

# Health Declaration Form for Employee Benefits Insurance 僱員福利保險健康申報表



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To be completed by **Employee** 由僱員填寫

Please complete in Block Letters 請以正楷填寫				
Employer Name (Policyholder) 公司名稱		Group Medical Policy No. 團體醫療保單編號		
Affiliated Company Name 附屬公司名稱		Group Life Policy No. 團體人壽保單編號		
Employee Name (Same as ID Card/Passport) 僱員姓名(按身份證/護照)		Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年) / /		
Surname in English 英文姓氏		Given Name in English 英文名字	Name in Chinese 中文姓名	Sex 性別 <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性
				Employee Type 僱員類別
		Position 職位		
<b>Dependant Coverage 家屬保障</b> (If applicable 如適用)				
Name of Dependants (English and Chinese) 家屬姓名(中英文)	Relationship 關係	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)	ID Card /Passport No. 身份證/護照號碼	Sex 性別
1				
2				
3				
4				
5				

Note: Dependants include employee's spouse under the age of 65 and the employee's unmarried children who are over the age of 14 days but under 19 years, and those at or above the age of 19 but under 23 who are receiving full time education at an educational establishment. (Please provide evidential proof).

註: 家屬包括僱員未滿六十五歲之配偶及僱員之未婚子女而年齡超過十四日但未滿十九歲、及已滿十九歲但未滿二十三歲而正在接受全日制教育機構教育(請附上證明文件)。

Please complete in Block Letters 請以正楷填寫	
1. What is your and your spouse's (if applicable) weight and height? 閣下或 貴配偶(如適用)的體重及身高?	Employee 僱員: _____ kg 千克 _____ m 米 Spouse 配偶: _____ kg 千克 _____ m 米
2. Are you now employed on a full-time basis and actively-at-work? 閣下是否全職僱員及現時是否正常在職工作?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Do you or your dependant (if applicable) smoke? If yes, please name the person who smoke and the average daily consumption: 閣下或 貴家屬(如適用)有否吸煙? 如有, 請提供吸煙者姓名及每日吸煙平均數量:	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. Do you or your dependant (if applicable) currently have any other medical, accident or life insurance? 閣下或 貴家屬(如適用)是否現正持有其他醫療、意外或人壽保單?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. Have you or your dependant (if applicable) ever had any medical, accident or life insurance application rejected or policy cancelled, rated or restricted or renewal declined? 閣下或 貴家屬(如適用)曾否有任何醫療、意外或人壽保險的投保申請被保險公司拒絕、或保單被取消、增加保費、附加限制或拒絕續保?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Have you or your dependant (if applicable) had any two or more of your immediate family members who are known to have any hereditary disease before age 60? 閣下或 貴家屬(如適用)的直系親屬中是否有兩位或更多成員於六十歲前患有遺傳性疾病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
7. Do you or your dependant (if applicable) have any intention of engaging in hazardous pursuits, e.g. motor sports, diving, rock climbing, flying other than as a fare paying passenger? 閣下或 貴家屬(如適用)是否打算參加有危險性之活動, 如賽車、潛水、爬山或飛行(除民航乘客身份外)?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
PROVIDE NAME AND DETAILS OF THE ABOVE QUESTION NO. 4-7 ANSWERED "YES" 以上問題編號 4-7, 如答案為是者, 請提供詳細說明:	

Employee Name 僱員姓名: \_\_\_\_\_

8. Have you or your dependant (if applicable) suffered from or been treated for any serious diseases, disorder, physical impairment or severe injury in the last 5 years? 在過去五年內，閣下或 貴家屬(如適用)是否曾因患有任何嚴重疾病、身體機能失調、身體上的缺陷或嚴重受傷而需要接受治療?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
9. Have you or your dependant (if applicable) had a surgical operation or been confined in hospital or sanatorium for treatment or observation in the last 5 years? 在過去五年內，閣下或 貴家屬(如適用)曾否接受過外科手術、或曾在醫院或療養院留院接受治療或觀察?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
10. Have you or your dependant (if applicable) had, or been advised to have any diagnostic tests (e.g. X-ray, ECG or blood test) in the last 5 years? 在過去五年內，閣下或 貴家屬(如適用)有否接受或被建議接受任何診斷性檢驗 (例如: X-光、心電圖或血液檢驗)?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
11. Are you or your dependant (if applicable) currently under medical observation or receiving any treatment or medication or aware of any symptoms which may indicate a disorder? 閣下或 貴家屬(如適用)現時是否正接受病理觀察、治療或藥物或有任何顯示健康異常之徵狀出現?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
12. Have you or your dependant (if applicable) ever been treated for or been told of heart trouble, high blood pressure, diabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilepsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis or any other disease of the brain, central nervous system, gastro-intestinal tract, liver, pancreas, genito-urinary, thyroid gland, bones, AIDS, AIDS-related complication or AIDS-related condition? 閣下或 貴家屬(如適用)曾否接受過下列疾病之治療或曾被報告患上下列疾病: 心臟病、高血壓、糖尿病、癌症、瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、胸膜炎、結腸炎、風濕性發熱、梅毒、或任何疾病關於腦部、中樞神經、腸胃、肝臟、胰臟、生殖排泄系統、甲狀腺、骨骼、後天免疫力缺乏症 (愛滋病) 與愛滋病有關的併發症或狀況?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

PROVIDE NAME AND DETAILS OF EACH QUESTION ANSWERED "YES" 以上問題，如答案為是者，請提供詳細說明:

Question No. 問題編號 8 - 12	Name of Employee / Dependand & Details of item 僱員/家屬姓名及項目說明	Treatment Period 治療日期 From 由 To 至	Date & Degree of Recovery 痊癒日期及程度	Name & Address of Attending Doctor 診治醫生姓名及地址

**DECLARATION AND AUTHORISATION 聲明及授權**

I hereby declare that all the information supplied above is true and correct and I hereby agree that this Declaration form shall form the basis and become a part of any policy issued. I understand that any false, incorrect or misleading statement may render the relevant insurance policy null and void.

I further authorize any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to FWD General Insurance Company Limited or FWD Life Insurance Company Limited or its authorized representative. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby also confirm that I have read the attached Personal Information Collection Statement ("PICS") and understand my rights and obligations in relation to my personal data and consent to the manner in which the personal data may be used or dealt with as specified in the PICS.

本人謹此聲明上述一切所提供之資料均屬正確無誤，並同意此健康申報表將成為發出任何保單之基礎及其中一部份。同時，本人知悉任何偽造、不正確及誤導之聲明均會引致相關保單無效。

本人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷(包括但不限於診症、診斷性檢驗結果、藥方或治療資料)給予富衛保險有限公司或富衛人壽保險(百慕達)有限公司或其已獲授權之代理人。此授權書之副本與正本具同等效力。

本人確認已閱畢夾附的收集個人資料聲明，並明白本人就本人的個人資料方面的權利及義務，亦同意收集個人資料聲明所指明該等個人資料可被使用或處理的方式。

\_\_\_\_\_  
Signature of Employee 僱員簽署

\_\_\_\_\_  
Date Signed (DD/MM/YY) 簽署日期 (日/月/年)

**For Insurance Company use only 保險公司專用**

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**FWD General Insurance Company Limited and  
FWD Life Insurance Company (Bermuda) Limited  
(collectively, “the Company”)**

**Personal Information Collection Statement**

1. From time to time, it is necessary for you to supply the Company with personal information and particulars in connection with the provision, continuation and administration of insurance or other financial services and products by the Company. 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 information about you. Personal information and particulars provided by you and all information generated and compiled by the Company about you from time to time is collectively referred to as “Your Personal Data”.
  3. The purposes for which Your Personal Data may be used are as follows:
    - (i) offering and providing services and products to you, and administering, implementing, maintaining, managing and operating such services and products which may include, without limitation, insurance, financial and wealth management services and products;
    - (ii) processing, assessing and determining any applications or requests made by you in connection with the Company’s services or products, issuing or arranging insurance contracts and maintaining your account with the Company;
    - (iii) designing insurance and other financial services and products for customers;
    - (iv) marketing services and products to you (please see further details in paragraphs 5 to 8 below);
    - (v) operating, maintaining and providing subsequent services in relation to the applications for services and/or products;
    - (vi) creating and maintaining the credit and risk related models of the Company;
    - (vii) processing and implementing payment instructions;
    - (viii) determining any amount of indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or undertaking for your liabilities;
    - (ix) exercising any rights that the Company may have in connection with the services and/or products provided to you;
    - (x) verifying and conducting any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with provision of services or products;
    - (xi) any purposes in connection with any claims made by or against or otherwise involving you in respect of any services and/or products provided by the Company, including, without limitation, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
    - (xii) performing policy review and needs analysis (whether or not on a regular basis);
    - (xiii) meeting disclosure obligations or requirements imposed by or for the purposes of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any of its subsidiaries, holding companies, associated or affiliated companies of, or companies controlled by, or under common control with the Company (collectively, “the Group”) including, without limitation, making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers;
    - (xiv) meeting any present or future contractual or other commitment with any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers in Hong Kong or any other jurisdictions that is assumed by or imposed on the Company or any member of the Group by reason of its financial, commercial, business or other interests or activities in or related to the relevant jurisdiction;
    - (xv) complying with any obligations, requirements, policies, procedures, measures or arrangement for sharing data and information within the Group and/or other use of data and information in accordance with any group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities; and
    - (xvi) fulfilling any other purposes directly related to (i) to (xv) above.
  4. To facilitate the purposes set out in paragraph 3 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following parties (whether within or outside Hong Kong) and Your Personal Data may be transferred outside Hong Kong:
    - (i) members of the Group;
    - (ii) any person or company which is acting for or on behalf of the Company, or jointly with the Company, in respect of a purpose or a directly related purpose for which Your Personal Data was provided;
    - (iii) any person or company which is under a duty of confidentiality to the Company and has undertaken to keep such information confidential, provided that such person or company has a legitimate right to access such information (e.g. professional advisors of the Company);
    - (iv) 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;
    - (v) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claim investigation companies, administrators or other professional advisors which are engaged by the Company in connection with the Company’s business;
    - (vi) any business partners of the Company (“Our Partners”);
    - (vii) any agents, contractors or service providers which provide administrative, credit reference, debt collection, telecommunications, computer, payment, printing, redemption or other services in relation to the operation of businesses of the Company; and/or
    - (viii) any person or company to whom the Company or the Group is under an obligation or otherwise required or expected to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) including, without limitation, any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers.
  5. The Company is allowed to (i) use Your Personal Data in direct marketing only if you consent or do not object, or (ii) provide Your Personal Data to another person or company for its use in direct marketing only if you consent or do not object in writing.
  6. 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;
    - (ii) to market the following classes of services and products offered by the Company, other members of the Group and/or Our Partners from time to time:
      - a. insurance services and products;
      - b. wealth management services and products;
      - c. financial services and products;
      - d. reward, loyalty or privileges programmes and related services and products; and
      - e. donations and contributions for charitable and/or non-profit making purposes.
    - (iii) to provide Your Personal Data described in paragraph 6(i) above to any members of the Group and/or Our Partners for their use in direct marketing the classes of services and products described in paragraph 6(ii) above.
  7. **If you do NOT wish the Company to use Your Personal Data in direct marketing or provide Your Personal Data to other persons or companies for their use in direct marketing, you may write to the Company at the address below to opt out from direct marketing at any time.**
  8. You may also write to the Company at the address below to opt out from direct marketing at any time.
  9. Under the Personal Data (Privacy) Ordinance:
    - (i) 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
    - (ii) the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
  10. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer  
FWD General Insurance Company Limited  
1st Floor, FWD Financial Centre  
308 Des Voeux Road Central  
Hong Kong

Should you have any queries, please do not hesitate to call our Customer Service Hotline 3123 3123.
  11. In case of discrepancies between the English and Chinese versions, the English version shall apply and prevail.
- I have read and I understand and accept this Personal Information Collection Statement.
- Signature: \_\_\_\_\_
- Name: \_\_\_\_\_  
(Name of applicant/individual to whom this Statement is given)
- HKID/Passport number: \_\_\_\_\_

# 富衛保險有限公司及 富衛人壽保險(百慕達)有限公司(統稱「本公司」)

## 收集個人資料聲明

- 在本公司提供、延續及管理保險或其他金融服務及產品時，閣下需要不時向本公司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。
  - 本公司亦可製作及匯編與閣下有關於閣下的資料。閣下提供的個人資料及詳情以及本公司不時製作及匯編與閣下有關於閣下的所有資料，以下統稱為「閣下的個人資料」。
  - 閣下的個人資料可能用於以下用途：
    - 向閣下要約及提供服務及產品，管理、執行、維持、處理及運作有關服務及產品，包括但不限於保險、金融及財富管理服务及產品；
    - 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；發出或安排保險合約，以及維持閣下在本公司的賬戶；
    - 為客戶設計保險及其他金融服務及產品；
    - 向閣下提供服務及產品銷售(有關詳情，請參閱下文第5至8段)；
    - 運作、維持有關申請之服務及/或產品及提供相關之後續服務；
    - 建立及維持本公司的信貸及風險相關模型；
    - 處理及執行付款指示；
    - 釐訂任何欠付閣下或閣下所欠的負債金額，及向閣下或任何為閣下的債務提供擔保或承諾的人士收取及追討欠款；
    - 行使本公司就向閣下提供服務及/或產品而可能享有的任何權利；
    - 就提供之服務或產品作出及進行資格、信貸、身體、醫療、擔保、承保及/或身份核證；
    - 用於任何因本公司提供的產品及/或服務而由閣下提出或本公司對閣下提出的申索，包括但不限於作出、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)；
    - 本公司或其任何附屬公司、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」)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，包括但不限於向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體(如保險業聯會或協會等)作出披露；
    - 履行任何本公司或本集團任何成員機構現有或將來之合約義務或與其他在香港或其他區域的法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體(如保險業聯會或協會等)，因其相關之金融、商業、業務或其他利益或活動而承擔之義務；
    - 遵守任何於本集團內進行的數據及資料共享及/或其他數據及資料用途的責任、要求、政策、程序、措施或安排以符合任何制裁、防止或偵查洗黑錢、恐怖分子資金籌集或其他非法活動；及
    - 履行與上文第(i)至(xv)段直接有關的其他用途。
  - 為達成上文第3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(不論在香港境內或境外者)共同使用，而閣下的個人資料有可能被轉移往香港境外：
    - 本集團的成員機構；
    - 任何人士或公司受本公司指示或代表本公司或與本公司共同處理閣下提供的個人資料以達到提供有關資料之目的或直接相關之目的；
    - 對本公司負有保密責任並承諾將有關資料保密的任何人士或公司，而此人士或公司須有合法權利查閱有關資料(例如：本公司的專業顧問)；
    - 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、索賠調查公司、行政管理人士或其他專業顧問；
    - 任何本公司的業務夥伴(「本公司之夥伴」)；
    - 向本公司之經營業務提供行政、信貸資料庫、債務追討、電訊、電腦、付款、印刷、贖回或其他服務的任何代理人、承包商或服務供應商；及/或
    - 任何本公司或本集團負有責任或須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)作出披露的人士或公司，包括但不限於任何法律機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體(如保險業聯會或協會等)。
  - 容許本公司(i)在閣下同意或不反對的情況下，使用閣下的個人資料作直接促銷用途，或(ii)在閣下以書面方式同意或不反對的情況下，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、本集團其他成員機構及/或本公司之夥伴不時提供的下列服務及產品：
      - 保險服務及產品；
      - 財富管理服务及產品；
      - 金融服務及產品；
      - 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。
    - 將上文第6(i)段所載閣下的個人資料提供予本集團成員機構及/或本公司之夥伴，讓其用於直接促銷上文第6(ii)段所載的服務或產品。
  - 若閣下不希望本公司使用閣下的個人資料，或將閣下的個人資料提供予其他人士或公司作直接促銷用途，閣下可於任何時間致函本公司以下地址，藉以拒絕直接促銷。
  - 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。
  - 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，應以書面形式向下列人士提出：

資料保護主任  
富衛保險有限公司  
香港德輔道中308號富衛金融中心1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。
  - 中英文本如有歧異，概以英文本為準。
- 本人已細閱及本人明白及接受本收集個人資料聲明。

簽名：\_\_\_\_\_

姓名：\_\_\_\_\_

(申請人/獲發本聲明人士姓名)

香港身份證/護照編號：\_\_\_\_\_