

生產力

源於健康

CARING 僱員醫療
保險計劃

CARING 僱員醫療保險計劃

選擇富衛的 **CARING 僱員醫療保險計劃**，為員工送上關懷。計劃設有住院保障，亦可加入門診及牙科等更切合僱員需要的保障，令他們倍感安心。

保障員工的健康，才能讓他們發揮應有的實力。我們靈活的 **CARING 僱員醫療保險計劃**，可根據您的預算及要求，度身訂造全面的員工保障計劃。即使公司規模小亦可投保，獲享計劃的全球保障及服務，讓您的員工安心無憂，全力為公司發展業務！

大小同享

投保人數的門檻低，公司員工少至 4 位亦可參與。

自選額外保障

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

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、門診及牙科保障。

計劃特色簡介

- 無須醫療批核及健康申報
- 不設最低住院時數限制
- 保障範圍包括於門診或日間進行之小手術
- 入住香港醫院管理局轄下醫院之大房設有每日住院現金保障
- 24 小時全球性醫療保障及緊急支援服務
- 門診保障提供中醫治療 (包括跌打及針灸治療)，於 6 項專科 (耳鼻喉科、眼科、皮膚科、骨科、兒科及婦科) 索償時毋須提供醫生轉介信
- 設有富衛醫療咭以享用門診醫療網絡服務

全天候客戶支援

- 致電富衛的 24 小時服務熱線，我們的客戶聯繫主任隨時為您服務，處理您的保險需要
- 富衛 eServices 流動應用程式助您快捷地搜尋附近醫療網絡醫生的地址及聯絡資料
- 透過富衛 eServices 流動應用程式或登入 www.fwd.com.hk，您可隨時隨地檢視或查詢保障範圍及下載網上表格
- 以流動應用程式的推送通知服務及電郵，收取有關索償狀況及理賠詳情通知，使保單管理變得更輕鬆



立即下載
富衛 eServices
流動應用程式！

24 小時全球緊急支援服務

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

- 24 小時電話諮詢服務
- 緊急醫療撤離及遣返高達 \$1,000,000 美元
- 提供高達 \$5,000 美元之入院按金保證 (包括中國內地指定醫院)
- 如在外地住院超過 7 天，可安排 1 位親屬前往探望
- 可安排未成年子女返國或原居地
- 運送遺體返國或原居地高達 \$1,000,000 美元
- 中國緊急醫療支援服務

主要不承保項目包括：先天性疾病、懷孕、性病、愛滋病、整容手術、例行體格檢查、精神病、酗酒或濫用藥物、自我毀傷、戰爭、核漏事件，受保人在受保生效日期前 90 日內曾接受過醫療或診治之傷病 (除非受保人已在此保單下受保連續超過 12 個月)。有關此保單之所有不保事項，請參閱保單條款。

本小冊子乃保障條款之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如需要保單樣本，請向本公司索取。

(1) 基本住院保障 Basic Hospitalisation Benefits

計劃類別 Plan Level	大房 Ward (CHG1)	大房 Ward (CHG2)	二等房 Semi-Private (CHG3)	二等房 Semi-Private (CHG4)	私家房 Private (CHG5)
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)	\$400	\$600	\$1,000	\$1,500	\$2,500
每日醫生巡房費 (最高賠償 180 天) Physician's Visit per day (Max. 180 days)	\$400	\$600	\$1,000	\$1,500	\$2,500
醫院雜項費 Miscellaneous Hospital Services	\$7,000	\$10,000	\$14,000	\$20,000	\$30,000
外科手術費 Surgeon's Fee					
複雜手術 Complex Operation	\$42,000	\$54,000	\$66,000	\$84,000	\$105,000
嚴重手術 Major Operation	\$14,000	\$18,000	\$22,000	\$28,000	\$35,000
普通手術 Intermediate Operation	\$7,000	\$9,000	\$11,000	\$14,000	\$17,500
簡單手術 Minor Operation	\$2,800	\$3,600	\$4,400	\$5,600	\$7,000
麻醉師費 Anaesthetist's Fee					
複雜手術 Complex Operation	\$12,600	\$16,200	\$19,800	\$25,200	\$31,500
嚴重手術 Major Operation	\$4,200	\$5,400	\$6,600	\$8,400	\$10,500
普通手術 Intermediate Operation	\$2,100	\$2,700	\$3,300	\$4,200	\$5,250
簡單手術 Minor Operation	\$840	\$1,080	\$1,320	\$1,680	\$2,100
手術室費 Operating Theatre Fee					
複雜手術 Complex Operation	\$12,600	\$16,200	\$19,800	\$25,200	\$31,500
嚴重手術 Major Operation	\$4,200	\$5,400	\$6,600	\$8,400	\$10,500
普通手術 Intermediate Operation	\$2,100	\$2,700	\$3,300	\$4,200	\$5,250
簡單手術 Minor Operation	\$840	\$1,080	\$1,320	\$1,680	\$2,100
專科治療費 Specialist's Fee	\$2,000	\$3,000	\$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
每次病症最高賠償限額 Overall Limit Per Disability	\$255,700	\$365,000	\$562,000	\$800,600	\$1,244,000
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	\$750	\$1,000
緊急支援服務 Emergency Assistance Services 醫療撤離及遣返服務 Evacuation / Repatriation	US\$1,000,000				

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

計劃類別 Plan Level	大房 Ward (CMG1)	大房 Ward (CMG2)	二等房 Semi-Private (CMG3)	二等房 Semi-Private (CMG4)	私家房 Private (CMG5)
保障金額 (港幣\$) Cover Limit (HK\$)					
每症最高賠償額 Maximum Limit Per Disability	\$50,000	\$60,000	\$80,000	\$100,000	\$150,000
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支出提供額外保障。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。

The Supplementary Major Medical Benefits provides additional benefits to the Basic Hospitalisation Benefits. If the medical expenses during hospital confinement incurred under Basic Hospitalisation Benefits 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.

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：
大房升至二等房：50%
大房升至私家房：25%
二等房升至私家房：50%

Note:

If option of Supplementary Major Medical Benefits is taken, the level of benefit must correspond to the same level with Basic Hospitalisation Benefits.
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%

(3) 附加門診保障 Supplementary Outpatient Benefits

計劃類別 Plan Level	經濟 Economic (COG1/CPG1)	標準 Standard (COG2/CPG2)	特等 Superior (COG3/CPG3)	特等 Superior (COG4/CPG4)	優等 Premier (COG5/CPG5)
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	\$180	\$250	\$350
賠償率 Reimbursement	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用* Network co-payment per visit*	\$40 / \$30	\$20 / \$20	\$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	\$150	\$200	\$250
賠償率 Reimbursement	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用* Network co-payment per visit*	\$50 / \$40	\$40 / \$30	\$20 / \$10	\$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	\$270	\$300	\$350
賠償率 Reimbursement	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用* Network co-payment per visit*	\$70 / \$50	\$50 / \$20	\$20 / \$0	\$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	\$360	\$500	\$700
賠償率 Reimbursement	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用* Network co-payment per visit*	\$90 / \$80	\$60 / \$40	\$20 / \$0	\$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	\$2,200	\$3,000	\$4,000
賠償率 Reimbursement	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%

* 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 Medicines).

附註: 物理治療師及脊椎治療師治療費、專科診治費、X光檢驗及化驗費及處方藥物費須由主診醫生以書面推薦才可獲得賠償 (耳鼻喉科醫生、眼科醫生、皮膚科醫生、骨科醫生、兒科醫生及婦科醫生之專科可獲豁免)。
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, Specialist's Consultation, Diagnostic X-ray & Laboratory Tests, Prescribed Medicines & Drugs (Consultation of Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopaedist & Traumatologist, Paediatrician and Gynaecologist can be waived).
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 Supplementary Dental Benefits

計劃類別 Plan Level	標準 Standard (CDG1)	優等 Premier (CDG2)
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)	\$350	\$500
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

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

(1) 基本住院保障 Basic Hospitalisation Benefits		大房 Ward (CHG1)		大房 Ward (CHG2)		二等房 Semi-Private (CHG3)		二等房 Semi-Private (CHG4)		私家房 Private (CHG5)	
		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 [^]	0 [^] - 18		\$701		\$970		\$1,422		\$2,080		\$3,576
	19 - 40		\$877		\$1,212		\$1,777		\$2,601		\$4,469
	41 - 64		\$985		\$1,362		\$1,997		\$2,923		\$5,022
	65 - 69		\$2,956		\$4,085		\$5,990		\$8,769		\$15,066
(2) 附加額外醫療保障 Supplementary Major Medical Benefits		大房 Ward (CMG1)		大房 Ward (CMG2)		二等房 Semi-Private (CMG3)		二等房 Semi-Private (CMG4)		私家房 Private (CMG5)	
		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 [^]	0 [^] - 18		\$268		\$370		\$541		\$793		\$1,363
	19 - 40		\$334		\$461		\$676		\$991		\$1,703
	41 - 64		\$427		\$590		\$866		\$1,229		\$2,111
	65 - 69		\$1,068		\$1,476		\$2,164		\$3,073		\$5,278
(3a) 附加門診保障 (賠償率 80%) Supplementary Outpatient Benefits (80% Reimbursement)		經濟 Economic (COG1)		標準 Standard (COG2)		特等 Superior (COG3)		特等 Superior (COG4)		優等 Premier (COG5)	
		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 [^]	0 [^] - 18		\$1,882		\$2,136		\$2,409		\$3,299		\$4,538
	19 - 40		\$1,505		\$1,709		\$1,927		\$2,639		\$3,631
	41 - 64		\$1,505		\$1,709		\$1,927		\$2,639		\$3,631
	65 - 69		\$1,882		\$2,136		\$2,409		\$3,299		\$4,538
(3b) 附加門診保障 (賠償率 100%) Supplementary Outpatient Benefits (100% Reimbursement)		經濟 Economic (CPG1)		標準 Standard (CPG2)		特等 Superior (CPG3)		特等 Superior (CPG4)		優等 Premier (CPG5)	
		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 [^]	0 [^] - 18		\$2,241		\$2,543		\$2,868		\$3,928		\$5,402
	19 - 40		\$1,792		\$2,035		\$2,294		\$3,142		\$4,322
	41 - 64		\$1,792		\$2,035		\$2,294		\$3,142		\$4,322
	65 - 69		\$2,241		\$2,543		\$2,868		\$3,928		\$5,402
(4) 附加牙科保障 Supplementary Dental Benefits		標準 Standard (CDG1)		優等 Premier (CDG2)		附註 Note:					
		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	子女: 任何未婚而年齡超過14日但少於19歲之子女、如屬全日制學生、可包括至25歲 (請附上有效證明文件)。 Child: Any unmarried children aged more than 14 days but less than 19 years old, or up to the age of 25 years if registered as full time student (please provide evidence).					
年齡 [^] Age [^]	0 [^] - 18		\$497		\$714						
	19 - 69		\$621		\$892						

[^] 對上1次生日的年齡。 Age of the last birthday.

* [0] 歲指出生滿15日。 *0 year old means 15 days of age.

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

CARING Employee Medical Insurance Plan

Show you care when you provide your employees with our **CARING Employee Medical Insurance Plan**. The plan provides coverage for hospitalisation, while add-ons like outpatient and dental coverage give your staff that extra comfort.

Help your employees stay healthy so they can put their best foot forward. With our flexible **CARING Employee Medical Insurance Plan**, you can provide your staff with affordable group medical coverage that has been tailored to your specific budget and requirements. Coverage is possible even for small businesses, with protection and services extending around the world. Protect your employees, and they will do their best for you.

Small is beautiful

You can set up a plan with as few as 4 employees.

Optional benefits

In addition to basic coverage, opt for outpatient and dental coverage, plus extra protection for serious illnesses and injuries in excess of hospital coverage.

Complete flexibility

Customise your plan with different levels of hospital, outpatient and dental benefits for different categories of employees and their dependents.

Plan Feature Summary

- Waiver of medical underwriting and health declaration
- No minimum hours of hospital confinement
- Day case surgery and clinical operation are covered
- Daily cash benefit for confinement in general ward of hospitals under Hong Kong Hospital Authority
- 24-hour worldwide medical coverage and emergency assistance services
- Supplementary outpatient benefits with offer of Chinese medicine practitioner benefits (including bone setting and acupuncture). Doctor referral letter is waived for 6 specialties (Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopaedist & Traumatologist, Paediatrician and Gynaecologist)
- Offer of FWD healthcare card to enjoy the outpatient panel network services

Ubiquitous Customer Support

- Just call one number and our Customer Engagement Representatives are at your service 24/7 to address your insurance needs
- FWD eServices Mobile App allows you to search for location and contact details of nearby panel doctors quickly
- Access the benefit schedule and online forms anytime, anywhere via FWD eServices Mobile App or www.fwd.com.hk
- Keep you posted of claim status and settlement details via mobile app's push notification and email



Download
FWD eServices
Mobile App now!

24-Hour Worldwide Emergency Assistance Services

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

- 24-hour hotline service
- Emergency medical evacuation and repatriation up to US\$1,000,000
- Guarantee of any required hospital admission deposit up to US\$5,000 (including designated hospital in Mainland China)
- Compassionate visit for more than 7 days of overseas hospitalisation
- Return of minor children to home country or usual country of residence
- Transportation of mortal remains up to US\$1,000,000
- Emergency Medical Assistance Services in China

Main exclusions include congenital conditions, pregnancy, sexually transmitted diseases, AIDS, cosmetic treatments, routine physical examinations, mental disorders, alcoholism or drug abuse, self-inflicted injuries, war, nuclear fallout, pre-existing conditions for which the Insured Person received medical treatment during the 90 days prior to the date he first becomes insured under this Policy (unless such Insured Person affected by these conditions has been insured under this Policy continuously for 12 months). For all the exclusions under the Policy, please refer to the Policy Provisions.

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.



Be healthy,
be productive

**CARING Employee Medical
Insurance Plan**

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CARING 僱員醫療保險計劃申請表

CARING Employee Medical Insurance Plan Application Form



請以正楷填寫 Please complete in Block Letters

電郵 E-mail: employeebenefits@fwd.com

傳真 Fax : 2850 3003

申請人詳情 Details of Applicant

公司名稱 Name of Company

業務性質 Business Nature

聯絡人及其職位 Contact Person & Position

電話 Tel.

傳真 Fax

電郵 Email Address

地址 Address

投保時期 Period of Insurance (日/月/年 DD/MM/YYYY)

僱員總人數 Total no. of Employees

生效期由 Effective from / / 至 to / /

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

保單生效日參加 On policy effective date

受僱日參加 On employment date

受僱 _____ 個月後參加

受僱 _____ 個月後參加

Immediate cover after _____ months of employment

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.	基本住院保障 Hospitalisation	附加額外醫療保障 Supplementary Major Medical	附加門診保障 Supplementary Outpatient Benefits	附加牙科保障 Supplementary Dental Benefits		
例 e.g.	CHG1	CMG1	CPG1	CDG1	所有僱員 All Staff / 經理 Managers / 董事 Directors	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 否 Yes/No
1.						<input type="checkbox"/> 有 <input type="checkbox"/> 否 Yes/No
2.						<input type="checkbox"/> 有 <input type="checkbox"/> 否 Yes/No
3.						<input type="checkbox"/> 有 <input type="checkbox"/> 否 Yes/No

計劃守則 PLAN RULES :

- 此保險計劃只適用於香港註冊及至少有 4 名僱員參與之公司申請。
This insurance plan is only applicable to company registered in Hong Kong with at least 4 participating employees.
- 69 歲以下之僱員及/或其配偶及/或僱員之未婚而年齡超過 14 日但未滿 19 歲、及已滿 19 歲但未滿 25 歲而正在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 and the employees' unmarried children who are over the age of 14 days but under 19 years old and those at the age of 19 but under 25 who are receiving full time education are eligible to enroll.
- 所有合資格僱員必須參加此計劃及正常上班。
All eligible employees must participate in the plan and be actively at work.
- 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.
- 如有家屬保障，所有合資格家屬均必須參加此計劃。
If dependant coverage is provided, all eligible dependents must enroll in the plan.
- 如須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 4 人。
For optional Supplementary Major Medical, Outpatient or Dental Benefits, the number of participating employees must not be less than 4.

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

1. 保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 all eligible employees and their dependents (if applicable) shall enroll in the plan.
2. 保單將於富衛保險有限公司 (「富衛」) 接納此申請及生效日期由富衛批核後才正式生效。
The policy shall take effect upon acceptance of this Application and the effective date shall be approved by FWD General Insurance Company Limited ("FWD").
3. 受保人之保障將於富衛接納其參加表格後才正式生效。
The insurance coverage of each insured shall take effect immediately after the application form is accepted by FWD.
4. 此申請經批核後，此申請表將成為投保公司與富衛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.

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

1. 就本人/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；及
The information relating to the eligible employees and/or their dependents (if applicable) provided in this Application is correct to the best of my/our knowledge; and
2. 本人/吾等承諾於遞交所需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 (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。
I/We undertake that I/we will inform/has informed the relevant employees and their dependents (if applicable) about this Policy and the Personal Information Collection Statement 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 dependents (if applicable) not having been so informed. I/We further undertake that I/we will comply with the Personal Data (Privacy) Ordinance and confirms I/we have obtained the consent from the employees and/or their dependents (if applicable) for the transfer of their personal data to FWD for the purpose of enrolling the employees and their dependents (if applicable) in the group insurance plan.

只應用於保險經紀：

申請人明白、確知及同意，富衛保險有限公司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保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白富衛保險有限公司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 General Insurance Company Limited, FWD General Insurance Company Limited 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 General Insurance Company Limited that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for FWD General Insurance Company Limited to proceed with the application.

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

職位
Position

簽署日期 (日/月/年)
Date (DD/MM/YYYY)

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

編號 Code 聯絡電話 Contact No.

請附上以下文件及保費並交回富衛以辦理此申請：

Please enclose the following documents and premium payment to FWD for processing :

- 此申請表 This application form
- 商業登記或公司註冊證書副本 A copy of Business Registration Certificate or Certificate of Incorporation
- 以「富衛保險有限公司」為抬頭的支票 A cheque payable to "FWD General Insurance Company Limited"
- 僱員福利保險參加表格 Employee Enrollment form for Employee Benefits Insurance

富衛可能需要額外文件以作批核。FWD may request additional documents for processing.

僱員福利保險參加表格 Employee Enrollment Form for Employee Benefits Insurance



備註 NOTE:

- 適用於團體醫療保險: 如於保單生效日公司僱員人數少於 4 人, 新增加之僱員須填寫健康申請表及須連同此表格一併交回本公司以作核保之用。
For Group Medical Insurance: For companies with less than 4 employees on the policy effective date, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.
- 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 assured 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.

電郵 E-mail : employeebenefits@fwd.com

傳真 Fax : 2850 3003

保單持有人 Policyholder: _____

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

附屬公司 Affiliated Company: _____

團體人壽保單號碼 Group Life Policy No.: _____

僱員編號 Employee Code (如適用 if applicable)	僱員姓名 Employee's Name	家屬姓名 Dependant's Name (如適用 if applicable)	關係 Rel.*	婚姻 狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身分證/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**	僱員之銀行戶口號碼 (僱員必須提供此項資料用作醫療賠償用途) Employee's Bank Account No. (This information must be provided and will be used for medical benefit reimbursement)		生效日期 Effective Date (DD/MM/YYYY)
											職位 Position	電郵地址 E-mail Address #	
1													
2													
3													
4													
5													
6													
7													

* 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 dependent coverage only

** 月薪 Monthly Salary - 只適用於人壽保險 For Life coverage only

如有提供電郵地址, 醫療索償理賠表將以電郵送遞 Claim Adjustment Statement will be sent by email if email address is provided

僱員編號 Employee Code (如適用 if applicable)	僱員姓名 Employee's Name	家屬姓名 Dependant's Name (如適用 if applicable)	關係 Rel.*	婚姻 狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身分證/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 Account No. (This information must be provided and will be used for medical benefit reimbursement)	生效日期 Effective Date (DD/MM/YYYY)
8												
9												
10												
11												
12												
13												
14												
15												

* 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 dependent coverage only

** 月薪 Monthly Salary - 只適用於人壽保險 For Life coverage only

如有提供電郵地址，醫療索償理賠表將以電郵送遞 Claim Adjustment Statement will be sent by email if email address is provided

申請人聲明及確認：

The Applicant declares and confirms that:

1 就本人等所知，上列僱員及其家屬 (如適用) 的資料均屬正確無誤；及

The above information relating to the Employees and/or their dependents (if applicable) is correct to the best of my/our knowledge; and

2 本人/吾等已遵守個人資料 (私隱) 條例，並已獲得有關僱員及其家屬 (如適用) 的同意，以申請此團體醫療及/或團體人壽保險計劃作為目的，將有關僱員及/或其家屬 (如適用) 的資料移交給富衛保險有限公司及/或富衛人壽保險 (百慕達) 有限公司。

I/we have complied with the Personal Data (Privacy) Ordinance and have obtained the consent from the Employees and/or their dependents (if applicable) for the transfer of the above information to FWD General Insurance Company Limited and/or FWD Life Insurance Company (Bermuda) Limited for the purpose of enrolling the Employees and/or their dependents (if applicable) in the group medical and/or group life insurance plan.

富衛保險有限公司 / 富衛人壽保險 (百慕達) 有限公司

香港中環德輔道中 308 號富衛金融中心 7 樓

FWD General Insurance Company Limited / FWD Life Insurance Company (Bermuda) Limited

7/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

授權人簽署及公司蓋章 Authorised Signature with Company Chop

日期 Date

收集個人資料聲明

- 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；
 - 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、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）。
 - 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、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1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。

FWD General Insurance Company Limited

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;
 - (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, 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, 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 to 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
1st 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.