



Application Form 申請表

Medical Insurance Plan for Retirees / Long Serving Leavers of The Chinese University of Hong Kong (“MIPR” / “the Plan”)

香港中文大學退休及合資格離職僱員醫療保險計劃（本計劃）

Please complete in English where possible 請盡可能以英文填報

Applicant : _____

Staff No. : _____

Eligibility Start Date : _____

Applicant's Information 投保人資料

Surname / Other names 姓 / 名	HKID No. 香港身份證號碼	Sex 男/女	Date of Birth (mm/dd/yyyy) 出生日期 月/日/年	Marital Status 婚姻狀況	Country of Residence 現居地	Occupation 職業
Applicant 投保人	()					
Spouse 配偶	() Please attach your spouse's HKID / Passport copy 請附上配偶之香港身份證/護照副本					

Applicant's Hong Kong Dollar Bank Account (for claims settlement only) 投保人的港元銀行帳戶號碼(賠償金入帳戶口): (e.g.004-005-123456789)

_____/_____/_____
Bank Name 銀行名稱 (3 digits) Branch Name 分行名稱 (3 digits) Account Number 戶口編號 (5-9 digits)

Applicant's Correspondence Address 投保人的通訊地址:

E-mail 電郵地址: _____

Contact Tel. No. 聯絡電話: _____

Choice of Coverage 投保計劃

With Deductible of HK\$30,000 自付首三萬元為「扣除額」 or With Deductible of HK\$10,000 自付首一萬元為「扣除額」

Please visit the below Finance Office's website or contact Finance Office at 3943 7236 for the premium rates.

有關保費請瀏覽以下財務處網頁或致電 3943 7236 向財務處查詢

http://www.cuhk.edu.hk/fno/eng/public/payroll_benefits/medical/mipr.html

Health Statement

病歷聲明

The following declarations are to assist the Insurer to establish your pre-existing disabilities, if any. The answers you give, which must be truthful and to the best of your knowledge, will not affect your entry into the Plan. 在適用情況下，以下病歷聲明將為保險公司應用於界定閣下受保前已存在之傷病。所填報資料並不影響閣下參加本計劃，唯資料必須就閣下所知，真實完整填報。

- | | <u>Applicant</u>
投保人 | <u>Spouse</u>
配偶 | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes 是 | No 否 | Yes 是 | No 否 |
| 1. In the last three years, have any of the Applicants had any surgical operation, been confined or treated in hospital, sanatorium or other medical institution?
在過去三年內，閣下及投保配偶曾否接受任何手術或曾經在醫院，療養院或其他醫療機構接受治療？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any of the Applicants scheduled to enter into hospital for treatment and/or surgery in the coming twelve months?
閣下及投保配偶會否知道在未來十二個月內需要進院接受任何治療/手術？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last three years, have any of the Applicants ever suffered from, been aware of or been treated for tuberculosis, diabetes mellitus, rheumatic fever, hepatitis, respiratory or lung disorder, heart condition, varicose veins, high blood pressure, hyperlipidaemia, disorder of thyroid gland, disorder of the alimentary canal bowel, liver or gall bladder, kidney, genito-urinary system or venereal disease, cancer or tumors, lumps or fibroids, epilepsy, mental or psychiatric disorders, bone, joint, ligament, muscle, skin, hernia or gynaecological disorders?
在過去三年內，閣下及投保配偶曾否患有、已知道存在或曾經接受治療肺結核、糖尿、風濕性熱、肝炎、呼吸及肺功能不正常、心臟疾病、曲張靜脈、高血壓、高血脂、甲狀腺不正常、消化器官不正常、肝臟或膽囊、腎臟、生殖泌尿功能失調、性病、癌症或腫瘤、腫塊或纖維瘤、癲癇、心智或精神功能失調、骨骼、關節、韌帶、肌肉、皮膚、疝氣或婦科病？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is yes, please provide details, indicating clearly whether it is in respect of the Applicant or the Spouse 如以上任何問題之答案為是，請提供詳細資料，並列明患者為本人或投保配偶：

Name and Address of the attending family physician 閣下/家庭常診的醫生姓名及地址: _____

_____ Tel. 電話: _____

Personal Data Collection Statement (Revised) 個人資料須知聲明(修訂)

Liberty International Insurance Limited (referred to hereinafter as the "Company") recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance"). 利寶國際保險有限公司(以下簡稱「本公司」)根據「個人資料(私隱)條例」(香港法例第486章)(以下簡稱「條例」)就收集、持有、處理、使用和/或轉轉個人資料承擔有關責任。

Purpose 目的

The personal data of customers (including but not limited to policy owners, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:

本公司所收集或持有的客戶個人資料(包括但不限於保單持有人, 受保人及受益人), 可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的:-

Processing and determining insurance applications, insurance claims and providing ongoing insurance services;

處理和確定保險申請書、理賠, 及持續提供保險服務;

Processing requests for payment and for direct debit authorization;

處理付款事宜和直接付款授權書;

Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;

管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟, 以及行使本公司根據保險條款賦予的權利, 包括但不限於代位權;

Compiling statistics or using for accounting purposes;

從事統計資料或用於會計事務;

For management of IT environment and business operation;

資訊科技管理及商業營運

Ensuring security of our IT environment;

保障資訊科技的安全

Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing;

偵察及調查非法活動, 包括欺詐、洗黑錢及與恐怖主義有關的經濟活動

Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence);

遵從合法監管以及管治義務, 包括回應由公眾及政府相關單位的要求(包括你居住以外的國家)

For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards

協助本公司和利寶互助保險集團公司政策及其標準監察及評估違規事宜

Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes

實現其他合法的商業目的, 例如開展保險調查, 研究和分析, 包括分析本公司的客戶群和其他個人資料, 分析他們的行為, 偏好和興趣, 開發新產品, 改進本公司的服務, 識別客戶使用趨勢, 了解本公司客戶的利益, 計劃和執行商業交易(包括合資企業和業務銷售)以及其他合法商業目的

To comply with any legal or regulatory obligations in Hong Kong or overseas;

遵守任何本地或海外的法律或監管義務

Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies;

建立、行使或維護任何利寶互助保險集團公司成員的法律權利

Providing third party administration services;

提供第三方管理服務

Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes

促進協助利寶互助保險公司的全球性配合, 溝通和團隊合作

Other purposes directly relating to any of the above; and

直接涉及任何上述的其他目的; 及

Any other purposes we notify you at the time of obtaining your consent.

當獲得閣下同意時提及的任何其他目的:

Conducting research, insurance surveys and analysis for the purpose of product design and development;

從事研究、保險調查及開發產品和設計之分析;

Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies("Liberty Mutual Group of Companies")

履行任何對本公司、母公司和附屬公司(「利寶互助保險集團公司」)具有約束力的本地或海外法律、法規、守則或指引之披露要求;

Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;

遵守香港特別行政區的法院命令和包括但不限於保監處, 香港保險業聯會, 核數師, 政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求;

Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;

協助本公司的實質或建議受讓人評估有關之轉讓交易;

Conducting identity and/or credit checks and/or debt collection;

從事核實身份和/或信貸審查和/或追收債務;

Conducting medical or health reference checks for relevant insurance products; and

為相關保險產品進行具參考用途之醫療或健康調查; 及

Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes

協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務;

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request. 如閣下不向我們提供個人資料, 我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

Please also ensure that you provide complete and accurate personal data to us and keep us

updated on any changes to your personal data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

請確保你向本公司提供完整準確的個人資料, 並隨時更新您個人資料的任何變更。請注意, 如果您在需要時不向本公司提供完整和準確的個人資料, 可能會對你造成不良後果。

Direct Marketing 直接營銷

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

本公司所收集或持有的客戶個人資料, 特別是姓名和聯繫資料, 如電話號碼、電子郵件地址和郵政地址, 可能會用以提供本公司和/或利寶互助保險集團公司的營銷材料, 並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷, 推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務)。如果你不同意接收有關直銷通訊, 請於本個人資料收集聲明下方口標上✓號。

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

如保客戶沒有「選擇退出」的要求, 其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料用於此自願性的營銷目的。

Transfer of personal data 個人資料之轉移

Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Information in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes.

其他利寶互助公司: 其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料, 以實現上述一項或多項目的。

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong :-

本公司所持有的個人資料將予以保密, 但可能會與以下香港境內或境外人士分享:-

Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;

任何利寶互助保險集團公司, 或任何其他從事與保險或再保險業務有關的公司, 或中介人;

Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;

任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商;

Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;

第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員;

Other Third Parties: To a third party in the event of any reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies.

其他第三方: 對於任何重組, 合併, 出售, 合資, 委託, 轉讓或其他處置的全部或任何部分的情況下之第三方業務, 資產或股票(包括任何破產或類似訴訟); 再保險公司。

Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;

信貸資料服務機構; 在違約情況下, 任何債務追收機構或辦理索償理賠或調查服務公司;

Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;

本公司或任何聯營公司在遵守由政府, 監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士;

Any person pursuant to any order of a court of competent jurisdiction;

根據有司法管轄權的法院命令受權之任何人士;

Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners; 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人;

Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilize third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time;

提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器, 或者可以利用利寶互助保險集團公司將成為處理, 存儲和/或備份的控制器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡, 亞洲其他地區, 美國, 歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區;

Companies within the Liberty Mutual Group of Companies;

利寶互助保險集團公司旗下的公司;

Providers of risk intelligence for the purpose of customer due diligence or anti-money

laundering screening;
為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided; and

如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.
第三方營銷服務供應商和保險中介機構作為直銷通訊用途。
Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies;
任何實際或建議購買者提供給公司業務，在合併、收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份；
Supplied to an organization involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems;
提供給參與維護、審查和開發本公司的業務系統、程序和基礎設施的組織，包括測試或電腦升級系統；
Provided to your representatives including your legal advisers;
提供您的代表，包括您的法律顧問；
Made available to anyone to whom you have given your consent.
提供給已獲得你同意的人。

Made available to other Company’s authorized service providers to provide services to you for the above purposes for which the personal data are to be used
提供獲其他公司授權的服務供應商在需使用個人資料向你提供有關上述項目之服務

As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain.

本公司認為這是必要的或適當的：遵守法律程序，回應公共和政府機構（包括居住國以外的公共和政府機構）的要求，執行我們的條款和條件，保護本公司的運營，及保護本公司的權利，隱私，安全或財產，以及/或你或他人的；偵察和防止欺詐行為；並允許本公司補救措施或限制本公司可能遭受的損害。

Please tick here if you do not consent to receive marketing communications. 如你不同意接收有關直銷通訊，請標上✓號

Declaration & Authorization

投保人聲明 / 授權

It should be noted that any false declaration will result in claims being declined or worse your coverage under the Plan could be rendered null and void. 請注意，任何虛假聲明會導致賠償申請被拒，或更可惡，閣下在本計劃下之保障被作廢。

I/ We have read and understood the contents of the Medical Insurance Plan for Retirees/ Long Serving Leavers booklet which summarises the terms and conditions and wish to apply for membership of the Plan. 本人已細讀並充分理解「退休及合資格離職僱員醫療保險計劃」小冊子之內容並同意參加本計劃

Declaration: I hereby apply to be enrolled in the Plan together with the Applicant listed overleaf. I/We declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/We agree that this declaration and information given in this Application shall form the basis of the contract between the Applicants and the Insurer. I/We understand this insurance is available to medical expenses incurred in Hong Kong SAR only.

Authorization: I / We authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this application from other organizations, institutions or other persons, including other insurance companies/medical service provider, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests. I / We authorize any hospital, physician, insurance company or organization that has any records or knowledge of me/us or my/our health, to furnish Liberty International Insurance Limited or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. This authorization shall survive me/us and shall be irrevocable and a photocopy of this authorization shall be as valid as the original.

* **投保人聲明：**本人及申請書內各投保人現向 貴公司投購醫療保險謹聲明已就實情完整地將本人及各投保人的資料填報於投保書內。本人(等) 已細讀並同意遵守本計劃之各條例並同意這份聲明及投保書將被用作投保 / 受保雙方合約的基礎，及同意此保單只適用於在本港治療的醫療費用。

* **授權：**本人(等)授權利寶國際保險有限公司向 / 從其他組織或機構(包括其他保險公司/醫療提供者)收集關於本人(等)的必須投保資料及其後索償申請之資料並與本人(等)的個人資料作出比較並利用比較結果採取任何行動，包括不符合本人(等)利益者(包括不接納此申請)；此授權不能推翻，即使本人(等)去世，此授權仍然有效。此授權書之影印本與正本具同等效力。

Signature of Applicant 投保人之簽署 / Date 日期

Signature of Spouse 投保人配偶之簽署 / Date 日期

Please return this application form and your spouse’s HKID / Passport copy (if any) together with the crossed cheque made payable to “Liberty International Insurance Limited” for the above premium to **Mercer (Hong Kong) Limited, 28/F, Devon House, Taikoo Place, 979 King’s Road, Quarry Bay, Hong Kong.** 請將此表格及配偶之香港身份證/護照副本(如需)連同應繳保費一併交回美世(香港)有限公司，香港鯉魚涌英皇道 979 號太古坊德宏大廈 28 樓，支票抬頭請寫上“利寶國際保險有限公司”。

13/F Berkshire House, 25 Westlands, Quarry Bay, HK. 香港鯉魚涌華蘭路 25 號栢克大廈 13 樓 ☎ (852)2892 3809 🌐 www.libertyinsurance.com.hk

Cheque Sample 支票範例

ABC Bank	Date ^① _____ Day Month Year
Pay ^② LIBERTY INTERNATIONAL INSURANCE LIMITED	or Bearer
H.K. DOLLARS ^③ Six Hundred and Ninety-Eight Dollars Only ----	^④ HK \$ 698.00
-----	^⑤ **Signature**

Mark 1: Fill in issue cheque date and make sure sufficient fund in related account

Mark 2: Cheque payee should be “LIBERTY INTERNATIONAL INSURANCE LIMITED”

Mark 3 & 4: Amount of mark 3 & 4 should be same (*Above amount is just for reference)

Mark 5: Before you send out the cheque, please make sure it has been signed and the signature is same as bank record.

ABC Bank	日期 ^① _____ 日 月 年
祈付 ^② 利寶國際保險有限公司	或持票人
港元 ^③ 陸佰玖拾捌元正 ----	^④ HK \$ 698.00
-----	^⑤ **簽署**

註 1：填寫簽發支票當日日期，並確保在支票有效期內相關戶口有足夠資金。

註 2：支票抬頭為「利寶國際保險有限公司」，請核對無誤。

註 3 及 4：註 3 及 4 金額應為一致（注意：上述支票金額只作示範例子）

註 5：在寄出支票前，請於支票上簽署。並確保簽署樣式與銀行紀錄相同。