

CARING 僱員福利保險計劃

團體醫療保障計劃

動力 源於健康



CARING 僱員福利保險計劃

僱員是企業最重要的資產，公司成功的關鍵在於僱員。因此，保障員工的健康能讓他們發揮應有的實力及留住人才。

富衛的 CARING 僱員福利保險計劃提供具靈活及富選擇性的團體醫療保障級別以供選擇，讓您能按公司的預算及要求組合最合適的方案。

計劃設有住院保障，亦可增選附加額外醫療、門診及牙科等切合僱員及其家屬需要的保障，此產品保障期為一年，即使公司規模少至三人亦可投保，更可獲享計劃的全球保障及服務，讓您的員工倍感安心，全力為公司拓展業務！



大小同享

投保人數的門檻低，公司員工少至**3**位亦可參與。



基本保障

包括但不限於基本住院保障內的手術保障、緊急門診費、住院現金保障、恩恤身故保障，及緊急醫療撤離及遣返等。



附加額外保障

您亦可自由選擇附加額外醫療保障，以支付因嚴重疾病或受傷而引致的額外住院費用，甚至可增選附加門診及牙科保障。



靈活自在

可因應不同職級的員工及員工家屬^{*}，度身訂造不同級別的住院、附加額外醫療保障、門診及牙科保障。



免核保

3名員工或以上豁免醫療批核及健康申報。



不會因個別索償紀錄而增加保費

保單續保時，不會因個別索償紀錄而增加保費^{**}。



不設最低住院時數限制

不設最低住院時數限制，提供更大的靈活性讓您專心接受治療及早康復出院。

^{*} 如提供家屬保障，則同一家庭中所有合資格之家屬必須參加及參與同一計劃。

^{**} 富衛人壽保留一切於保單期滿前會否延續保單的權利，並給予不少於31日的書面通知。富衛人壽保留作出更改、修改或調整此保單的保障賠償，條款及/或於每保單續保時的保費率的權利。



涵蓋在醫院及診所進行的日間手術

外科手術費包括於診所、醫院門診部或日間治療中心進行之手術。



醫院雜項保障涵蓋範圍廣泛

醫院雜項費包括於日間治療中心進行之癌症化學療法、放射療法及腎臟透析、先進診斷檢測（磁力共振、電腦斷層掃描及正電子放射斷層掃描）。



住院現金保障

入住香港醫院管理局轄下醫院之大房設有額外每日住院現金保障。



第二索償住院現金保障

受保人需先於其他保險公司獲得賠償（不適用於入住香港醫院管理局轄下醫院之大房）。



關注及支援精神健康

提供住院的精神科治療保障（適用於住院保障指定計劃級別）。



中醫治療

附加門診保障提供中醫治療，包括跌打及針灸治療。



豁免醫生轉介信

於專科索償時毋須提供醫生轉介信。



額外保障

24 小時全球醫療保障及緊急支援服務

若受保人出外旅遊或公幹時遇上緊急事故，而每次旅程期間連續不超過90天，緊急支援可提供以下服務：

- 24小時電話諮詢服務
 - 緊急醫療撤離
 - 緊急醫療遣返
 - 運送遺體返國或原居地
 - 提供高達\$5,000美元之入院按金保證
 - 如在外地住院超過7天，可安排1位親友前往探望
 - 可安排未成年子女返國或原居地
- 合共高達\$1,000,000美元

此服務由國際思奧思援助(香港)有限公司(「國際思奧思」)提供，富衛人壽將不會就國際思奧思及專業人員的行為或疏忽負上任何責任。而富衛人壽或將不時調整有關服務詳情，恕不提前通知。

以上資料只供參考，有關服務或需經過國際思奧思預先批核。請參閱隨保單附上的緊急支援服務條款。



全天候客戶支援

FWD iConnect - 專為僱主而設的服務網站，提供廣泛的保單及理賠服務

- 查看保單資料、福利範圍和查詢理賠
- 查詢成員資料
- 保費賬單及付款狀況查詢
- 實用資料包括一般不保事項及下載表格等

FWD eServices - 專為僱員而設的一站式保單管理平台

- 檢視或查閱團體醫療保單詳情、保障範圍及下載表格
- 網上遞交門診、住院及牙科索償申請
- 實時跟進索償進度、查閱索償紀錄
- 出示電子醫療卡以使用網絡醫生服務^^
- 搜尋醫療網絡醫生的地址及聯絡資料
- 檢視人壽保單(如有)

^^ 電子醫療卡可於eServices流動程式中取得，實體醫療卡將不再提供。



數碼體驗

電子索償簡單快捷

- 透過FWD eServices流動程式遞交團體醫療保單之住院、門診或牙科索償，整個索償過程最快可以於幾分鐘內完成
- 醫療索償最快於遞交電子索償申請**24小時內**##賠償

適用於星期一至五晚上八時前遞交之團體醫療保單之門診電子索償申請(公眾假期除外)，賠償可於24小時內轉賬至銀行戶口(銀行入賬不適用於星期六、星期日及公眾假期)。

主要不保項目

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人壽保障：

適用於基本住院，附加額外醫療保障及門診保障：

1. 受保人或受保家屬在受保生效日期前90日內曾接受過醫療或診治之傷病（除非受保人或受保家屬已在此保單下受保連續超過12個月）；
2. 參加計劃前已感染的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；
3. 已獲豁免、或由第三方提供的醫療或保險計劃（例如勞工保險）賠償的合資格費用；
4. 美容治療、外科整形手術、配戴眼鏡或鏡片、為矯正視力或屈光不正而進行的任何手術及相關服務、助聽器、購買義肢及輔助儀器；
5. 牙科治療或手術（由意外引起而傷及健全的牙齒或已於本計劃明確列明之保障除外）；
6. 酗酒或濫用藥物；
7. 先天性疾病；
8. 懷孕有關的治療（包括產科檢查）、生育（包括手術分娩）、墮胎或小產、產前或產後護理、節育或絕育有關的治療；
9. 心理病或精神病（包括任何神經科及其生理或心理上的表現）（於本計劃明確列明之保障除外）；
10. 例行體格檢查、接種疫苗、與傷病的治療或診斷無關的測試、或非醫學上必須的任何選擇性治療或服務或任何替代治療、包括但不限於順勢療法或足病醫生提供的任何服務、任何預防性治療、藥物或檢查（於本計劃明確列明之保障除外）；
11. 性病及其後遺症、治療女性更年期的荷爾蒙療法；
12. 自殺、自殺未遂或蓄意自我毀傷；及
13. 戰爭、內戰、兵變、騷亂、起義、叛亂、革命謀反、軍事政變或奪權事故、戒嚴法或包圍狀態、參予暴動或非法活動。

附加牙科保障（如適用）的不保項目：

1. 已獲豁免、或由第三方提供的醫療或保險計劃（例如勞工保險）賠償的合資格費用；
2. 自我毀傷；
3. 美容治療（包括但不限於牙齒矯形及漂白）；
4. 酗酒或濫用藥物；
5. 戰爭（宣戰與否）、騷亂、叛亂、革命謀反、軍事政變、暴動、罷工或非法活動；及
6. 口腔衛生指引、預防牙菌膜及飲食指引。

所有不保事項詳情，請參閱保單條款。

重要事項

1. *如提供家屬保障，則同一家庭中所有合資格之家屬必須參加及參與同一計劃。
2. **富衛人壽保留一切於保單期滿前會否延續保單的權利，並給予不少於31日的書面通知。富衛人壽保留作出更改、修改或調整此保單的保障賠償，條款及/或於每保單續保時的保費率的權利。
3. 申請人必須填報所有可能影響富衛人壽接受承保及評估之重要事實。如未能確定這項事實是否具有實質性的關係，申請人應將該等事實填報。我們建議申請人將有關的資料(包括申請表副本)作記錄，以備日後作參考之用。為確保申請人的利益，申請人應如實呈報所有有關資料，否則此保單將可能無法提供所需的保障，甚至可能會導致此保單無效。
4. ◇醫學上必需的治療或服務是指按照良好的醫療標準，符合該傷病的診斷及慣常治療所需的醫療服務；並非為相關的受保人或受保家屬或醫生帶來方便而提供，有關的收費是公平合理及提供必需的治療的實際費用。
5. ▲正常及慣常就費用而言，是指金額不超過於當地由同等經驗和專業地位的人，在類似情況下提供的服務所收取之合理平均費用，至於就物資或服務相關的正常及慣常的費用是指金額不超過於同一地方就獲取相等質量及經濟考慮之相似物資或服務所收取之合理平均費用。
6. 於此產品小冊子所載的產品資料只供參考，並且不包含保單的全部條款和細則、產品主要風險及保單全部的不保事項。有關權益及產品主要風險詳情，請參閱產品小冊子；有關條款和細則及保單全部的不保事項，請參閱本計劃的保單條款。

主要風險

信貸風險

此產品是由富衛人壽保險（百慕達）有限公司（於百慕達註冊成立之有限公司）（「富衛人壽」）承保及發出的團體醫療賠償保障計劃。投保本保險產品或其任何保單的應支付權益須承受富衛人壽的信貸風險。你將承擔富衛人壽無法履行保單財務責任的違約風險。

通脹風險

請注意通脹會導致未來生活費用增加。即使富衛人壽履行所有合約責任，此保單之實際保單權益可能不足以應付將來的保障需要。

不保項目

請參閱“主要不保項目”。

保費調整

富衛人壽有權在每次續保時更改保費。每次續保之保費將根據續保時受保人或受保家屬的年齡及當時的保費表釐定。保費表會不時根據各種因素，包括但不受限於相關的醫療費用的通脹及富衛人壽的理賠數據及保單續保情況釐定，並給予不少於31日的預先通知。

保費年期及欠繳保費

保單的保費供款期與權益年期相同。任何到期繳付之保費及有關保費徵費均可獲富衛人壽准予保費到期日起計31天的寬限期。若在寬限期完結時仍未繳付保費及有關保費徵費，保單將由寬限期完結時自動終止。保單持有人需繳付寬限期內應付的保費及有關保費徵費予富衛人壽。

取消保單條款

富衛人壽可通過向保單持有人發出31天的書面通知來取消本保單，但受限於任何受保人或受保家屬對在取消生效之日前發生的任何傷病的權益。如果取消，則保單持有人可獲退還任何已支付的保費及有關保費徵費，惟須先按比例扣除本保單於生效期間的保費和有關徵費。

保單持有人可隨時以掛號信件通知本公司以申請取消保單，並於該信件上指明取消保單之生效日。如在該保單未曾作出賠償或沒有應付之賠償，在扣除行政費用後（即該保單之全年保費之10%），保單持有人將按比例獲退還部份已付之保費及保費徵費。

終止受保人或受保家屬的保險

受保人或受保家屬的保險將在下列其中一個日期自動終止，以最早者為準：

- 此保單終止日；
- 受保人最後一次支付保費的期限屆滿日；
- 受保人與保單持有人的關係終止日；
- 受保家屬不再是受保人的家屬之日；及
- 受保人或受保家屬在保單資料頁中指定年齡上限的生日後的保單有效日期結束為止。

CARING Employee Benefits Insurance Plan

Group Medical Insurance Plan

Be healthy be productive



CARING Employee Benefits Insurance Plan

Employees are the most valuable asset of a company, and their well-being is crucial for the company's success. Help your employees stay healthy so they can put their best foot forward and retain talent.

FWD's CARING Employee Benefits Insurance Plan offers a comprehensive range of flexible and cost-effective options for group medical coverage, allowing you to tailor the most suitable plan that aligns with your company's budget and requirements.

The plan provides extensive coverage for hospitalisation, while also offers add-ons such as supplementary major medical benefits, outpatient benefits, and dental benefits that give your staff extra comfort. The coverage is for a period of one year and is designed to be affordable for companies as small as 3 employees, with protection and services extending around the world.

Protect your employees, and they will do their best for you.

Core benefits



Smaller group with same enjoyment

You can set up a plan with as few as **3** employees.



Basic benefits

Basic coverage includes but not limited to surgeon's fee under Hospitalisation Benefits, Emergency Outpatient Treatment, Hospital Cash Benefit, Compassionate Death Benefit and Emergency Medical Evacuation and Repatriation etc.



Optional benefits

You can opt for Supplementary Major Medical Benefits for extra protection for serious illnesses and injuries in excess of basic hospitalisation coverage. You can also opt for Outpatient Benefits and/or Dental Benefits.



Complete flexibility

Customise your plan with different levels of hospitalisation, supplementary major medical, outpatient and/or dental benefits for different categories of employees and their dependants*.



Waiver of underwriting

We waive medical underwriting and health declaration for plans with **3** employees or above.



No additional premium loading for own claims

Upon policy renewal, no additional premium loading will be imposed for your company's own claims history**.



No minimum hours of hospital confinement

Provides you with flexibility to stay focused on your treatment and recovery with no minimum hours of hospital confinement.

* If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.

** FWD Life reserves the right to offer renewal before the expiry of the Policy by giving no less than 31 days prior written notice. FWD Life also reserves the right to revise, modify or adjust the benefits and terms and conditions under the Policy and/or premium rates at each Policy Renewal.



Coverage of day case surgery and clinical operation

Day case surgery and clinical operation conducted at registered clinic or hospital are covered under Surgeon's Fee under Hospitalisation Benefits (Basic Cover).



Wide coverage under Miscellaneous Hospital Services

Day case chemotherapy, radiotherapy, kidney dialysis and advanced diagnostic tests (MRI, CT Scan, PET scan) are covered under Miscellaneous Hospital Services under Hospitalisation Benefits (Basic Cover).



Daily Cash Benefit

Additional Daily Cash Benefit for each day of confinement in general ward of hospitals under Hong Kong Hospital Authority.



Hospital Cash Benefit for Second Claim

Primary payer must be other insurer (not applicable to hospital confinement in the general ward of a Hospital Authority hospital in Hong Kong).



Taking care of mental health

Provides in-patient psychiatric treatment coverage (applicable to designated plan level under Hospitalisation benefits).



Chinese medicine practitioner's treatment

Optional Outpatient Benefits covers Chinese medicine practitioner's treatment including bone setting and acupuncture.



Waiver of doctor referral letter

Doctor referral letter is waived for outpatient specialists.



Add-on feature

24-Hour Worldwide Emergency Assistance Services

In case emergency assistance is needed while travelling abroad for a period not exceeding 90 consecutive days per trip, the Worldwide Emergency Assistance Services provide the following services:

- 24-hour hotline service
 - Emergency medical evacuation
 - Emergency medical repatriation
 - Repatriation of mortal remains
 - Guarantee of any required hospital admission deposit up to US\$5,000
 - Compassionate visit can be arranged for a relative or a friend for overseas hospitalisation of more than 7 days
 - Return of minor children to home country or usual country of residence
- Up to US\$1,000,000 in total

The service is provided by International SOS Assistance (HK) Limited ("International SOS"). FWD Life shall not be responsible for any act or failure to act on the part of International SOS and the professionals. FWD Life may revise the details of the services from time to time without prior notice.

The information above is for reference only and pre-approval from International SOS for some services may be necessary. Please refer to the terms and conditions of the Emergency Assistance Services which are provided to you with the Policy.



Ubiquitous Customer Support

FWD iConnect

dedicated employer service portal with a wide range of policy and claims services

- View policy information, benefit schedule and claims enquiry
- Member information enquiry
- Premium billing and payment status enquiry
- Useful information includes general exclusions and forms download etc.

FWD eServices

one-stop policy management platform dedicated for employees

- Access and view group medical insurance policies details, benefit schedule and forms download
- Submit outpatient, hospitalisation and dental claims via the platform
- Track claims status in real time, check claims record
- eHealth card to enjoy panel doctor services^^
- Search for location and contact information of nearby panel doctors or clinic
- Access to view life insurance policy (if any)

^^ The eHealth card can be accessed from the eServices App. Physical card is not available.



Digital Experience

Straight-through eClaims submission

- via eServices App for submission of group medical insurance claims including hospitalisation, outpatient and dental claims. E-claims application can be completed in a matter of minutes.
- eClaims with speedy settlement within **24 hours**## upon claims submission

Applicable to group medical outpatient eClaims submitted before 8:00pm on Monday to Friday (excluding public holidays), and the payment will be settled in bank account within 24 hours (bank deposit arrangement not available on Saturday, Sunday and public holidays).

Major Exclusions

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

Applicable to Hospitalisation Benefits, Supplementary Major Medical Benefits and Outpatient Benefits

1. Pre-existing conditions for which the Insured Person or Insured Dependant received medical treatment during the 90 days prior to the date he first becomes insured under this Policy, unless such Insured Person or Insured Dependant affected by these conditions has been insured under this Policy continuously for 12 months;
2. Disabilities arising as a result of or in connection with AIDS (Acquired Immune Deficiency Syndrome) and ARC (AIDS Related Complex) or any sequela, contracted before participation in the plan;
3. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
4. Any charges of services for beautification purposes, cosmetic surgery or treatment, fitting of eye glasses or lens, any surgery and related services for the purpose of correcting visual acuity or refractive error, hearing aids and prescriptions therefor, purchase of artificial limbs and prosthetic devices;
5. Dental care and treatment, except necessitated by accidental injuries to sound natural teeth (unless the benefit is available and specified in the Benefit Schedule);
6. Disabilities arising out of consumption of alcohol or narcotics or similar drugs or agents;
7. Congenital Conditions;
8. Pregnancy (including pregnancy test), childbirth (including surgical delivery), abortion, miscarriage, pre-natal or post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility;
9. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations)(unless the Benefit is available and specified in the Benefit Schedule);
10. Routine physical examinations, vaccinations, health check-ups or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not Medically Necessary^o or any alternative treatment including but not limited to homeopathy or any services rendered by a Podiatrist, or any preventive treatments, medicines or examinations (unless the benefit is available and specified in the Benefit Schedule);
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Suicide, attempted suicide or intentionally self-inflicted injury; and
13. Any Disabilities arising from the followings: war, civil war, mutiny, civil commotions, insurrection, rebellion, revolution conspiracy, military or usurped power, martial law or state of siege, participation in riots or illegal activities.

Applicable to Dental Benefits

1. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
2. Self-inflicted Injury;
3. Cosmetic treatment (including but not limited to orthodontic treatment and bleaching);
4. Conditions or Injury arising out of consumption of alcohol or narcotics or similar drugs or agents;
5. Conditions or Injury caused by declared or undeclared war, civil commotions, rebellion, revolution conspiracy, military, riot, strikes or illegal acts; and
6. Oral hygiene instructions, plague control program and dietary instructions.

For all the exclusions under the Policy, please refer to the Policy provisions.

Important to know

Important Notes

1. *If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
2. **FWD Life reserves the right to offer renewal before the expiry of the Policy by giving no less than 31 days prior written notice. FWD Life also reserves the right to revise, modify or adjust the benefits and terms and conditions under the Policy and/or premium rates at each Policy Renewal.
3. The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, the applicant should disclose them. We recommend the applicant to keep a record (including a copy of the completed application form) for 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 affect your coverage and may even invalidate the Policy altogether.
4. ♦Medically Necessary Treatment or Service in relation to a Disability means a medical service which is consistent with the diagnosis and customary medical treatment for such Disability in accordance with standards of good medical practice; not for the convenience of the relevant Insured Person or Insured Dependant or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.
5. ▲Normal and Customary in relation to fees means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and when in relation to material or services means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
6. **The product information in this brochure is for reference only and does not contain the full terms and conditions, key product risks and full list of exclusions of the policy. For the details of benefits and key product risks, please refer to the brochure; and for exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the plan.**

Key product risks

Credit risk

This product is a group indemnity medical insurance plan underwritten and issued by FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD Life"). The application of this insurance product and all benefits payable under your policy are subject to the credit risk of FWD Life. You will bear the default risk in the event that FWD Life is unable to satisfy its financial obligations under this insurance contract.

Inflation risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under this Policy may not be sufficient for the increasing protection needs in the future even if FWD Life fulfills all of its contractual obligations.

Exclusions

Please refer to the section for "Major Exclusions".

Premium adjustment

FWD Life shall have the right to change the rate at which premium shall be calculated on Renewal Date. Premium for each renewal are determined based on the Age of the Insured Person and Insured Dependant and the premium rate on the applicable premium table upon renewal. Premium table is subject to change from time to time based on factors including but not limited to the inflation of related medical expenses, FWD Life's medical claims experience and persistency of policies, and FWD Life shall notify the Policyholder at least 31 days in advance of the change.

Premium term and non-payment of premium

The premium payment period of the Policy is same as the benefit term. A grace period of thirty one (31) days following the premium due date shall be allowed to the Policyholder for the payment of each premium and applicable levy after the first. If any premium and applicable levy is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to FWD Life for the premium and applicable levy for the time the Policy was in force during the grace period.

Cancellation conditions

FWD Life may cancel this Policy by giving thirty one (31) days notice in writing to the Policyholder subject to the rights of any Insured Person or Insured Dependant in respect of any Disability which had occurred prior to the effective date of cancellation of this Policy. In the event of cancellation the Policyholder is entitled to a refund of any premium and applicable levy paid by him after a deduction of a proportionate part of the period during which this Policy has been in force.

The Policyholder may cancel this Policy at any time by notifying FWD Life of such intent by posting a registered letter addressed to FWD Life, specifying the effective date of cancellation of this Policy; and provided that no claim have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the premium and applicable levy paid by him less an administration charge of 10% of the annual premium in respect of this Policy.

Termination of insurance of Insured Person/Insured Dependant

The Insurance of an Insured Person/Insured Dependant shall automatically cease on the earliest of the following dates:

- the date of termination of this Policy;
- the date of expiration of the period for which the last premium payment is made in respect of such Insured Person/Insured Dependant;
- the date on which the Insured Person's relationship with the Policyholder shall cease;
- the date the Insured Dependant ceases to be a Dependant of the Insured Person; and
- the end of Insurance Period following the Insured Person's/Insured Dependant's birthday of the Upper Age Limit as specified in the Policy Schedule.

(1) 基本住院保障 Hospitalisation Benefits (Basic Cover)

計劃類別 Plan Level	大房 Ward (LHI1)	大房 Ward (LHI2)	半私家房 Semi-Private (LHI3)	半私家房 Semi-Private (LHI4)	私家房 Private (LHI5)
保障金額 (港幣\$) Cover Limit (HK\$)					
每日住院及膳食費 (最高賠償 180天) Hospital Room & Board per day (Max. 180 days)	\$430	\$660	\$1,100	\$1,700	\$3,000
每日醫生巡房費 (最高賠償 180天) Physician's Visit per day (Max. 180 days)	\$430	\$660	\$1,100	\$1,700	\$3,000
醫院雜項費 Miscellaneous Hospital Services	\$7,500	\$11,000	\$15,000	\$20,000	\$30,000
外科手術費 Surgeon's Fee 複雜手術 Complex Operation 嚴重手術 Major Operation 普通手術 Intermediate Operation 簡單手術 Minor Operation	\$45,000 \$15,000 \$7,500 \$3,000	\$60,000 \$20,000 \$10,000 \$4,000	\$72,000 \$24,000 \$12,000 \$4,800	\$96,000 \$32,000 \$16,000 \$6,400	\$120,000 \$40,000 \$20,000 \$8,000
麻醉師費 Anaesthetist's Fee 複雜手術 Complex Operation 嚴重手術 Major Operation 普通手術 Intermediate Operation 簡單手術 Minor Operation	\$13,500 \$4,500 \$2,250 \$900	\$18,000 \$6,000 \$3,000 \$1,200	\$21,600 \$7,200 \$3,600 \$1,440	\$28,800 \$9,600 \$4,800 \$1,920	\$36,000 \$12,000 \$6,000 \$2,400
手術室費 Operating Theatre Fee 複雜手術 Complex Operation 嚴重手術 Major Operation 普通手術 Intermediate Operation 簡單手術 Minor Operation	\$13,500 \$4,500 \$2,250 \$900	\$18,000 \$6,000 \$3,000 \$1,200	\$21,600 \$7,200 \$3,600 \$1,440	\$28,800 \$9,600 \$4,800 \$1,920	\$36,000 \$12,000 \$6,000 \$2,400
專科治療費 Specialist's Fee	\$2,150	\$3,400	\$5,000	\$7,000	\$10,000
每日深切治療費 (最高賠償15天) Intensive Care Unit per day (Max. 15 days)	\$1,500	\$2,000	\$3,000	\$4,000	\$6,000
每日家庭看護費 (最高賠償60天) Home Nursing per day (Max. 60 days)	\$200	\$300	\$500	\$600	\$700
緊急門診費 (意外發生後24小時內之醫院門診部之治療費) Emergency Outpatient Treatment (Outpatient treatment in a Hospital within 24 hours of an injury)	\$500	\$800	\$1,200	\$1,600	\$2,000
出院後的治療費 (出院後31日內之跟進治療費) Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital)	\$500	\$800	\$1,200	\$1,600	\$2,000
每病症最高賠償額 Overall Limit Per Disability	\$271,950	\$397,600	\$608,600	\$891,800	\$1,448,000
每日住院現金保障 (入住香港醫院管理局轄下醫院之大房，最高賠償 60天) Daily Cash Benefit (for confinement in general ward of Hospital Authority's Hospital in Hong Kong Max. 60 days)	\$200	\$300	\$500	\$800	\$1,100
第二索償每日住院現金保障 (受保人需先於其他保險公司獲得賠償；此福利不適用於入住香港醫院管理局轄下醫院之大房，最高賠償 60天) Hospital Cash Benefit for Second Claim per day (Primary payer must be other insurer; Benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong, Max. 60 Days)	\$200	\$300	\$500	\$800	\$1,100
精神科治療 (每年) 須由主診醫生以書面推薦。 Psychiatric Treatment (per policy year) Written referral from attending physician is required	-	-	-	\$30,000	\$30,000
恩恤身故保障 (只適用於僱員) Compassionate Death Benefit (for employee only)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
緊急支援服務 Emergency Assistance Services					
緊急醫療撤離 Emergency medical evacuation 緊急醫療遣返 Emergency medical repatriation 運送遺體返國或原居地 Repatriation of mortal remains			合共高達\$1,000,000 美元 Up to US\$1,000,000 in total		

(2) 附加額外醫療保障 Supplementary Major Medical Benefits (Optional Cover)

計劃類別 Plan Level	大房 Ward (LMI1)	大房 Ward (LMI2)	半私家房 Semi-Private (LMI3)	半私家房 Semi-Private (LMI4)	私家房 Private (LMI5)
保障金額 (港幣\$) Cover Limit (HK\$)					
每病症最高賠償額 Maximum Limit Per Disability	\$55,000	\$70,000	\$100,000	\$110,000	\$170,000
自付額 Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
賠償率 Reimbursement%	80%	80%	80%	80%	80%
此附加額外醫療保障為基本住院保障的正常及慣常▲支出提供外保障。若住院期間的醫療費用超過基本住院保障項目之最高賠償額，餘額於扣除自付額後可獲80%賠償，而當中之每日住院及膳食費及每日醫生巡房費不受最高賠償日數限制，均可獲得賠償。 附註： 如選擇附加額外醫療保障，保障等級必須與基本住院保障之等級相同。 如入住之住房等級高於保障等級，賠償率將作以下調整： 大房升至半私家房 : 50% 大房升至私家房 : 25% 半私家房升至私家房 : 50% 附加額外醫療保障並不會就入住總統套房/貴賓房/豪華房的住院費用而作出賠償。			The Supplementary Major Medical Benefits cover the Normal and Customary▲ charges in excess of the benefits payable under Hospitalisation Benefits (Basic Cover). If the medical expenses during hospital confinement incurred under Hospitalisation Benefits (Basic Cover) items exceed the cover limit, 80% of the excess amount after deductible will be reimbursed, in which, the excess amount incurred for the Hospital Room & Board and Physician's Visit Benefits, can be reimbursed regardless of the number of days of the confinement. Note: If option of Supplementary Major Medical Benefits is taken, the level of Benefit must correspond to same level with Hospitalisation Benefits (Basic Cover). If confinement is at higher accommodation level than the insured Benefit level, the reimbursement% shall be reduced as follow: Ward to Semi-Private : 50% Ward to Private : 25% Semi-Private to Private : 50% Supplementary Major Medical Benefits shall not be payable for hospital confinement in class of suite/VIP/deluxe room of a hospital.		

(3) 附加門診保障 Outpatient Benefits (Optional Cover)

計劃類別 Plan Level	經濟 Economic (LOI1 / LPI1)	標準 Standard (LOI2 / LPI2)	特等 Superior (LOI3 / LPI3)	特等 Superior (LOI4 / LPI4)	優等 Premium (LOI5 / LPI5)
保障金額 (港幣\$) Cover Limit (HK\$)					
醫生診所治療費 (每日1次) Consultation at Physician's Office (per visit per day)	\$140	\$160	\$200	\$270	\$400
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^Δ Network co-payment per visit ^Δ	\$50/\$40	\$30/\$30	\$0/\$0	\$0/\$0	\$0/\$0
中醫、跌打及針灸治療費 (每日1次，每年最多10次) Chinese Medicine Practitioner's (Including Bonesetter's & Acupuncturist's Treatment) (per visit per day, Max. 10 visits per year)	\$120	\$130	\$170	\$230	\$280
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^Δ Network co-payment per visit ^Δ	\$60/\$50	\$50/\$40	\$30/\$20	\$0/\$0	\$0/\$0
以上2項治療每年合共最多30次。 Max. 30 visits per year for the above 2 items.					
物理治療師及脊椎治療師之治療費 (每日1次，每年最多10次) Physiotherapist's & Chiropractor's Treatment (per visit per day, Max. 10 visits per year)	\$210	\$240	\$300	\$350	\$400
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^Δ Network co-payment per visit ^Δ	\$80/\$60	\$60/\$30	\$30/\$10	\$0/\$0	\$0/\$0
專科醫生治療費 (每日1次，每年最多10次) Specialist's Consultation (per visit per day, Max. 10 visits per year)	\$280	\$320	\$400	\$550	\$800
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^Δ Network co-payment per visit ^Δ	\$100/\$90	\$70/\$50	\$30/\$10	\$0/\$0	\$0/\$0
每年X光檢驗及化驗費 Diagnostic X-Ray & Laboratory Tests per year	\$1,500	\$1,800	\$2,500	\$3,300	\$4,500
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
醫生處方藥物 (每年) 任何合法來源-診所除外 Prescribed Western Medicines and Drugs (per year) from any legitimate source outside clinic	-	-	-	\$1,000	\$2,000
賠償率 Reimbursement%	-	-	-	80%/100%	80%/100%
^Δ 適用於網絡醫生診療費 (包括3天西藥或中藥2劑)。 Applicable for consultation of network doctors (includes 3 days of medication or 2 packs of Chinese Medicine).					
附註： • 物理治療師及脊椎治療師治療費、X光檢驗及化驗費及醫生處方藥物須由主診醫生以書面推薦才可獲得賠償。主診醫生推薦書有效期為六個月。 • 網絡醫生只限普通科醫生、物理治療師、脊椎治療師、專科醫生及中醫師，並不包括針灸及跌打治療。					
Note: • Written referral by the attending physician is required for Physiotherapist's & Chiropractor's Treatment, Diagnostic X-ray & Laboratory Tests and Prescribed Western Medicines and Drugs. The attending doctor's referral letter is valid for six months only. • Network doctors include General Practitioners, Physiotherapist, Chiropractor, Specialist and Chinese Medicine Practitioner excluding acupuncture and Chinese bonesetter treatment.					

(4) 附加牙科保障 Dental Benefits (Optional Cover)

計劃類別 Plan Level	標準 Standard (LDI1)	優等 Premium (LDI2)
保障金額 (港幣\$) Cover Limit (HK\$)		
例行口腔檢查 (洗牙及預防治療，每年1次) Routine Oral Examination (Scaling, Polish & Prophylaxis, 1 visit per year)	\$400	\$600
賠償率 Reimbursement%	100%	
牙科服務前之X光檢驗 (每片) X-rays required prior to the performance of dental service (Each film)	\$100	\$150
賠償率 Reimbursement%	80%	
牙齦膿腫 (每膿腫) Abscesses (Each abscess)	\$350	\$500
賠償率 Reimbursement%	80%	
補牙 (每顆牙齒) Fillings (Each tooth)	\$350	\$500
賠償率 Reimbursement%	80%	
脫牙 (每顆牙齒) Extractions (Each tooth)	\$350	\$500
賠償率 Reimbursement%	80%	
整體每年最高賠償限額 Overall Maximum Limit per year	\$3,000	\$5,000

CARING 僱員福利保險計劃 CARING Employee Benefits Insurance Plan

每年保費表 (港幣\$) Annual Premium Table (HK\$)

(以下保費並未包括保費徵費 Insurance levy is not included in the below premium)

(1) 基本住院保障 Hospitalisation Benefits (Basic Cover)		大房 Ward (LHI1)		大房 Ward (LHI2)		半私家房 Semi-Private (LHI3)		半私家房 Semi-Private (LHI4)		私家房 Private (LHI5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 ^ Age ^	1*-19		\$701		\$970		\$1,422		\$1,872		\$3,218
	20-41		\$837		\$1,157		\$1,696		\$2,481		\$4,263
	42-55		\$1,518		\$2,088		\$2,907		\$4,019		\$6,905
	56-65		\$2,060		\$3,371		\$4,943		\$6,430		\$11,048
	66-70		\$3,740		\$6,292		\$8,895		\$11,527		\$18,230
(2) 附加額外醫療保障 Supplementary Major Medical Benefits (Optional Cover)		大房 Ward (LMI1)		大房 Ward (LMI2)		半私家房 Semi-Private (LMI3)		半私家房 Semi-Private (LMI4)		私家房 Private (LMI5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 ^ Age ^	1*-19		\$697		\$851		\$1,082		\$1,082		\$1,363
	20-41		\$718		\$922		\$1,244		\$1,244		\$1,703
	42-55		\$1,424		\$1,765		\$2,440		\$2,440		\$3,156
	56-65		\$2,111		\$2,580		\$3,586		\$3,586		\$4,856
	66-70		\$4,359		\$5,136		\$6,752		\$6,752		\$8,234
(3a) 附加門診保障 (賠償率80%) Outpatient Benefits (Optional Cover) (80% reimbursement)		經濟 Economic (LOI1)		標準 Standard (LOI2)		特等 Superior (LOI3)		特等 Superior (LOI4)		優等 Premier (LOI5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 ^ Age ^	1*-19		\$1,600		\$1,709		\$1,927		\$2,309		\$3,177
	20-41		\$1,356		\$1,450		\$1,634		\$2,098		\$2,694
	42-55		\$1,356		\$1,450		\$2,288		\$3,133		\$4,311
	56-65		\$1,436		\$1,812		\$2,288		\$3,133		\$4,311
	66-70		\$1,995		\$2,264		\$2,864		\$4,022		\$5,772
(3b) 附加門診保障 (賠償率100%) Outpatient Benefits (Optional Cover) (100% reimbursement)		經濟 Economic (LPI1)		標準 Standard (LPI2)		特等 Superior (LPI3)		特等 Superior (LPI4)		優等 Premier (LPI5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 ^ Age ^	1*-19		\$1,793		\$2,034		\$2,294		\$2,750		\$3,241
	20-41		\$1,615		\$1,726		\$1,946		\$2,498		\$2,749
	42-55		\$1,615		\$1,726		\$2,724		\$3,731		\$5,131
	56-65		\$1,710		\$2,157		\$2,724		\$3,731		\$5,131
	66-70		\$2,375		\$2,696		\$3,407		\$4,770		\$6,871
(4) 附加牙科保障 Dental Benefits (Optional Cover)		標準 Standard (LDI1)		優等 Premier (LDI2)							
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium						
年齡 ^ Age ^	1*-19		\$398		\$571						
	20-70		\$497		\$714						

^ 下次生日年齡 Age at next birthday

[1] 歲指出生滿 15 日 “1” year old means 15 days of age

附註 Note:

子女: 任何未婚而年齡超過14日但少於19歲 (實際年齡) 之子女、如屬全日制學生在認可教育機構就讀、可包括至25歲 (實際年齡) (請附上有效證明文件)。
Child: Any unmarried children aged more than 14 days but less than 19 years old (attained age), or up to 25 years old (attained age) if registered as full time student at a recognised educational institution (please provide evidence).

全年保費總額 (港幣\$) Total Annual Premium (HK\$): _____

(不包括保費徵費 excluding insurance levy)

保費徵費表 Insurance Levy Rate Table

保單起保日 Date of Policy Inception	徵費率 Rate	最高徵費 (港幣\$) Cap (HK\$)
由2021年4月1日之後 From 1 April 2021 onwards	0.1%	\$5,000

保監局將按照適用之徵費率就此保單收取徵費。如有任何查詢，請瀏覽 www.fwd.com.hk 或致電：(852)3123 3123。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123.

想知更多? For more information

歡迎致電我們的服務熱線，
或直接瀏覽我們的網站。

Please call our Service Hotline or
simply check out our website.

fwd.com.hk



服務熱線 Service Hotline
3123 3123



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於此產品小冊子所載的產品資料只供參考，並且不包含保單的全部條款和細則、產品主要風險及保單全部的不保事項。有關權益及產品主要風險詳情，請參閱產品小冊子；有關條款和細則及保單全部的不保事項，請參閱本計劃的保單條款。

The product information in this brochure is for reference only and does not contain the full terms and conditions, key product risks and full list of exclusions of the policy. For the details of benefits and key product risks, please refer to the brochure; and for exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the plan.

CARING 僱員福利保險計劃申請表
CARING Employee Benefits Insurance Plan Application Form



電郵 E-mail : employeebenefits@fwd.com

請以正楷填寫 *Please complete in block letters*

申請人詳情 Details of Applicant

公司名稱 Name of Company

商業登記號碼 Business Registration No.		註冊國家 Country of Incorporation
業務性質 Nature of Business		聯絡人及其職位 Contact Person & Position
電話號碼 Telephone No.	傳真號碼 Fax No.	電郵 Email Address
登記地址 Registered Address		
商業地址 Business Address		
通訊地址 (如跟登記和商業地址不同) Correspondence Address (if different from Registered and Business Address)		
保單有效日期 Insurance Period (日/月/年 DD/MM/YYYY)		會員總人數 Total Number of Member
生效日期由 Effective from / / 至 to / /		

文書通知和保單文件將會經電郵分別發送給保單持有人和中介人。
Correspondence and policy documents will be dispatched to the policyholder and intermediary by email separately.

參加資格 Eligibility

現任全職僱員 For EXISTING Permanent Full-time Employee	將來全職僱員 For FUTURE Permanent Full-time Employee
<input type="checkbox"/> 保單生效日參加 On Policy Effective Date	<input type="checkbox"/> 受僱日參加 On Employment Date
<input type="checkbox"/> 受僱 _____ 個月後參加 Immediate Cover After _____ Months of Employment	<input type="checkbox"/> 受僱 _____ 個月後參加 Immediate Cover After _____ Months of Employment

計劃等級 Plan Level					僱員類別 Classification of Employee Type (例：職位 e.g. Job Position)	家屬保障 (有/否) Dependant Coverage (Yes/No)
計劃 Plan No.	基本保障 Basic Cover	附加保障 Optional Cover				
	基本住院保障 Hospitalisation Benefits	額外醫療保障 Supplementary Major Medical Benefits	門診保障 Outpatient Benefits	牙科保障 Dental Benefits		
例 e.g.	LHI2	LMI2	LOI2	LDI2	所有僱員 All staff / 經理 Managers / 董事 Directors	有/否 (Yes/No)
1.						有/否 Yes/No
2.						有/否 Yes/No
3.						有/否 Yes/No
4.						有/否 Yes/No
5.						有/否 Yes/No

計劃守則 PLAN RULES :

- 此保險計劃只適用於香港註冊及僱用至少有3名僱員參與之公司申請。
This insurance plan is only applicable to company registered in Hong Kong and employed at least 3 participating employees.
- 69 歲以下(實際年齡)之僱員及/或其配偶及/或僱員之未婚而年齡超過 14 日但未滿 19 歲(實際年齡), 及已滿 19 歲(實際年齡)但未滿 25 歲(實際年齡)而正在認可教育機構接受全日制教育的子女均合乎資格參加。
The employees and/or their spouses who are under the age of 69 (attained age) and the employees' unmarried children who are over the age of 14 days but under 19 years old (attained age) and those at the age of 19 (attained age) but under 25 (attained age) who are receiving full time education at a recognized educational institution are eligible to enroll.
- 所有合資格僱員必須參加此計劃及在生效日正常上班。
All eligible employees must participate in the plan, must be actively at work on effective date of coverage.
- 所有同一僱員類別之合資格僱員必須參與同一計劃。
All eligible employees with same classification of Employee Type must enroll in the same plan.
- 如提供家屬保障, 則同一家庭中所有合資格之家屬必須參加及參與同一計劃。
If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
- 如選擇附加額外醫療保障, 保障等級必須與基本住院保障之等級相同。如申請附加額外醫療保障、門診或牙科保障, 參加僱員的人數必須不少於3人。
If option of Supplementary Major Medical Benefits is taken, the level of Benefits must correspond to same level with Hospitalisation Benefits (Basic Cover). For optional Supplementary Major Medical, Outpatient or Dental Benefits, the number of participating employees must not be less than 3.
- 每保單可根據下列僱員人數設定最多五個計劃 Maximum of 5 plan levels per policy depending on the number of employees as shown below :
3 至19名僱員 3 to 19 employees : 最多3個計劃 maximum 3 plan levels
20名僱員或以上 20 employees or above : 最多5個計劃 maximum 5 plan levels

申請人明白及同意 **The Applicant understands and agrees that :**

1. 保費及有關的徵費必須由申請人支付，以及所有合資格的僱員及其家屬(如適用)必須參加有關計劃。
The Applicant shall pay all the premium and applicable insurance levy and all eligible employees and their dependants (if applicable) shall enroll in the plan.
2. 保單將於富衛人壽保險(百慕達)有限公司(於百慕達註冊成立之有限公司)(「富衛人壽」)接納此申請及生效日期由富衛人壽批核後才正式生效。
The Policy shall take effect upon acceptance of this Application and the effective date shall be approved by FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD Life").
3. 受保人之保障將於富衛人壽接納其參加表格後才正式生效。此申請以富衛人壽的最終決定為準。
The insurance coverage of each insured shall take effect immediately after the application form is accepted by FWD Life. The Application is subject to final decision of FWD Life.
4. 此申請經批核後，此申請表將成為保單持有人與富衛人壽所訂立的合約之一部份。
Upon approval of this Application, this Application Form shall form part of the contract between the policyholder and FWD Life.
5. 申請人必須提供所有可能影響富衛人壽接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議貴公司將有關的資料(包括申請表副本)作記錄，以備日後作參考之用。為確保貴公司的利益，貴公司應如實呈報所有有關資料，否則此保單將可能無法提供貴公司所需的保障，甚至可能會導致此保單無效。
The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, please disclose them. It is recommended to keep a record (including a copy of the completed application form) for future reference of all information given. Failure to disclose such information may affect the coverage under the Policy and even invalidate the Policy.

申請人聲明及確認 **The Applicant further declares and confirms that :**

1. 就吾等所知，在此申請提供的僱員及/或其家屬(如適用)的資料均屬正確無誤；吾等理解並同意，如果以上提供的任何陳述和資料不正確或沒有披露任何重大事實，富衛人壽將有權調整保費，甚至使保單無效。
To the best of our knowledge and belief that all statements and answers in the above are full, complete and true and form part of the Application and the basis of the Policy to be issued. We understand and agree that if any of the statements and answers given in the above are inaccurate or we have not disclosed any material facts, FWD Life shall be entitled to adjust the premium and even void the Policy.
2. 吾等承諾於遞交所需之個人資料予富衛人壽前，須通知有關僱員及/或其家屬(如適用)有關本保單及富衛人壽之收集個人資料聲明(「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)。富衛人壽將不會就有關僱員及/或其家屬(如適用)未被通知的情況承擔任何責任。吾等承諾會遵守個人資料(私隱)條例，並確認已獲得有關僱員及/或其家屬(如適用)的同意，將有關僱員及/或其家屬(如適用)的個人資料移交富衛人壽以作申請團體保險計劃之用以及收集個人資料聲明中所述的任何其他目的。吾等已知悉最新版本的收集個人資料聲明可於富衛人壽網頁(<http://www.fwd.com.hk>)下載、或致電富衛人壽服務熱線(852)3123-3123索取。
We undertake that we will inform/has informed the relevant employees and their dependants (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of FWD Life (whether contained herein or otherwise obtained) before transferring their personal data to FWD Life. FWD Life shall not accept any liability for the employees and their dependants (if applicable) not having been so informed. We further undertake that we will comply with the Personal Data (Privacy) Ordinance and confirm we have obtained the consent from the employees and/or their dependants (if applicable) for the transfer of their personal data to FWD Life for the purpose of enrolling the employees and their dependants (if applicable) in the group insurance plan and any other purposes as stated in the PICS. We noticed that the latest version of the PICS can be downloaded from FWD Life's website (<http://www.fwd.com.hk>) or can be obtained by calling FWD Life's Service Hotline at (852)3123-3123.

只應用於保險經紀：

申請人明白、確知及同意，富衛人壽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，代表申請人簽署的獲授權人員在此向富衛人壽確認他/她已獲該法人團體授權。

申請人亦明白富衛人壽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 Life, FWD Life 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 Life that he or she is authorised to do so.

The Applicant further understands that the above agreement is necessary for FWD Life to proceed with the Application.

獲授權人姓名
Name of Authorised Person

獲授權人職銜
Job Title of Authorised Person

代表申請人的獲授權人簽署及公司蓋章
Authorised Signature on behalf of the Applicant with Company Chop

簽署地
Place of Sign

簽署日期(日/月/年)
Date of Sign (DD/MM/YYYY)

理財顧問 / 代理人 / 經紀姓名 Name of Adviser / Agent / Broker

牌照號碼 License No.

聯絡電話 Contact No.

富衛編號 FWD Code

請提交以下文件及保費及有關的徵費並交回富衛人壽以辦理此申請：

Please submit the following documents and **the premium and applicable insurance levy** to FWD Life for processing :

- a. 此申請表 This Application Form
- b. 商業登記或公司註冊證書副本及用於鑒定和驗證的所需文件，請參閱另一列表 A copy of Business Registration Certificate or Certificate of Incorporation and a set of required documents for identification and verification. Please refer to a separate list.
- c. 以「富衛人壽保險(百慕達)有限公司」為抬頭的支票 A cheque payable to "FWD Life Insurance Company (Bermuda) Limited"
- d. 團體保險計劃參加表格 Employee Enrollment Form for Group Insurance Plan
- e. 投保申請補充聲明書 – 客戶背景及保險產品適合性 Supplementary Application Form – Customer's Background & Insurance Product Suitability
- f. 富衛人壽可能需要的額外文件 Any additional documents required by FWD Life

保監局將按照適用之徵費率就此保單收取徵費。如有任何查詢，請瀏覽 www.fwd.com.hk 或致電：(852) 3123 3123。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate.

For any query, please visit www.fwd.com.hk or contact: (852) 3123 3123.

團體保險計劃參加表格

Employee Enrollment Form for Group Insurance Plan



備註 NOTE:

- 1 適用於CARING僱員福利保險計劃: 投保僱員人數最少為3人，新增加之僱員無須填寫健康申報表。
For Caring Employee Benefits Insurance Plan: The minimum requirement of 3 employees is required and the new employee is not required to complete the Health Declaration Form.
- 2 適用於團體人壽保險: 如新增加之僱員之投保額超過自動受保額，新增加之僱員須填寫健康申報表及須連同此表格一併交回本公司以作核保之用。For Group Life Insurance: If the Sum Insured of the new employee exceeds the Automatic Acceptance Limit, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.
- 3 僱員/家屬投保申請及資料/保障更改須於生效日期起計31日內申報; 而有關申請或資料/保障更改的最早生效日只可逾期至本公司收取通知當日起計31日為限。逾期者之申請或資料/保障更改需通過核保才可生效。
Please note that Employee/Dependant addition and changes should be submitted within 31 days from the date of eligibility and no back date of more than 31 days from our received date would be allowed. Otherwise, coverage will be subject to satisfactory underwriting.

公司名稱 (「申請人」 / 「保單持有人」) Name of Company (“the Applicant” / “Policyholder”) : _____

附屬公司 Affiliated Company : _____

團體醫療保單號碼 Group Medical Policy No.: _____

團體人壽保單號碼 Group Life Policy No.: _____

是否有僱員在香港以外工作? Does any employee(s) work outside Hong Kong? 口是 Yes 口否 No

如是，請於附加檔案提供額外資料包括所涉及的僱員人數、每名僱員的姓名、國籍、工作地點和僱用狀況 (長期員工/派駐員工/兩年內)

If yes, please give additional information in terms of No. of employee(s), name, nationality, working location and status of employment (Permanent / Secondment (within 2 years)) of each employee in separate file.

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 Employee's Name (必須與提供的銀行 戶口之姓名相同 must exactly same as the provided bank account name)	家屬姓名 Dependant's Name (如適用 If applicable)@	關係 Relationship*	婚姻 狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身份證/ 護照號碼 ID Card/ Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	月薪 Monthly Salary** <div>職位 Position</div>	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用作 醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	電郵地址 E-mail Address** <div>僱員之手提電話號碼 Employee's Mobile No.</div>	生效日期 Effective Date (DD/MM/YYYY)
1													
2													
3													
4													
5													
6													

* EE – 僱員 Employee, SP – 配偶 Spouse, CH – 子女 Child
S – 未婚 Single, M – 已婚 Married, D – 離婚 Divorced, W – 寡居 Widowed
◎只適用於有家屬保障的員工填寫 Applicable for employee with dependant coverage only

** 月薪 Monthly Salary - 只適用於團體人壽保險 For Group Life Insurance only
如有提供電郵地址，醫療索償理賠表將以電郵送遞。醫療索償理賠表亦可於eServices流動程式中取得。
Claim adjustment statement will be sent by email if email address is provided. The Claim adjustment statement can also be accessed from eServices App.

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 Employee's Name (必須與提供的銀行 戶口之姓名相同 must exactly same as the provided bank account name)	家屬姓名 Dependant's Name (如適用 If applicable)@	關係 Relationship*	婚姻 狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身份證/ 護照號碼 ID Card/ Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	月薪 Monthly Salary** 職位 Position	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用作 醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	電郵地址 E-mail Address** 僱員之手提電話號碼 Employee's Mobile No.	生效日期 Effective Date (DD/MM/YYYY)
7													
8													
9													
10													
11													
12													
13													
14													

申請人聲明及確認: The Applicant declares and confirms that :

1 就本人/吾等所知, 在此參加表格提供的僱員及/或其家屬 (如適用) 的資料均屬正確無誤; 及
The information relating to the eligible employees and/or their dependants (if applicable) provided in this Enrollment Form is correct to the best of my/our knowledge; and

2 本人/吾等承諾於遞交所稱之個人資料予富衛前, 須通知有關僱員及/或其家屬 (如適用) 有關本保單及富衛之收集個人資料聲明(「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) 。富衛將不會就有關僱員及/或其家屬 (如適用) 未被通知的情況承擔任何責任。
本人/吾等承諾會遵守個人資料 (私隱) 條例, 並確認已獲得有關僱員及/或其家屬 (如適用) 的同意, 將有關僱員及/或其家屬 (如適用) 的個人資料移交富衛以作申請團體保險計劃之用以及收集個人資料 (如適用) 的目的。本人/吾等已知悉最新版本的收集個人資料聲明可於富衛網頁 (<http://www.fwd.com.hk>) 下載、或致電富衛服務熱線 (852)3123-3123索取。
I/We undertake that I/we will inform/has informed the relevant employees and their dependants (if applicable) about this Policy and the Personal Information Collection Statement (“PICS”) of FWD (whether contained herein or otherwise obtained) before transferring their personal data to FWD. FWD shall not accept any liability for the employees and their dependants (if applicable) not having been so informed. I/We further undertake that I/we will comply with the Personal Data (Privacy) Ordinance and confirm I/we have obtained the consent from the employees and/or their dependants (if applicable) for the transfer of their personal data to FWD for the purpose of enrolling the employees and their dependants (if applicable) in the group insurance plan and any other purposes as stated in the PICS. I/We noticed that the latest version of the PICS can be downloaded from FWD's website (<http://www.fwd.com.hk>) or can be obtained by calling FWD's Service Hotline at (852)3123-3123.

代表申請人的獲授權人簽署及公司蓋章 Authorised Signature on behalf of the Applicant with Company Chop	獲授權人姓名 Name of Authorised Person	獲授權人職銜 Job title of Authorised Person	簽署日期 Date of Sign
富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司) 香港九龍觀塘灣道 388 號 創紀之城第一期 第一座 19 樓 FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) 19/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong T 3123 3123 www.fwd.com.hk			

收集個人資料聲明

1. 閣下需要不時向富衛人壽保險（百慕達）有限公司（於百慕達註冊成立之有限公司）（「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。
2. 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」。
3. 「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。
4. 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。
5. 閣下的個人資料可能用於以下用途：
 - (i) 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；
 - (ii) 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；
 - (iii) 發展保險及其他金融服務及產品；
 - (iv) 發展及維持本公司信貸及風險之相關模型；
 - (v) 處理付款指示；
 - (vi) 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；
 - (vii) 行使與本公司的服務及 / 或產品有關的任何權利；
 - (viii) 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；
 - (ix) 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；
 - (x) 進行保單審閱及需求分析（不論是否定期進行）；
 - (xi) 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；
 - (xii) 作本公司或本集團的任何成員的統計或精算研究；及
 - (xiii) 履行與上文第 (i) 至 (xii) 段直接有關的其他用途。
6. 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：
 - (i) 本集團的其他成員；
 - (ii) 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；
 - (iii) 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；
 - (iv) 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
 - (v) 任何本公司或本集團的其他成員負有責任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）。
7. 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。
8. 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。
9. 就直接促銷而言，本公司擬：
 - (i) 使用本公司持有閣下的資料作不定期直接促銷用途，資料包括閣下的姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、於本公司的服務及產品組合、及財務背景，以及人口統計資料。此等直接促銷涵蓋本公司、本集團其他成員及/或本公司之業務夥伴（即以下服務及產品的供應商）提供的下列服務及產品：
 - a. 保險服務及產品；
 - b. 財富管理服務及產品；
 - c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - d. 健康檢查及健康服務及產品；
 - e. 媒體、娛樂及電信服務；
 - f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - g. 為慈善及/或非牟利用途的捐款及捐贈。
 - (ii) 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，及財務背景，以及人口統計資料提供予本集團任何成員及 / 或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務及產品（如為業務夥伴，則包括作金錢或其他商業利益）。
10. 閣下亦可於任何時間致函本公司以下地址，藉以拒絕直接促銷。
11. 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。
12. 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。
13. 查閱或改正閣下的個人資料要求，應以書面形式向下列人士提出：

資料保護主任
富衛人壽保險（百慕達）有限公司
香港九龍觀塘觀塘道388號 創紀之城第一期 第一座 19樓
- 如閣下有任何疑問，敬請致電本公司之客戶服務熱線3123 3123。
14. 中英文本如有歧異，概以英文本為準。

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (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 adjusters, 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 services and products 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 any members of the Group and/ or Our Business Partners for their use in direct marketing for 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).
10. You may also write to the Company at the address below to opt out from direct marketing at any time.
11. 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.
12. 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.
13. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer
FWD Life Insurance Company (Bermuda) Limited
19/F, Tower 1, Millennium City 1,
388 Kwun Tong Road, Kwun Tong,
Kowloon, Hong Kong
- Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.

Supplementary Application Form – Customer’s Background & Insurance Product Suitability

投保申請補充聲明書 – 客戶背景及保險產品適合性



Please submit this Supplementary Application Form together with Group Life/Medical Insurance Application Form.
請將此投保申請補充聲明書連同團體人壽/醫療保險投保申請表一併遞交。

Name of Company (“The Applicant”):

公司名稱 (「申請人」)

For supporting application, please complete the following questions:
用於支援投保申請，請完成以下問題：

- What insurance product(s) is(are) your company going to purchase?
貴公司準備購買哪一種保險產品？
☐ Group Medical Insurance
團體醫療保險
☐ Group Life Insurance with Critical Illness
團體人壽保險連危疾保障
- What are your company’s needs and objectives in sourcing the group insurance product selected above?
貴公司選購以上的團體保險的需要和目的是
☐ as part of your company’s competitive Employee Benefits your company’s package
作為有競爭力的僱員福利計劃的一部份
☐ ensuring employees can access medical treatment when needed and / or obtain medical / critical illness protection
確保僱員在有需要時可以接受治療及/或獲得醫療/危疾保障
☐ within specific budget
在具體的預算內
☐ others, please specify : _____
其他，請註明：_____
- What is your company’s annual budget for the insurance product selected above?
貴公司對以上選擇的團體保險每年預算是多少
HK\$ 港幣\$_____

PRODUCT SELECTION DECLARATION 產品選擇聲明

<input type="checkbox"/> We have read and understood the product brochure, proposal of basic cover and optional cover / rider(s) (if any), information sheet, policy provisions of the product and its key product risks we selected (where applicable). 我們已閱讀及明白於我們所選擇產品之產品小冊子、建議書上基本及附加保障(如有)、資料文件、保單條款及相關風險披露的資料(如適用)。	
We confirm the insurance product(s) selected is(are) suitable for our company's insurance needs, in respect of any group insurance product, including types of the products (e.g. group medical / group life with critical illness), and our company can afford and pay the required premium(s). 我們確認所選擇的產品適合我們的需要，涉及任何團體保險產品包括產品類型（如，團體醫療/團體人壽連危疾保障），並確定我們能夠負擔所選擇產品的保費。	
We confirm the insurance product(s) selected is(are) suitable for our company's needs and objectives for seeking to purchase a group medical insurance product, including but not limited to (i) as part of a competitive Employee Benefits package; (ii) ensuring employees can access medical treatment when needed and obtain medical / critical illness protection; (iii) within specific budget; and/or other needs and objectives as specified in question 2. 我們確認所選擇的產品適合我們購買醫療保險產品的目標，包括但不限於(i) 作為有競爭力的僱員福利計劃的一部份；(ii) 確保僱員有需要時可以接受治療及/或獲得醫療/危疾保障；(iii)在具體的預算內；及/或在第二題內提及的其他需要和目的。	
Authorised Signature on behalf of the Applicant with Company Chop 代表申請人的獲授權人簽署及公司蓋章	Date of Sign (DD/MM/YYYY) 簽署日期(日/月/年)
Name of Authorised Person 獲授權人姓名	Job title of Authorised Person 獲授權人職銜

Checklist for Anti-Money Laundering and Counter-Terrest Financing (AMLO) Requirements

《打擊洗錢及恐怖分子資金籌集指引》要求文件列表

Required Documents (Note 1) 要求文件 ^(註 1)	HK Registered Company (Non-listed) 香港註冊有限公司 (非上市公司)	Overseas Company (Non-listed) 海外註冊公司(非上市)	HK Company (Listed) ^(Note 2) 香港上市公司 ^(註 2)	Overseas Company (Listed) ^(Note 2) 海外上市公司 ^(註 2)	Financial Institution (Note 3) 金融機構 (註 3)
Copy of Business Registration(BR) (Note 4) (applicable to Affiliated company) 商業登記證副本 ^(註 4) (適用於附屬公司)	✓	✓	✓	✓	✓
Letter of Authorization 授權書	✓	✓	✓	✓	✓
ID ^(Note 5) copies of 以下人士之身份證明文件 ^(註 5) 副本： - Authorized Signatory and Authorized Persons to represent the insured company to handle all insurance related matter 授權簽署人及獲授權與保險公司處理所有有關保險事宜的人士	✓	✓	✓	✓	✓
Details of Beneficial Owner Form & Organization Chart of the Corporate Applicant ^(Note 6) (if any of the shareholder is a Corporate) 實益擁有人資料表及以公司名義的組織架構圖 ^(註 6) (如任何股東身份為法團)	✓	✓	N/A	N/A	N/A
ID ^(Note 5) copies of 以下人士之身份證明文件 ^(註 5) 副本： - Beneficial Owner ^(Note 7) 實益擁有人 ^(註 7)	✓	✓	N/A	N/A	N/A
Copy of Certificate of Incorporation (CI) 公司註冊證書副本	✓	✓ ^{(Note 8) (註 8)}	N/A	N/A	N/A
Copy of Memorandum & Articles of Association (M&A) 公司組織章程大綱及細則副本	✓	✓ ^{(Note 8) (註 8)}	N/A	N/A	N/A
Copy of the latest Annual Return (NAR1 or NN3) or equivalent (e.g. NNC1 for new setup company) 最近期的周年申報表或具有等同功能的文件副本 (例如：法團成立表格 適用於新成立公司)	✓	✓ ^{(Note 8) (註 8)}	N/A	N/A	N/A
Copy of proof of Registered Office Address in place of incorporation (and proof of Business Address if different from Registered Address) 公司成立地點之註冊地址(及公司營運地址如與註冊地址不同)證明文件副本	✓	✓ ^{(Note 8) (註 8)}	N/A	N/A	N/A
Details of company Directors / Partners (including full names in English and Chinese (if any), address, date of birth, place of birth, nationality and HKID/Passport Nos.) ^(Note 9) 公司董事 / 合夥人資料(包括所有董事或合夥人之英文及中文全名(如有), 地址, 出生日期, 出生地點, 國籍 及 身份證/護照號碼) ^(註 9)	✓	✓	✓	✓	✓

Required Documents (Note 1) 要求文件 ^(註 1)	Government and Public Bodies 政府及公共機構	Societies / Trade Union / Religious Group 社團 / 工會 / 宗教團體	Charitable Organization 慈善機構	School 學校
Copy of Certificate of Registration / School Registration Certificate or equivalent 註冊證書 / 學校註冊證明書 副本	N/A	✓	✓	✓
Copy of Business Registration (BR) (Note 4) or equivalent 商業登記證或具有等同功能的文件副本 ^(註 4)	N/A	✓	✓	✓
Copy of proof of Registered Office Address in place of incorporation (and proof of Business Address if different from Registered Address) 公司成立地點之註冊地址(及公司營運地址如與註冊地址不同)證明文件副本	N/A	✓	✓	✓
Copy of Memorandum & Articles of Association (M&A) / Constitution 組織章程大綱及細則 / 組織章程 副本	N/A	✓	✓	✓
Letter of Authorization 授權書	✓	✓	✓	✓
ID (Note 5) copies of 以下人士之身份證明文件 ^(註 5) 副本： - Authorized Persons to represent the insured company to handle all insurance related matter 獲授權與保險公司處理所有有關保險事宜的人士	✓	✓	✓	✓
Details of Beneficial Owner Form & Organization Chart of the Corporate Applicant (Note 7) (if any of the shareholder is a Corporate) 實益擁有人資料表 及以公司名義的組織架構圖 ^(註 7) (如任何股東身份為法團)	N/A	✓	✓	✓
ID (Note 5) copies of 以下人士之身份證明文件 ^(註 5) 副本： - Beneficial Owner (Note 7) (e.g. Chairman / Supervisor) 實益擁有人 ^(註 7) (例如 主席/主任)	N/A	✓	✓	✓
Details of company Directors / Partners (including full names in English and Chinese (if any), address, date of birth, place of birth, nationality and HKID/Passport Nos.) (Note 9) 公司董事 / 合夥人資料(包括所有董事或合夥之英文及中文全名(如有),地址, 出生日期, 出生地點, 國籍 及 身份證/護照號碼) ^(註 9)	N/A	✓	✓	✓

Required Documents (Note 1) 要求文件 ^(註 1)	Sole Proprietor 獨資公司	General Partner 合夥人公司
Copy of Business Registration (BR) (Note 4) 商業登記證副本 ^(註 4)	✓	✓
Copy of Application for Registration of Business / Electronic extract of information on the Business Register (and proof of Business Address if different from Registered address) 商業登記申請書副本 / 商業登記冊內資料的電子摘錄 (及公司營運地址如與註冊地址不同)	✓	✓
Letter of Authorization 授權書	✓	✓
Details of Beneficial Owner Form 實益擁有人資料表	✓	✓
ID* copies of 以下人士之身分證明文件*副本： - Sole Proprietor 獨資公司持有人 - Partners owning or controlling 25% or more of the voting rights 持有或控制 25% 或以上之投票權的合夥人 - Authorized Persons to represent the insured company to handle all insurance related matter. 獲授權與保險公司處理所有有關保險事宜的人士	✓	✓
Details of company Directors / Partners (including full names in English and Chinese (if any), address, date of birth, place of birth, nationality and HKID/Passport Nos.) (Note 9) 公司董事 / 合夥人資料 (包括所有董事或合夥之英文及中文全名(如有),地址, 出生日期, 出生地點, 國籍 及 身份證/護照號碼) ^(註 9)	N/A	✓

Notes 註:

註 1: All copies should be certified and signed by a professional third party including an Financial Institution, a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider (including licensed insurance agent and broker). The certified documents should be signed with name, occupation/position, company chop/license number and signature date. 所有副本應由專業第三者簽署認證，包括金融機構、律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者(包括持牌保險代理及經紀)。認證文件須註明簽署者姓名、職業/職位、公司蓋章/牌照號碼及簽署日期。

註 2: Please ensure that the corporate applicant is a listed company in any stock exchange.

請確保投保企業乃於任何證券交易所上市之公司。

註 3: Financial institution means authorized institutions regulated under HKMA, licensed corporation regulated under SFC, authorized insurer regulated under IA, authorized insurance broker.

金融機構是指受香港金融管理局規管的認可機構，受證監會規管的持牌法團，受保險業監管局規管的認可保險公司，認可保險經紀。

註 4: Submitted documents are valid for one year only. 所遞交之文件的有效期為一年

註 5: Hong Kong / Macau permanent resident ID card or passport 香港/澳門永久性居民身份證或護照

註 6: Organization chart need to indicate (1) Name of company (2) Ownership Percentage (3) Place of Incorporation.

組織架構圖需顯示 (1)公司名稱 (2)擁有權百分比 (3) 公司註冊地。

註 7: Beneficial Owner(s) in relation to a corporation, means an individual who fulfils any of the following criteria:

- owns or controls, directly or indirectly, including through a trust or bearer share holding more than 25% of the issued share capital of the corporation; or
- is, directly or indirectly, entitled to exercise or control the exercise of more than 25% of the voting rights at general meetings of the corporation; or
- exercises ultimate control over the management of the corporation.

實益擁有人就法團而言指符合以下任何一項說明的個人：

- 直接或間接地擁有或控制(包括透過信託或持票人股份持有)該法團已發行股本的 25%以上；或
- 直接或間接地有權行使在該法團的成員大會上的投票權的 25%以上；或支配該比重的投票權的行使；或
- 行使對該法團的管理最終的控制權

註 8: Overseas company should provide the “Certificate of Incumbency” or “Any relevant document including the details information of Shareholder and Director” to identify the Beneficial Owner(s).

海外註冊公司須提交“註冊資料證明書”或“任何包含股東及董事資料之相關證明文件”，以識別實益擁有人。

註 9: If so required, and upon FWD Life’s further request, ID copies of all directors are required.

如有需要及在富衛人壽進一步要求下，須提交所有董事之身份證明文件副本。

To: FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)
致: 富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司)
Employee Benefits
僱員福利部

Details of Beneficial Owner Form 實益擁有人資料表

It is hereby confirmed that the following information about the Beneficial Owner¹ of the insured company:
謹此列明以下有關投保公司之實益擁有人¹之資料:

English Name 英文姓名	Chinese Name 中文姓名	Relationship with insured company ² (e.g. Percentage of share capital) 與投保公司的關係 ² (例如持有股本的百分比)	Gender 性別	Date of Birth 出生日期 (DD/MM/YYYY)	Place of Birth 出生地	Nationality 國籍	HK Permanent ID or Passport No. 香港永久性居民身份證 / 護照號碼	Residential/Correspondence Address 居住/通訊地址
1								
2								
3								
4								

Please submit the HKID/Passport copy(ies)³ of the above Beneficial Owner(s).
請提交上述實益擁有人之香港身份證/護照的認證³副本。

Authorized Signature⁴ with Company Chop
授權簽署⁴及公司蓋章:

Name 姓名:

Title 職位:

Name of Insured Company 投保公司名稱:

Date 日期:

Remarks 註：

1. Beneficial Owner(s) in relation to a corporation, means an individual who fulfils any of the following criteria:
 - owns or controls, directly or indirectly, including through a trust or bearer share holding more than 25% of the issued share capital of the corporation; or
 - is, directly or indirectly, entitled to exercise or control the exercise of more than 25% of the voting rights at general meetings of the corporation; or
 - exercises ultimate control over the management of the corporation.實益擁有人就法團而言指符合以下任何一項說明的個人：
 - 直接或間接地擁有或控制(包括透過信託或持票人股份持有)該法團已發行股本的 25%以上；或
 - 直接或間接地有權行使在該法團的成員大會上的投票權的 25%以上；或支配該比重的投票權的行使；或
 - 行使對該法團的管理最終的控制權
2. Percentage of issued share capital/ Voting right held/ Position / relationship with insured company (if applicable)
持有已發行股本 / 投票權的百分比 / 職位 / 與投保公司的關係 (如適用)
3. The document should be certified and signed by a professional third party including a Financial Institution, a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider (including licensed insurance agent and broker). The certified documents should be signed with name, occupation/position, license number, company chop and signature date.
文件應由專業第三者簽署認證，包括金融機構、律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者(包括持牌保險代理及經紀)。認證文件須註明簽署者姓名、職業/職位、牌照號碼、公司蓋章及簽署日期。
4. The signatory authorized signer refers to director, shareholder, CEO or anyone who has the ultimate management control of the policyholder.
授權簽署者必須為公司董事、股東、執行長或對保單持有者擁有最終管理控制權人士。

Details of Beneficial Owner - (ORGANIZATION CHART)

實益擁有人資料 - (組織架構圖)

If **any** of the shareholder is a **Corporate**, **Organization Chart** is a required.

如任何股東身份為法團，則需提交以公司名義的組織架構圖。

Organization Chart need to indicate **(1) Name of company, (2) Ownership Percentage, (3) Place of Incorporation** signed by authorized signatories or authorized persons with name, occupation/capacity, company copy and signature date.

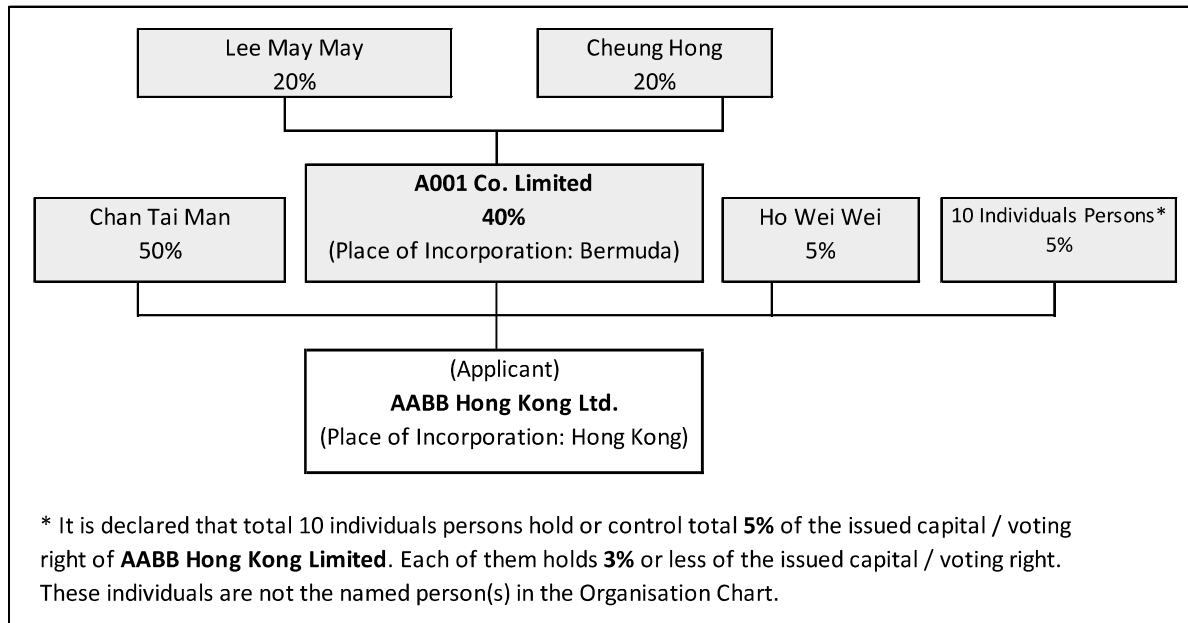
組織架構圖需顯示(1)公司名稱，(2)擁有權百分比，(3)公司註冊地，由授權簽署者或授權人士簽署，並註明簽署者姓名、職業/身份、公司蓋章及簽署日期。

FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD Life") will help HK registered non-listed limited company (B1) get Company Search Report. If the information and the organization chart is not consistent, FWD Life may request to obtain further related information for clarification and investigation.

富衛人壽保險(百慕達)有限公司(於百慕達註冊成立之有限公司)(「富衛人壽」)會為香港註冊之非上市有限公司(B1)取得公司查冊報告，如資料與所提交的組織架構圖不符，富衛人壽有機會要求提交相關之額外文件，以作查證。

Sample of Organization Chart:

以公司名義的組織架構圖例子：



Percentage of issued share capital/ voting right held 持有已發行股本/投票權的百分比	Name 姓名
1. 50%	Chan Tai Man
2. 20% (40% x 50%)	Lee May May
3. 20% (40% x 50%)	Cheung Hong
4. 5%	Ho Wei Wei
5. 5%	10 Individuals Persons

- Since shareholder holding 25% or more issued share capital or voting right, ID copy is required.
因股東持有25%或以上已發行股本或投票權，需提交身份證明文件副本。

- If any individual who holds or control less than 25% of the issued share capital or voting right, their information is NOT necessary in the List of Details of Beneficial Owner. **But if any individual who exercise ultimate control over the management of the company, then information on "List of Details of Beneficial Owner" and ID copy are required.**
如果相關人士持有或控制少於25%已發行股本或投票權，則不需於實益擁有人資料表內填寫資料。但如該人士是公司的管理層作出最終控制的任何個人，則仍需填寫實益擁有人資料，並提交身份證明文件副本。

If many individual persons each holds less than 10% of the issued share capital or voting right, declaration(as the below sample) could be made in the Organization Chart for simplification.如擁有眾多獨立人士且每人持有或控制少於10%已發行股本或投票權，投保公司可以聲明(如下文)的方式顯示於組織架構圖內，以簡化所需資料。

Declaration Sample: 聲明例子:

It is declared that total **[total number]** individuals persons hold or control total **[total %]** of the issued capital / voting right of **[applicant company name]**. Each of them holds **[max. % holds by the individual]** or less of the issued capital / voting right. These individuals are not the named person(s) in the Organisation Chart.

特此聲明共有 **[總人數]** 個獨立人士持有或控制 **[公司全名]** 共 **[總百分比]** 的已發行股本或投票權。其每人所持有或控制之已發行股本或投票權並不多於 **[個人所持有之最高百分比]**

To: FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)
致: 富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司)
Employee Benefits
僱員福利部

Letter of Authorization 授權書

It is hereby confirmed that the following person(s) is duly authorized to represent the insured company to handle all insurance related matter with FWD Life Insurance Company (Bermuda) Limited ("FWD Life").

茲確認下列人士獲投保公司正式授權代表投保公司與富衛人壽保險 (百慕達) 有限公司(「富衛人壽」)處理所有有關保險之事宜。

	English Name 英文姓名	Chinese Name 中文姓名	Title 職級	Gender 性別	Date of Birth 出生日期 (DD/MM/YYYY)	Place of Birth 出生地	Nationality 國籍	HK Permanent ID or Passport No. 香港永久性居民身份 證 / 護照號碼	Residential/ Correspondence Address 居住/通訊地址	Signature 簽署
1										
2										
3										
4										

Authorized Signature with Company Chop
授權簽署及公司蓋章：

Name 姓名：
Title 職位：
Name of Insured Company 投保公司名稱：
Date 日期：

Remarks 註:

1. The authorized signer refers to director, shareholder, CEO or anyone who has the ultimate management control of the policyholder.
授權簽署者必須為公司董事、股東、執行長或對保單持有者擁有最終管理控制權人士。
2. Please submit the certified* HK Permanent ID /Passport copy(ies) of authorized signatory and all the above authorized person(s) together with this Letter of Authorization. The document should be certified and signed by a professional third party including a Financial Institution, a lawyer, a notary public, a professional accountant, a tax advisor, a trust or company service provider (including licensed insurance agent and broker). The certified documents should be signed with name, occupation/position, license number, company chop and signature date.
除此授權書外，請同時遞交授權簽署人士及所有被授權簽署保單的人的香港永久性居民身份證 / 護照認證副本。文件應由專業第三者簽署認證，包括金融機構、律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者(包括持牌保險代理及經紀)。認證文件須註明簽署者姓名、職業/職位、牌照號碼、公司蓋章及簽署日期。
3. If so required, and upon FWD Life's further request, the insured company agrees to provide the board resolution to verify the authority conferred upon the above-named persons.
如有需要，及在富衛人壽進一步要求下，投保公司同意提供董事會決議確認上述人士賦予的權力。
4. If there is any change or revocation of the authority of the above-named persons, the insured company must send written confirmation to FWD Life.
如果有任何變更或撤銷上述人士的權力，投保公司必須發出書面確認予富衛人壽。

To: FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)
致: 富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司)
Employee Benefits
僱員福利部

Details of company Directors / Partners 公司董事 / 合夥人資料

It is hereby confirmed that the following information about the Directors / Partners¹ of the insured company:

謹此列明以下有關投保公司之董事 / 合夥人¹之資料：

English Name 英文姓名	Chinese Name 中文姓名	Gender 性別	Date of Birth 出生日期 (DD/MM/YYYY)	Place of Birth 出生地	Nationality 國籍	HK Permanent ID or Passport No. 香港永久居民身份證 / 護照號碼	Residential/Correspondence Address 居住/通訊地址
1							
2							
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6							
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10							

If so required, and upon FWD Life's further request, ID copies of directors are required.
如有需要及在富衛人壽進一步要求下，須提交董事之身份證明文件副本。

Authorized Signature² with Company Chop
授權簽署² 及公司蓋章：

Name 姓名：

Title 職位：

Name of Insured Company 投保公司名稱：

Date 日期：

Remarks 註：

1. Register Directors / Partners in Companies Registry/ Business Registration Office (or equivalent)
公司註冊處/商業登記署(或同等機構)登記董事/合夥人
2. The authorized signer refers to director, shareholder, CEO, anyone who has the ultimate management control of the policyholder.
授權簽署者必須為公司董事、股東、執行長、對保單持有者擁有最終管理控制權人士。