,065	90,158	22,050	36,002	63,112	15,669	25,181	39,919	13,215	21,420	33,217
73 <sup>^</sup>	39,622	60,622	94,097	23,021	37,586	65,869	16,389	26,340	41,665	13,797	22,374	34,669
74 <sup>^</sup>	41,353	63,271	98,188	24,028	39,229	68,733	17,142	27,551	43,479	14,402	23,364	36,176
75 <sup>^</sup>	43,308	66,260	102,819	25,163	41,082	71,974	18,012	28,949	45,535	15,081	24,551	37,881
76 <sup>^</sup>	45,384	69,437	107,749	26,370	43,052	75,425	18,927	30,421	47,724	15,804	25,745	39,697
77 <sup>^</sup>	47,263	72,314	112,206	27,461	44,835	78,545	19,713	31,679	49,704	16,459	26,839	41,339
78 <sup>^</sup>	49,009	74,983	116,344	28,475	46,491	81,441	20,440	32,848	51,548	17,067	27,830	42,866
79 <sup>^</sup>	50,514	77,285	119,897	29,351	47,919	83,929	21,066	33,858	53,130	17,591	28,694	44,174
80 <sup>^</sup>	53,262	81,492	126,464	30,948	50,525	88,527	22,214	35,700	56,055	18,548	30,260	46,593
81 <sup>^</sup>	56,439	86,351	134,072	32,792	53,538	93,851	23,539	37,827	59,447	19,654	32,130	49,396
82 <sup>^</sup>	58,468	89,458	138,898	33,972	55,466	97,230	24,386	39,191	61,609	20,361	33,439	51,174
83 <sup>^</sup>	60,900	93,177	144,685	35,385	57,770	101,281	25,398	40,819	64,206	21,206	34,958	53,306
84 <sup>^</sup>	62,681	95,904	148,866	36,420	59,462	104,208	26,143	42,015	66,104	21,827	36,183	54,845
85 <sup>^</sup>	65,298	99,906	155,048	37,940	61,943	108,535	27,234	43,768	68,912	22,739	37,995	57,124
86 <sup>^</sup>	66,885	102,334	158,635	38,862	63,447							

# 智采醫療計劃 TheChoice Medical Insurance

## 附加門診保障(港元)年繳保費表 Optional Outpatient Benefits (HK\$) Annual Premium Table

年齡 Age at last birthday	標準 Standard	優選 Advance	尊尚 Prestige	年齡 Age at last birthday	標準 Standard	優選 Advance	尊尚 Prestige
0*	8,310	10,671	17,891	50	12,334	15,704	28,789
1	8,310	10,671	17,599	51	12,602	16,045	30,330
2	8,310	10,671	17,186	52	12,817	16,317	31,903
3	8,310	10,671	16,898	53	13,032	16,588	33,527
4	8,310	10,671	16,732	54	13,245	16,861	35,107
5	8,310	10,671	15,632	55	13,459	17,134	36,953
6	8,310	10,671	14,661	56	13,685	17,423	38,686
7	8,310	10,671	13,845	57	13,901	17,696	40,517
8	8,310	10,671	13,547	58	14,085	17,933	42,413
9	8,310	10,671	13,409	59	14,249	16,758	44,659
10	8,310	10,671	13,409	60	14,840	16,961	47,114
11	8,310	10,671	13,409	61	15,179	17,164	49,560
12	8,310	10,671	13,409	62	15,523	17,354	52,093
13	8,310	10,671	13,409	63	15,875	17,688	54,724
14	8,310	10,671	13,409	64	16,234	18,086	57,696
15	8,310	10,671	13,409	65	17,076	19,159	66,025
16	8,310	10,671	13,799	66	17,459	19,517	69,476
17	8,310	10,671	14,127	67	17,850	19,954	73,043
18	6,757	8,674	12,996	68	18,248	20,402	76,720
19	6,827	8,764	12,915	69	18,655	20,856	80,920
20	6,932	8,898	13,386	70^	19,618	22,008	85,429
21	7,030	9,026	13,676	71^	20,050	22,496	88,913
22	7,086	9,100	13,746	72^	20,492	22,993	92,398
23	7,145	9,174	13,818	73^	20,941	23,501	95,877
24	7,274	9,340	13,818	74^	21,398	24,018	99,713
25	7,503	9,634	13,902	75^	22,496	24,262	103,542
26	7,721	9,912	13,916	76^	22,986	24,787	107,371
27	7,936	10,189	13,928	77^	23,481	25,324	111,208
28	8,168	10,485	13,941	78^	23,988	25,869	115,036
29	7,777	10,764	14,004	79^	24,504	26,425	119,238
30	8,085	11,187	15,154	80^	25,754	27,783	123,441
31	8,393	11,613	15,291	81^	26,304	28,377	127,724
32	8,781	12,151	15,559	82^	26,861	28,982	132,044
33	8,913	12,334	15,689	83^	27,431	29,597	136,410
34	9,049	11,519	16,128	84^	28,011	30,223	141,225
35	9,181	11,689	16,890	85^	29,429	31,764	146,081
36	9,316	11,858	17,421	86^	30,047	32,432	150,994
37	9,450	12,029	17,960	87^	30,675	33,112	155,951
38	9,609	12,234	18,544	88^	31,312	33,806	160,967
39	9,784	12,454	19,061	89^	31,961	34,510	166,457
40	9,944	12,657	19,659	90^	33,574	36,252	172,009
41	10,078	12,829	20,079	91^	34,265	37,004	177,611
42	10,239	13,035	20,510	92^	34,969	37,771	183,281
43	10,412	13,254	21,005	93^	35,683	38,548	189,002
44	10,586	13,475	21,862	94^	36,411	39,338	195,244
45	10,747	13,679	22,811	95^	38,239	41,311	201,543
46	10,933	13,917	23,666	96^	39,011	42,154	207,915
47	11,134	14,173	24,575	97^	39,799	43,013	214,359
48	11,374	14,478	25,556	98^	40,598	43,888	220,861
49	11,614	14,785	27,178	99^	41,412	44,776	223,347

\*「0」歲指出生滿15天 「0」 means 15 days of age ^ 70歲或以上之保費只適用於續保 Premium of 70 years old or above is for renewal only  
以上保費並未包括保費徵費 Insurance levy is not included in the above premium

## 附加牙科保障(港元)年繳保費表 Supplementary Dental Benefits (HK\$) Annual Premium Table

所有年齡 For All Age	標準 Standard	優選 Advance	尊尚 Prestige
	1,565	2,730	4,274

以上保費並未包括保費徵費 Insurance levy is not included in the above premium

## 保費徵費表 Insurance Levy Rate Table

保單起保日 Date of Policy Inception	徵費率 Rate	徵費上限(港元) Cap (HK\$)	保單起保日 Date of Policy Inception	徵費率 Rate	徵費上限(港元) Cap (HK\$)
由2018年1月1日至2019年3月31日 From 1 Jan 2018 till 31 Mar 2019	0.040%	\$2,000	由2020年4月1日至2021年3月31日 From 1 Apr 2020 till 31 Mar 2021	0.085%	\$4,250
由2019年4月1日至2020年3月31日 From 1 Apr 2019 till 31 Mar 2020	0.060%	\$3,000	由2021年4月1日之後 From 1 Apr 2021 onwards	0.100%	\$5,000

保險業監管局已向相關的保單按規定的徵費率徵收保費徵費。已收取的徵費付款會按規定轉付予保險業監管局，詳情請瀏覽www.fwd.com.hk或聯絡(852) 3123 3123。  
Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123.

# 智采醫療保險計劃申請表

## TheChoice Medical Insurance Application Form



<ul style="list-style-type: none"> <li>• 每份申請表只限投保一名被保人 One application form for <u>one person to be insured only</u></li> <li>• 被保人必須是申請人自己或其配偶或子女 Person to be insured must be applicant himself or his spouse or child</li> <li>• 請選擇並加「√」號 Please tick as appropriated</li> </ul>		公司專用 For Company Use only: 生效日期(日/月/年) Effective Date:(DD/MM/YYYY) / /	
<b>申請人個人資料 (申請人年齡必須為18歲以上及持有香港身份證)</b> <b>Personal Details of Applicant (Applicant must be a HKID cardholder and age 18 or above)</b>			
英文姓名 (與香港身份證相同) Name in English (same as HKID Card)		中文姓名 Name in Chinese	
香港身份證號碼 HKID Card No. ( )		性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / /	職業 (適用於同時為被保人的申請人) Occupation (Applicable to Applicant who is also the person to be insured)		國籍 (非必要填寫) Nationality (Optional)
<b>申請人聯絡資料 Contact Details of Applicant</b>			
地址 Address (請以英文填寫 Please complete in ENGLISH)			
單位 Flat	室 Room	層數 Floor	座 Block
大廈 / 閣 / 樓 / 屋苑 Building / Mansion / House / Estate			
街 / 道 Street / Road			
地區 District	<input type="checkbox"/> 香港島 HK Island	<input type="checkbox"/> 九龍 Kowloon	<input type="checkbox"/> 新界 N.T.
聯絡電話 Contact No. ( )	流動電話號碼 Mobile No.	電郵地址# Email Address#	
<b>被保人資料 Details of Person to be insured</b>			
請只選擇一項 Please tick one only	<input type="checkbox"/> 本人 (資料與以上相同) Myself (Details as above)	<input type="checkbox"/> 配偶 Spouse	<input type="checkbox"/> 子女 Child
被保人每年平均居港時間 : Please provide average stay of the person(s) to be insured in Hong Kong per year : _____ 月 months 如被保人之每年平均居港時間少於9個月, 請提供海外居住地名稱 : If the average stay is less than nine months, please provide the place of residence outside Hong Kong: _____			
英文姓名 (與香港身份證相同) Name in English (same as HKID Card)		中文姓名 Name in Chinese	
香港身份證號碼 HKID Card No. ( )		性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / /	職業 Occupation		國籍 (非必要填寫) Nationality (Optional)
<b>投保項目 Choice of Cover</b>			
<b>主要保障 Core Benefits</b>		<b>自選門診保障 Optional Outpatient Benefit</b>	<b>自選門診及牙科保障 Optional Outpatient and Dental Benefits</b>
計劃級別 Plan level	每年自付費 Annual Deductible option	附註: 計劃級別必須與住院保障相同 Note: Must be the same as the level of the Hospitalization Benefit	
<input type="checkbox"/> 標準 (大房) Standard (Ward)	<input type="checkbox"/> HK\$0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 優選 (半私家房) Advance (Semi-Private Room)	<input type="checkbox"/> HK\$25,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 尊尚 (私家房) Prestige (Private Room)	<input type="checkbox"/> HK\$50,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/>	<input type="checkbox"/>
<b>每年總保費 (不包括保費徵費)</b> <b>Grand Total Annual Premium (excluding Insurance levy)</b>			<b>港幣 HK\$</b> _____

\* 不接受信箱、酒店地址和海外地址。 P.O. Box, hotel address and overseas address are not acceptable.

# 請提供電郵地址以享用富衛eServices應用程式及通過電子郵件收取醫療索償理賠表。 Please provide email address to enjoy FWD eServices app and receive medical claim statement by email.

**健康聲明(由被保人填寫，若被保人為18歲以下，則可由申請人填寫)**

**Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, it can be completed by the applicant)**

1. 您的身高及體重 Your Height and Weight	身高:      米:      厘米:      尺:      寸: Height:    m:      cm:      ft:      in:	體重:      公斤:      磅: Weight:    Kg:      lb:
2. 您是否曾患有或獲悉患有下列疾病: Have you ever had or been told to have any of the following:	是 Yes	否 No
i. 心臟病 Diseases of the Heart	<input type="checkbox"/>	<input type="checkbox"/>
ii. 癌症或腫瘤 Cancer or tumor	<input type="checkbox"/>	<input type="checkbox"/>
iii. 糖尿病或高血糖 Diabetes or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
iv. 乙型肝炎或丙型肝炎 Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>
v. 腎功能衰竭 Kidney Failure	<input type="checkbox"/>	<input type="checkbox"/>
vi. 中風 Stroke	<input type="checkbox"/>	<input type="checkbox"/>
3. 在過去的5年裡，您有否曾就下列疾病接受過醫療建議或治療: In the last 5 years have you received medical advice or been treated for any of the following:	有 Yes	沒有 No
i. 原位癌，異常生長或息肉 Carcinoma insitu, abnormal growth or polyps	<input type="checkbox"/>	<input type="checkbox"/>
ii. 哮喘，肺結核，肺炎或慢性阻塞性肺病 Asthma, tuberculosis, pneumonia or chronic obstructive lung disease	<input type="checkbox"/>	<input type="checkbox"/>
iii. 胃潰瘍或胰腺炎或胃炎 Stomach ulcer or pancreatitis or gastritis	<input type="checkbox"/>	<input type="checkbox"/>
iv. 高血壓或高膽固醇 High blood pressure or high cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
v. 肝功能異常 Abnormal liver function	<input type="checkbox"/>	<input type="checkbox"/>
vi. 腎炎或腎功能異常、前列腺肥大或PSA值高於正常水平、多囊卵巢綜合症或子宮內膜異位 Nephritis or abnormal kidney function, prostate enlargement or elevated PSA levels, polycystic ovarian syndrome or endometriosis	<input type="checkbox"/>	<input type="checkbox"/>
vii. 任何眼睛的受傷或病症(不包括通過處方鏡片矯正視力)，耳朵，骨骼，關節或脊柱或身體殘疾 Any injury or disorder of the eyes (excluding vision corrected by prescription lens), ears, bones, joints or spine or physical disability	<input type="checkbox"/>	<input type="checkbox"/>
viii. 愛滋病感染或愛滋病檢測陽性結果 HIV infection or positive HIV test	<input type="checkbox"/>	<input type="checkbox"/>
ix. 抑鬱症，精神病或智力障礙 Depression, mental disorder or intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
4. 在過去3年中，除上述病狀外，您有沒有: For any conditions other than the above: In the last 3 years, have you:	有 Yes	沒有 No
i. 與醫生或專科醫生持續進行6個月或更長時間的跟進? had ongoing follow-up with a doctor or specialist doctor for a period of 6 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
ii. 服用藥物或接受治療，其中任何一項持續兩週或更長時間? received medication or treatment, any of which was for a continuous period of 2 weeks or more?	<input type="checkbox"/>	<input type="checkbox"/>
iii. 進行手術或持續住院超過6天? (如有，請提交相關報告) had a surgical procedure, or been hospitalized for a continuous period of 6 days or more? (If yes, please provide relevant report(s))	<input type="checkbox"/>	<input type="checkbox"/>
iv. 在血液測試、活組織檢查、心電圖、影像學掃描、子宮頸抹片檢查、結腸鏡檢查或其他檢驗測試中發現異常或超出正常範圍的結果? (如有，請提交相關報告) had an abnormal result or results outside the normal range in a blood test, biopsy, ECG, imaging scan, pap smear, colonoscopy or other investigation? (If yes, please provide relevant report(s))	<input type="checkbox"/>	<input type="checkbox"/>



**健康聲明(由被保人填寫，若被保人為18歲以下，則可由申請人填寫)**  
**Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, it can be completed by the applicant)**

5. 親屬健康狀況 Family Health History		有 Yes	沒有 No		
您的親生父母，兄弟或姐妹有沒有： Amongst your biological parents, brothers or sisters:					
i. 兩名或以上在50歲以前被診斷患有乳癌或卵巢癌(女性被保人適用)，結腸癌或直腸癌，心臟病或中風 Two or whom have been diagnosed with breast or ovary cancer (for female person to be insured only), colon cancer or rectal cancer, heart disease or stroke before age 50		<input type="checkbox"/>	<input type="checkbox"/>		
ii. 在60歲以前被診斷患有阿爾茨海默病(認知障礙症)，多囊腎病，運動神經元病，帕金森症或肌肉營養不良症 One of whom has been diagnosed with Alzheimer's disease, Polycystic Kidney Disease, Motor Neurone Disease, Parkinson's Disease or Muscular Dystrophy before age 60		<input type="checkbox"/>	<input type="checkbox"/>		
6. 只適用於女性被保人 (Applicable to female person to be insured only)		是 Yes	否 No		
i. 您現在是否懷有身孕？ Are you pregnant now?		<input type="checkbox"/>	<input type="checkbox"/>		
ii. 如是，您曾否患有任何併發症、如高血壓，子癇或子癇前症(妊娠毒血症)，妊娠糖尿病或早產風險(因鐵質水平下降而需要服用維生素補充劑除外)？ If Yes: do you have any complications such as high blood pressure, eclampsia or pre-eclampsia, gestational diabetes or risk of premature delivery (excluding reduced iron levels for which you are taking vitamin supplements)?		<input type="checkbox"/>	<input type="checkbox"/>		
如上述任何問題的回答為「是」，請提供相關報告及詳細資料如下： If you answer Yes to any of the above questions, please provide relevant report(s) and details below:					
病症名稱 Name of condition	診斷日期 Date diagnosed (DD/MM/YYYY)	你曾接受何種治療？請註明接受治療時期，治療種類及其詳情(如藥物名稱，治療程序或手術) What treatment did you have? Please include treatment period, type of treatment and their details (e.g. name of medication, procedure or surgery)	您是否已完全康復及沒有正在進行治療？ Are you Fully Recovered with no ongoing treatment?	完全康復日期(如適用) Date of full recovery (if applicable) (DD/MM/YYYY)	如未完全康復，請提供康復情度、正在進行的治療等。 If not fully covered, please advise stage of recovery, ongoing treatment, etc.
	/ /		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	/ /
	/ /		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	/ /
	/ /		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	/ /
如您有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「√」號。 If you have any medical reports or reports of medical investigations, please enclose them and put a tick in the box.					<input type="checkbox"/> 另有附頁 With Attachment

賠償時所用之銀行名稱及帳戶號碼 (戶口持有人必須是申請人)

**Bank Name and Account No. for claim reimbursement (Account-Holder must be the Applicant)**

個人銀行戶口(只限港元)

Personal Bank account (Hong Kong Dollar only)

銀行名稱  
Bank Name

分行代碼  
Branch Code

銀行帳號  
Bank account no.

**繳付保費方法  
Premium Payment Method**

付款期數  
Payment Mode

付款方法  
Payment Method

每年  
Yearly

支票  
Cheque

信用卡(請填寫以下「信用卡付款授權」部分)  
Credit Card (Please complete the below "Credit Card Payment Authorization" section)

每月  
Monthly

信用卡(請填寫以下「信用卡付款授權」部分)  
Credit Card (Please complete the below credit card authorization form)

註: 如選擇每月付款, 月費等於年費乘以 0.09.

Note: If payment mode is monthly, the monthly premium is equal to annual premium times 0.09.

**信用卡付款授權  
Credit Card Payment Authorisation**

Visa 卡

萬事達卡 Master Card

持卡人性名 Cardholder's Name

信用卡戶口號碼 Credit Card Account No.

/  
信用卡到期日(月/年) Credit Card Expiry Date (MM/YY)

本人茲授權富衛保險有限公司從本人上述之信用卡賬戶支取此保險所應繳之保費及保險徵費(包括續保保費), 直至另行通知。

I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice.

X

/ /

持卡人簽署 Cardholder's Signature

日期 Date (DD/MM/YYYY)

## 聲明及授權

### Declaration and Authorisation

1. 本人謹此聲明在本申請表內填報之一切，就本人之所知所信，全部真實無訛。本人同意此申請表為本人與富衛保險有限公司（「富衛」）之間所訂立合約之依據。本人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷（包括但不限於診症、診斷性檢驗結果、藥方或治療資料）給予富衛或其已獲授權之代理人。此授權之副本與正本具同等效力。

I hereby declare that, to the best of my knowledge and belief, all particulars and statements given in this Application are true and complete. I agree that this Application shall be the basis of the contract between me and FWD General Insurance Company Limited ("FWD"). I further authorise any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to FWD or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.

2. 本人承諾於遞交所需之個人資料予富衛前，須通知本人的被保配偶或子女（如適用）有關本保單及富衛之收集個人資料聲明（不論是否載於此申請表或由其他途徑取得）。富衛將不會就被保人未被通知的情況承擔任何責任。本人承諾會遵守個人資料（私隱）條例，並確認已獲得被保人的同意，將其個人資料移交富衛以作申請智采醫療計劃之用。

I undertake that I will inform/have informed my spouse or child to be Insured (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of FWD (whether contained herein or otherwise obtained) before transferring his/her personal data to FWD. FWD shall not accept any liability for the person to be insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the person to be insured for the transfer of his/her personal data to FWD for the purpose of enrolling him/ her in the TheChoice Medical Insurance plan.

3. 本人已細閱、明白及接受富衛之收集個人資料聲明。

I have read, understand and accept the PICS of FWD.

富衛有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或富衛擬對閣下的個人資料的使用，請在以下有關方格內加上 (√) 號，藉以行使閣下不同意此項安排的權利。

FWD intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICS. If you do not agree to receive such marketing communications or FWD's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

拒絕接收推廣訊息或資料及富衛擬對本人的個人資料的使用。

Opt-out marketing communications or materials and FWD's intend use of my personal data.

只應用於保險經紀：

申請人明白、確知及同意，富衛會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。如申請人為法人團體，表申請人簽署的獲授權人員在此向富衛確認他/她已獲該法人團體授權。申請人亦明白富衛必須取得申請人的同意，才可以處理其保險申請。

**Applicable to Insurance Broker only :**

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by FWD, FWD will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to FWD that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for FWD to proceed with the application.

X

/ /

申請人簽署 Applicant's Signature

於香港簽署之日期(日/月/年) Signed in Hong Kong on (DD/MM/YYYY)

### 代理人 / 經紀資料

#### Advisor/Broker's Information

代理人 / 經紀 / 業務代表名稱

Advisor / Broker / Technical Representative's Name

電郵地址

Email Address

帳戶號碼

Account Code

聯絡電話

Contact No.

## 收集個人資料聲明 Personal Information Collection Statement ("PICS")

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
  - 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
  - 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
  - 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
  - 閣下的個人資料可能用於以下用途：
    - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
    - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
    - 發展保險及其他金融服務及產品；
    - 發展及維持本公司信貸及風險之相關模型；
    - 處理付款指示；
    - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
    - 行使與本公司的服務及／或產品有關的任何權利；
    - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
    - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
    - 進行保單審閱及需求分析（不論是否定期進行）；
    - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
    - 作本公司或本集團的任何成員的統計或精算研究；及
    - 履行與上文第(i)至(xii)段直接有關的其他用途。
  - 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
    - 本集團的其他成員；
    - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
    - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、法律顧問及／或其他專業顧問；
    - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
    - 任何本公司或本集團的其他成員負責或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
  - 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
  - 本公司只可在閣下作出書面同意或不反對的情況下(i)使用閣下的個人資料作直接促銷用途，或(ii)將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
  - 就直接促銷而言，本公司擬：
    - 使用本公司不時持有的閣下姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
      - 保險服務及產品；
      - 財富管理服務及產品；
      - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
      - 健康檢查及健康服務及產品；
      - 媒體、娛樂及電信服務；
      - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
      - 為慈善及／或非牟利用途的捐款及捐贈。
    - 將閣下的姓名及聯絡資料(例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。
- 本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：
- 富衛保險有限公司  
香港德輔道中308號  
富衛金融中心8樓
- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
  - 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
  - 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線3123 3123。
  - 中英文本如有歧異，概以英文本為準。
  - 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

## 收集個人資料聲明

### Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
  - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
  - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
  - (iii) developing insurance and other financial services and products;
  - (iv) developing and maintaining credit and risk related models;
  - (v) processing payment instructions;
  - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
  - (vii) exercising any rights that the Company may have in connection with our services and/or products;
  - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
  - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
  - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
  - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
  - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
  - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
  - (i) other members of the Group;
  - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
  - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
  - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
  - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
  - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
    - a. insurance services and products;
    - b. wealth management services and products;
    - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
    - d. health-check and wellness services and products;
    - e. media, entertainment and telecommunications services;
    - f. reward, loyalty or privileges programmes and related services and products; and
    - g. donations and contributions for charitable and/or non-profit making purposes; and
  - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer  
FWD General Insurance Company Limited  
8<sup>th</sup> Floor, FWD Financial Centre,  
308 Des Voeux Road Central  
Hong Kong

10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

# 產品合適性評估表

## Product Suitability Assessment Form



請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據富衛保險有限公司之個人資料收集聲明處理。

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of FWD General Insurance Company Limited.

申請人姓名: Applicant's name:	準被保人姓名: Proposed insured's name:	準被保人年齡 Proposed Insured's Age	準被保人性別: Proposed insured's Sex	準被保人與申請人關係: Proposed insured's relationship to applicant

### 第一步：客戶醫療保險需求及目標：

#### Step 1: Customer's medical insurance needs and objectives:

- 1) 您確定每年都能支付醫療保險保費，以醫療保險保單中指明的福利和服務去保障未來可能發生的疾病或受傷嗎？  
Are you able to afford to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
  - a) 確定 Yes
  - b) 不確定 No
- 2) 您的每年醫療保障費用預算為？  
What is your annual budget for medical insurance protection?  
港幣 HK\$ \_\_\_\_\_
- 3) 您有現有的個人醫療保險嗎？  
Do you have any existing personal medical insurance(s)?
  - a) 有 Yes \_\_\_\_\_  
如有，請指出生效之保單數目： \_\_\_\_\_  
(If yes, please indicate no. of in-force policy)
    - i) 醫療費用實報實銷保險 Medical expense reimbursement insurance \_\_\_\_\_
    - ii) 每日住院現金保險 Daily cash for hospitalization insurance \_\_\_\_\_
    - iii) 危疾保險 Critical illness insurance \_\_\_\_\_
    - iv) 個人意外保險 Personal accident insurance \_\_\_\_\_
  - b) 沒有 No
- 4) 您為什麼想購買一份新的醫療保險？  
Why do you want to purchase a new medical insurance?
  - a) 為日益增加的醫療費用提供保險保障 For insurance protection of the increasing medical treatment costs
  - b) 用於疾病期間的收入保障 For income protection during sickness
  - c) 我的現有醫療保險保障不足 My existing medical insurance cover is insufficient
  - d) 我希望享受「自願醫保」所提供的免稅額 To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme")
  - e) 其他，請註明 Others, please specify: \_\_\_\_\_
- 5) 在您新投保的醫療保險中，您的首選福利和保險範圍是什麼？  
What are your preferred benefits and coverages for your newly applied medical insurance?
  - a) 基本住院及手術福利 Basic hospitalization and surgical benefits
  - b) 全面的醫療保險保障 Comprehensive medical insurance protection
  - c) 疾病期間的收入保障 Income protection during sickness
  - d) 每年自付費 或 共付保險 選項以降低每年保費 Annual deductible or co-insurance options to lower the annual premium

### 第二步：產品合適性評估後，保險中介人之產品建議

#### Step 2: Insurance intermediary product recommendation after product suitability assessment

保險中介人之產品建議 Insurance intermediary product recommendations:

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### 第三步： 產品合適性評估後客戶選擇之產品

#### Step 3: Customer selected product after product suitability assessment

本人/我們 確認 本人/我們 已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是 本人/我們 自己的決定。

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.

計劃名稱 Plan name: \_\_\_\_\_

每年自付費選擇(如有)Annual Deductible option (if applicable): HK\$\_\_\_\_\_

自選保障(如有)Optional benefit (if applicable): \_\_\_\_\_

#### 客戶聲明 Customer Declaration:

- 1) 本人/我們 已細閱及明瞭 本人/我們 所選擇之醫療保險產品的產品小冊子、資訊單張、及保單條款。I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected.
- 2) 本人/我們 確認 本人/我們 所選擇之醫療保險產品 (包括任何種類之賠償、非賠償、或組合產品) 符合 本人/我們 的保險需要及購買醫療保險產品的目標 (包括但不限於 (i) 住院期間的收入保障; (ii) 為疾病或受傷之住院及其醫療費用作準備), 及本人/我們 有能力支付其所需的保費。I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium.
- 3) 本人/我們 確認 本人/我們 所選擇之醫療保險產品是在沒有受第三者壓力之下 本人/我們 之個人決定。I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties.
- 4) 本人/我們 明白此表格內所提供之資料乃用作分析 本人/我們 的醫療保險需求, 並為 本人/我們 在選擇保險計劃及保費金額時作參考。本人/我們 亦明白此表格內之資料會根據富衛保險有限公司的收集個人資料聲明處理。I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of FWD General Insurance Company Limited.
- 5) 本人/我們 明白此表格之分析及選擇乃根據 本人/我們 所提供之資料, 並不構成富衛保險有限公司之任何責任。I / We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to FWD General Insurance Company Limited.
- 6) 本人/我們 明白在保單簽發前如 本人/我們 就此表格內資料有任何重要更改, 本人/我們 需通知富衛保險有限公司。I / We am required to inform FWD General Insurance Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued.

本人/我們 作為申請人確認已細閱及明瞭此表格之內容, 並代表此計劃準被保人/現有被保人就以上問題提供正確無誤之資料。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application.

_____ 申請人姓名 Applicant's name	_____ 申請人簽署 Applicant's Signature	_____ 日期(日/月/年) Date (DD / MM / YYYY)
_____ 準被保人姓名 Proposed insured's name	_____ 準被保人簽署 Proposed insured's Signature	_____ 日期(日/月/年) Date (DD / MM / YYYY)
_____ 經紀姓名 Name of Agent / Broker	_____ 經紀編號 Agent's / Broker's Code	_____ 經紀簽署 Agent's / Broker's signature