

healthcare

extensive medical cover for you and your employees



SmartCare Entrepreneur
give you and your employees
better group medical
insurance protection

redefining / standards



As one of the important components of an Employee Benefits package, medical insurance is needed to help companies to retain staff as well as to attract new talents. **SmartCare Entrepreneur** provides a flexible and optional cover to all small & medium business. You can easily pick and choose different coverage for your staff. It gives financial protection to the employees against a wide range of healthcare expenses resulting from illness or injury.

competitive pricing

You can provide your employees with comprehensive medical insurance coverage for as little as \$2.8 a day per person.

flexible benefits

With a choice of 6 classes and a full range of optional cover, there is bound to be a plan that meets your needs and budget.

- Basic Cover – hospitalization
- Optional Cover – outpatient, supplementary major medical, outpatient kidney dialysis & cancer treatment, dental
- **FREE 24-hour Emergency Assistance Service**

easy enrolment

You can apply for as long as you have **3** employees and there is no need for Group Insurance Individual Health Declaration Form if you have at least **6** employees.

basic cover

Hospitalization Benefits

The following expenses will be reimbursed

- Daily Room & Board
- In-Hospital Doctor's Visit
- Hospital Expenses
- Surgeon's Fees
- Anaesthetist's Fees
- Operating Theatre Fees
- In-Hospital Specialist's Consultation
- Hospital Cash Benefit
- Post Hospitalization Treatment
- Intensive Care Unit
- Organ Transplantation

optional cover

(1) Additional Hospitalization Benefits

This provides coverage for the following treatment subject to a maximum limit per year:

- (i) Outpatient Kidney Dialysis
- (ii) Outpatient Cancer Treatment

(2) Supplementary Major Medical

This section provides substantial assistance in the payment of large medical bills brought about by a serious disability.

(3) Outpatient Benefits

This provides coverage for the following treatment subject to a maximum reimbursement of 80% or 100%:

- (i) Clinical Consultation
- (ii) Specialist Consultation
- (iii) X-Ray & Laboratory Expenses

(4) Additional Outpatient Benefits

This provides coverage for Chinese Herbalist/ Bonesetter treatment and Physiotherapy/ Chiropractic treatment subject to a maximum reimbursement of 80% or 100%.

(5) Dental Benefits

Covers the cost for the treatment of Accidental Denture Treatment, Extraction & Fillings, Dental X-Ray and Preventive & Oral Examination.

free additional benefit

(1) 24-Hour Emergency Assistance Service

Anywhere in the world, in the case of sickness or injury, you can get access to AXA Assistance Hotline for emergency assistance including medical advice, medical evacuation, repatriation and all other emergency assistance services.

(2) China Hospital Deposit Guarantee Card

- Worry free as no cash deposit required
- Cover over 200 Hospitals Network in China
- Allow immediate hospital admission arrangement

(3) AXA Medical Card (Hong Kong only)

When you opt for Outpatient Benefits Class 1-4, you will get our exclusive AXA Medical Card

- A list of AXA panel doctors for clinical and specialist consultations services for you to choose from
- No need to make any medical payments when you present your AXA Medical Card to the listed doctors

NB: The information of this leaflet does not form any part of a contract of insurance. For full terms and conditions, please refer to the policy for complete details. A specimen policy can be made available upon request.

All amounts are in Hong Kong Dollars.

AXA: a world leader in financial protection

AXA Group in 2011

- HK\$868 billion* in consolidated revenues
- HK\$10,738 billion* in assets under management
- 163,000 employees worldwide working to deliver the right solutions and top quality service to our customers
- 101 million customers across the globe have placed their trust in AXA to:
 - Insure their property (vehicles, homes, equipment)
 - Provide health and personal protection coverage for their families or employees
 - Manage their personal or corporate assets
- Standard & Poor's Rating: AA-

AXA General Insurance Hong Kong Limited

- One of the top general insurers in Hong Kong, leading in motor insurance
- Over 170 years of local experience in Asia
- Over 220 professional, well-trained and caring staff
- Wide range of SMART products for individual and business needs

* As at 31 December 2011, calculated based on exchange rate of 1 Euro = HK\$10.0822

To apply or for more details, please contact your agent or broker, or you can contact us on

2523 3061

www.axa-insurance.com.hk

醫療系列

我們為你 and 員工提供 最周全的醫療保障



「卓越」盛康保
給你和你的員工
更好的團體醫療保障

引領 / 新標準



在僱員福利計劃中，醫療保障佔上重要的一環。周全的醫療保障計劃，不單能為公司留住優秀員工，並且能吸納新的人才加入。「卓越」**盛康保**為中小企提供一個靈活而富彈性的保障組合，讓作為僱主的你，既簡便又容易地選取適合的計劃。使你的員工在疾病或受傷時，毋須為種類繁多的醫療開支而擔憂，在經濟上得到保障。

保費相宜

只需繳付每人每日低至\$2.8元的保費，你與你的僱員便可享有全面的綜合醫療保障。

高彈性組合

提供多達六個基本投保級別及多項附加保障，讓你按預算及需要自由組合最適切的計劃。

- 基本保障－住院
- 附加保障－門診、重症醫療、非住院洗腎及癌病治療、牙科
- **二十四小時緊急支援服務**

申請簡易

你的公司即使只有三名僱員亦可立即投保，若有六名僱員或以上者更可豁免遞交「團體保險個人申報表」，讓你更快捷享用團體醫療的保障。

基本保障計劃

住院保險

凡需留院接受診治而導致以下費用，將會按閣下所投保的保障計劃獲賠償至最高保障額：

- 住房費
- 主診醫生巡房費
- 住院雜項費
- 手術費
- 麻醉師費
- 手術室費
- 住院專科醫生費
- 住院現金津貼
- 離院後治療
- 深切治療病房
- 器官移植

附加保障計劃

(1) 額外洗腎及癌病治療保障

此計劃提供以下額外保障，治療費用可獲賠償至每年最高保障額：

- (i) 非住院洗腎
- (ii) 非住院癌病治療

(2) 附加重症醫療保障

如因複雜的疾病引致巨額醫療費用，而基本住院保障計劃不足以補償，餘額可根據此附加重症醫療保險的條款獲得最高保障。

(3) 門診保障

此計劃提供以下門診保障，治療費用可獲全費或百分之八十賠償：

- (i) 普通科門診費
- (ii) 專科診症費
- (iii) X光檢驗及化驗費

(4) 額外門診保障

此計劃提供中醫或跌打治療及物理或脊骨治療，治療費用可獲全費或百分之八十賠償。

(5) 牙科保障

本計劃提供鑲牙(意外導致)、拔牙及補牙費、X光費、洗牙及口腔檢查的費用賠償。

免費額外保障

(1) 二十四小時緊急支援服務

不論你身處何地，若不幸患上疾病或受傷，你可享用安盛24小時全球緊急支援服務。此服務可為你提供醫療諮詢、醫療運送、護送回國及其他緊急支援服務等。

(2) 中國住院按金保證咭

- 毋須擔心入院保證金
- 覆蓋網絡超過200間醫院
- 即時安排住院手續

(3) 安盛醫療咭(只限香港)

- 投保門診保障級別一至四，安盛醫療咭便隨即附上
- 於指定的普通科門診及專科診所出示安盛醫療咭，便無需支付診療費用

註：此單張上所載之內容並不屬於保險合約的其中一部份。一切條款以保單為準，如有需要，可向本公司索取保單樣本以作參考。

所有金額均以港元計算。

本中文簡譯，概以英文原文為準。

安盛集團：經濟保障 世界翹楚

安盛集團(2011年)

- 全年總收入達8,681億港元*
- 管理資產總值達107,375億港元*
- 全球聘用163,000名僱員，竭誠為客戶提供所需的方案及最優質的服務
- 獲全球逾101,000,000位客戶信賴
 - 保障他們的財物(汽車、家居、器材)
 - 為他們的家人或僱員提供醫療及個人保險
 - 為他們管理個人或企業的財產
- 標準普爾評級：AA-

安盛保險有限公司

- 全港最大一般保險公司之一，尤以車險具領先地位
- 擁有逾170年亞洲經營經驗
- 聘用超過220名專業及訓練有素的僱員，竭誠為客戶提供所需的方案及最優質的服務
- 「卓越」保險系列專為個人及中小企業提供周全的保障

* 截至2011年12月31日，以1歐羅兌10.0822港元計算

有意投保人士或欲進一步了解本保險計劃的內容，歡迎致電貴保險代理／經紀或致電向本公司查詢。

2523 3061

www.axa-insurance.com.hk

SmartCare Entrepreneur Group Health Insurance

schedule of benefits

Basic Cover	Max. Limit Per Disability					
(A) Hospitalization Benefit	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
100% Reimbursement						
Daily Room & Board (Up to max. 90 days)	\$2,200	\$1,800	\$1,200	\$800	\$600	\$450
In-Hospital Doctor's Visit (Limit per day; up to max. 90 days)	\$2,200	\$1,800	\$1,200	\$800	\$600	\$450
Hospital Expenses	\$33,000	\$27,000	\$18,000	\$12,000	\$10,000	\$8,000
Surgeon's Fees						
▪ Complex	\$99,000	\$87,000	\$63,000	\$45,000	\$36,000	\$27,000
▪ Major	\$66,000	\$58,000	\$42,000	\$30,000	\$24,000	\$18,000
▪ Intermediate	\$33,000	\$29,000	\$21,000	\$15,000	\$12,000	\$9,000
▪ Minor	\$13,200	\$11,600	\$8,400	\$6,000	\$4,800	\$3,600
Anaesthetist's Fees	(Up to max. 30% of Surgeon's Fees)					
Operating Theatre Fees	(Up to max. 30% of Surgeon's Fees)					
In-Hospital Specialist's Consultation *	\$6,000	\$5,000	\$4,000	\$3,000	\$2,000	\$1,500
Hospital Cash** (Limit per day; up to max. 90 days)	\$1,000	\$800	\$600	\$400	\$300	\$225
Post Hospitalization Treatment	\$3,000	\$2,500	\$2,000	\$1,500	\$1,000	\$800
Intensive Care Unit (Limit per day; up to max. 14 days)	\$3,500	\$3,200	\$2,400	\$1,600	\$1,200	\$900
Organ Transplantation # (Max. limit per year)	\$100,000			\$50,000		

N.B. All expenses must be medically necessary and reasonable and customary.
Worldwide Cover.

* Recommended or referred by the attending physician.

** Subject to any hospital and surgeon's fee shall not be reimbursed and stayed at Hong Kong Government Public Ward only.

Includes all expenses incurred for operating theatre and materials, anaesthetist, surgeon and hospital services for heart, kidney, liver or bone marrow transplantation.

Optional Cover	Max. Limit					
(B) Additional Hospitalization Benefit	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
100% Reimbursement (Max. limit per year)						
Outpatient Kidney Dialysis	\$30,000					
Outpatient Cancer Treatment	\$75,000					

(C) Supplementary Major Medical	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
80% Reimbursement (Max. limit per disability)						
Supplementary Major Medical ***	\$200,000			\$100,000		
Deductible	\$1,000					

N.B. * Insured shall stay in a room not exceeding the daily room & board rate, otherwise the amount of Benefit payable will be discounted by an adjustment factor.

Not applicable for Organ Transplantation, Outpatient Kidney Dialysis and Cancer Treatment.

(D) Outpatient Benefit A	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
80% / 100% Reimbursement (Max. limit per visit)						
Clinical Consultation Max. 1 visit per day and 30 visits per year	\$350	\$300	\$250	\$200	\$150	\$100
Specialist Consultation** Max. 1 visit per day and 10 visits per year	\$700	\$600	\$500	\$400	\$300	\$200
X-Ray & Laboratory Examination** (Max. limit per year)	\$5,000	\$4,000	\$3,000	\$2,000	\$1,500	\$1,000

(E) Outpatient Benefit B Outpatient Benefit A + the following benefits	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
80% / 100% Reimbursement (Max. limit per visit)						
Chinese Herbalist / Bonesetter Max. 1 visit per day and 8 visits per year	\$350	\$300	\$250	\$200	\$150	\$100
Physiotherapy / Chiropractic Treatment** Max. 1 visit per day and 10 visits per year	\$700	\$600	\$500	\$400	\$300	\$200

N.B. ** Recommended or referred by the attending physician.

Medical card can be provided (Class 1-4 Only) subject to indemnification.

(F) Dental Benefit	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
80% Reimbursement (Max. limit per year)						
Overall max. limit per year	\$3,200			\$2,200		
Accidental Denture Treatment	\$1,000			\$800		
Extraction & Fillings	\$1,200			\$800		
Dental X-Ray	\$800			\$500		
Preventive Oral Examination Max. 2 visits per year (Limit per visit)	\$400			\$300		

(Please refer to the policy for complete details. A specimen policy can be made available upon request)

annual premium table

(Effective from 1 September 2012 until further notice)

Basic Cover		Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
		Premium Per Insured Person					
(A) Hospitalization Benefit	Employee / Spouse	\$4,910	\$3,909	\$2,776	\$1,730	\$1,276	\$961
	Dependent Child	\$3,861	\$3,073	\$2,183	\$1,361	\$1,003	\$756
Optional Cover							
(B) Additional Hospitalization Benefit (Outpatient Kidney Dialysis & Outpatient Cancer Treatment)	Employee / Spouse	\$140	\$140	\$140	\$140	\$140	\$140
	Dependent Child	\$112	\$112	\$112	\$112	\$112	\$112
(C) Supplementary Major Medical	Employee / Spouse	\$892	\$1,054	\$1,216	\$527	\$616	\$713
	Dependent Child	\$713	\$842	\$972	\$421	\$492	\$570
(D) Outpatient Benefit A (Clinical & Specialist Consultation + X-Ray & Laboratory Examination)	80% Reimbursement						
	Employee / Spouse	\$2,659	\$2,392	\$2,035	\$1,678	\$1,339	\$1,071
	Dependent Child	\$3,325	\$2,990	\$2,544	\$2,098	\$1,673	\$1,339
	100% Reimbursement						
	Employee / Spouse	\$3,324	\$2,990	\$2,544	\$2,098	\$1,674	\$1,339
	Dependent Child	\$4,156	\$3,737	\$3,180	\$2,622	\$2,092	\$1,674
(E) Outpatient Benefit B (Clinical & Specialist Consultation + X-Ray & Laboratory Examination + Chinese Herbalist / Bonesetter + Physiotherapy / Chiropractic Treatment)	80% Reimbursement						
	Employee / Spouse	\$3,651	\$3,209	\$2,717	\$2,194	\$1,727	\$1,393
	Dependent Child	\$4,563	\$4,011	\$3,397	\$2,742	\$2,159	\$1,741
	100% Reimbursement						
	Employee / Spouse	\$4,564	\$4,011	\$3,397	\$2,743	\$2,159	\$1,741
	Dependent Child	\$5,704	\$5,014	\$4,247	\$3,428	\$2,699	\$2,176
(F) Dental Benefit	Employee / Spouse	\$1,473	\$1,473	\$1,473	\$1,105	\$1,105	\$1,105
	Dependent Child	\$1,473	\$1,473	\$1,473	\$1,105	\$1,105	\$1,105

N.B. Please refer to the policy for complete details. A specimen policy can be made available upon request.
All amounts are in Hong Kong Dollars.

common exclusions

Some of the exclusions under this Package are:

- Pre-existing conditions
- Drug addiction or alcoholism
- Suicide or self-inflicted injury
- Cosmetic or plastic surgery
- Pregnancy, childbirth, birth control and treatment for infertility
- Congenital anomalies
- Sexually transmitted diseases, AIDS or HIV-related conditions
- Routine health checks
- Professional and hazardous sports
- Appliances, equipment and implants
- War or warlike operation, strike, riot and civil revolution

eligibility & requirements

- Minimum group size of 3 employees (excluding dependents)
- Maximum 2 Classes per policy for group with less than 10 employees
- Individual health declaration is required for group with 5 employees or below (excluding dependents)
- Employees must be actively at work
- Premium must be paid by the employer only
- Age limit below 65 for all insured members
- Dependants shall mean any of the following persons:-
 - 1) a spouse aged between 18 and 64 years old inclusive
 - 2) unmarried child(ren) over fourteen (14) days old but under nineteen (19) years old, or twenty-three (23) years old if still in full-time education, and is/are not gainfully employed
- Minimum premium is \$3,000
- All permanent full-time employees have to be insured
- Employees in the same category must enroll in the same Class
- Dependants must be enrolled in the same Class as employees



「卓越」盛康保團體醫療保險

承保範圍

基本保障		每症最高賠償金額					
(A) 住院保障	級別一	級別二	級別三	級別四	級別五	級別六	
賠償金額為 100%							
每天住房費用 (每症最高賠償期為 90 天)	\$2,200	\$1,800	\$1,200	\$800	\$600	\$450	
每天主診醫生費用 (每症最高賠償期為 90 天)	\$2,200	\$1,800	\$1,200	\$800	\$600	\$450	
醫院雜項費用	\$33,000	\$27,000	\$18,000	\$12,000	\$10,000	\$8,000	
外科手術費用							
▪ 複雜手術	\$99,000	\$87,000	\$63,000	\$45,000	\$36,000	\$27,000	
▪ 大型手術	\$66,000	\$58,000	\$42,000	\$30,000	\$24,000	\$18,000	
▪ 中型手術	\$33,000	\$29,000	\$21,000	\$15,000	\$12,000	\$9,000	
▪ 小型手術	\$13,200	\$11,600	\$8,400	\$6,000	\$4,800	\$3,600	
麻醉師費用	(最高可達外科費用的 30%)						
手術室費用	(最高可達外科費用的 30%)						
住院專科醫生費用 *	\$6,000	\$5,000	\$4,000	\$3,000	\$2,000	\$1,500	
每天住院現金津貼 ** (每症最高賠償期為 90 天)	\$1,000	\$800	\$600	\$400	\$300	\$225	
離院後治療費用	\$3,000	\$2,500	\$2,000	\$1,500	\$1,000	\$800	
每天深切治療病房費用 (每症最高賠償期為 14 天)	\$3,500	\$3,200	\$2,400	\$1,600	\$1,200	\$900	
器官移植費用 # (每年最高限額)	\$100,000			\$50,000			

註 所有費用必須合理及慣常。
全球性保障。
* 需經由主診醫生推薦。
** 只限入住香港政府醫院公眾病房，而其他住院費用則不獲賠償。
包括所有手術室費、麻醉師費、醫生手術費及醫院雜費等作處理移植心、腎、肝或骨髓之用。

附加保障	最高賠償金額					
(B) 額外洗腎及癌病治療保障	級別一	級別二	級別三	級別四	級別五	級別六
賠償金額為 100% (每年最高限額)						
非住院洗腎	\$30,000					
非住院癌病治療	\$75,000					

(C) 重症醫療保障	級別一	級別二	級別三	級別四	級別五	級別六
賠償金額為 80% (每症最高限額)						
重症醫療保障 ***	\$200,000			\$100,000		
每宗病症自負額	\$1,000					

註 * 投保人不可入住超過住房費最高限額的病房，否則所有住院費用將會以病房實際收費與投保限額按比例作出賠償。
** 不包括器官移植、非住院洗腎及癌病治療。

(D) 門診保障 A	級別一	級別二	級別三	級別四	級別五	級別六
賠償金額為 80%/100% (每次最高限額)						
普通科門診費用 每天一次，每年最多 30 次	\$350	\$300	\$250	\$200	\$150	\$100
專科診症費用 ** 每天一次，每年最多 10 次	\$700	\$600	\$500	\$400	\$300	\$200
X 光檢驗及化驗費用 ** (每年最高限額)	\$5,000	\$4,000	\$3,000	\$2,000	\$1,500	\$1,000

(E) 門診保障 B 門診保障 A + 下列保障	級別一	級別二	級別三	級別四	級別五	級別六
賠償金額為 80%/100% (每次最高限額)						
中醫 / 跌打 每天一次，每年最多 8 次	\$350	\$300	\$250	\$200	\$150	\$100
物理治療 / 脊骨治療 ** 每天一次，每年最多 10 次	\$700	\$600	\$500	\$400	\$300	\$200

註 ** 需經由普通科主診醫生推薦。
醫療咭 (只限級別一至四) 須簽妥同意書方可生效。

(F) 牙科保障	級別一	級別二	級別三	級別四	級別五	級別六
賠償金額為 80% (每年最高限額)						
每年最高賠償限額	\$3,200			\$2,200		
鑲牙費用 (因意外導致)	\$1,000			\$800		
拔牙及補牙費用	\$1,200			\$800		
X 光費用	\$800			\$500		
洗牙及口腔檢查 每年最多 2 次 (每次最高限額)	\$400			\$300		

(一切條款以保單為準，如有需要，可向本公司索取保單樣本以作參考。)

全年保費表

(此保費由2012年9月1日生效，直至另行通知為止。)

基本保障		級別一	級別二	級別三	級別四	級別五	級別六
		每名受保人的保費					
(A) 住院保障	僱員 / 配偶	\$4,910	\$3,909	\$2,776	\$1,730	\$1,276	\$961
	子女	\$3,861	\$3,073	\$2,183	\$1,361	\$1,003	\$756
附加保障							
(B) 額外洗腎及癌病治療保障	僱員 / 配偶	\$140	\$140	\$140	\$140	\$140	\$140
	子女	\$112	\$112	\$112	\$112	\$112	\$112
(C) 重症醫療保障	僱員 / 配偶	\$892	\$1,054	\$1,216	\$527	\$616	\$713
	子女	\$713	\$842	\$972	\$421	\$492	\$570
(D) 門診保障 A (普通科門診及專科診症 + X光檢驗及化驗)	賠償金額為 80%						
	僱員 / 配偶	\$2,659	\$2,392	\$2,035	\$1,678	\$1,339	\$1,071
	子女	\$3,325	\$2,990	\$2,544	\$2,098	\$1,673	\$1,339
	賠償金額為 100%						
	僱員 / 配偶	\$3,324	\$2,990	\$2,544	\$2,098	\$1,674	\$1,339
	子女	\$4,156	\$3,737	\$3,180	\$2,622	\$2,092	\$1,674
(E) 門診保障 B (普通科門診及專科診症 + X光檢驗及化驗 + 中醫 / 跌打 + 物理治療 / 脊骨治療)	賠償金額為 80%						
	僱員 / 配偶	\$3,651	\$3,209	\$2,717	\$2,194	\$1,727	\$1,393
	子女	\$4,563	\$4,011	\$3,397	\$2,742	\$2,159	\$1,741
	賠償金額為 100%						
	僱員 / 配偶	\$4,564	\$4,011	\$3,397	\$2,743	\$2,159	\$1,741
	子女	\$5,704	\$5,014	\$4,247	\$3,428	\$2,699	\$2,176
(F) 牙科保障	僱員 / 配偶	\$1,473	\$1,473	\$1,473	\$1,105	\$1,105	\$1,105
	子女	\$1,473	\$1,473	\$1,473	\$1,105	\$1,105	\$1,105

註：一切條款以保單為準，如有需要，可向本公司索取保單樣本以作參考。
所有金額均以港元計算。
本中文簡譯，概以英文原文為準。

一般不受保項目

此計劃的不受保項目包括：

- 受保前已存在的疾病
- 吸毒或酗酒
- 自殺或蓄意自殘
- 美容及整容手術
- 懷孕、分娩、節育及醫治不育
- 先天的疾病
- 性病、愛滋病及其他併發症
- 例行健康檢查 / 療養
- 專業及危險運動
- 輔助儀器及植入設備等
- 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂

投保條件及要求

- 適合三名僱員(家庭成員除外)或以上之公司申請。
- 少於十名僱員之公司最多可選擇兩種級別。
- 凡僱員人數為五名或以下之公司，每位僱員必須申報其健康狀況。
- 僱員必須執行其正常工作。
- 保費必須由僱主支付。
- 投保人之年齡必須於65歲以下。
- 家庭成員須為：
 - 18-64歲之合法配偶
 - 出生14天後至18歲；或未滿23歲而正接受全日制教育的未婚子女。
- 保單最低保費為\$3,000。
- 所有全職僱員必須投保。
- 同一組別之僱員，必須投保同一保險級別。
- 家屬成員只可投保與僱員相同之保險級別。



redefining / standards

(852) 2523 3061
 (852) 2810 0706
 axahk@axa-insurance.com.hk
 www.axa-insurance.com.hk

投保書 Proposal Form

「卓越」盛康保團體醫療保險

SmartCare Entrepreneur Group Health Insurance

- (1) 你必須在此投保書上填報一切有關的重要事實，因為你與本公司之合約將以這些事實為根據，否則所出之保單將告無效或可被視為無效。如你不清楚某一事實是否重要，也請將此事實在下面說明。You are to disclose in this application ALL material facts, which shall form the basis of our contract; otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose it below.
- (2) 如此申請上未有註明，建議被保人將被視為建議持有人。The Proposed Insured shall be deemed to be the Proposed Owner unless otherwise indicated in this proposal form.

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

* 必須填寫項目 Mandatory fields

保單持有人資料 POLICYHOLDER DETAILS		
投保公司名稱 (與商業登記證相同)* Name of Policyholder (as on Business Registration)		
通訊地址* Correspondence Address		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
商業登記號碼* Business Registration No	業務性質* Business Type	聯絡人 Contact Person
公司電話* Office Tel	傳真號碼 Fax No	電郵地址 Email

選擇的投保計劃 PLAN SELECTED

- (i) 現任全職僱員 Existing permanent full-time employees
 保單生效日參加 On policy effective date
- (ii) 將來全職僱員 Future permanent full-time employees
 受僱日參加 On employment date 受僱 _____ 個月後參加 Immediate coverage after _____ month(s) of employment

組別 Group	(A) 基本保障 Basic Cover 附加保障 Optional Cover	級別 Class _____	組別 Group	(A) 基本保障 Basic Cover 附加保障 Optional Cover	級別 Class _____
I	<input type="checkbox"/> (B) 額外洗腎及癌病治療保障 Additional Hospitalization Benefit		II	<input type="checkbox"/> (B) 額外洗腎及癌病治療保障 Additional Hospitalization Benefit	
	<input type="checkbox"/> (C) 重症醫療保障 Supplementary Major Medical			<input type="checkbox"/> (C) 重症醫療保障 Supplementary Major Medical	
	<input type="checkbox"/> (D) 門診保障 A Outpatient Benefit A <input type="checkbox"/> 賠償金額為 80% 80% Reimbursement	<input type="checkbox"/> 賠償金額為 100% 100% Reimbursement		<input type="checkbox"/> (D) 門診保障 A Outpatient Benefit A <input type="checkbox"/> 賠償金額為 80% 80% Reimbursement	<input type="checkbox"/> 賠償金額為 100% 100% Reimbursement
	<input type="checkbox"/> (E) 門診保障 B Outpatient Benefit B <input type="checkbox"/> 賠償金額為 80% 80% Reimbursement	<input type="checkbox"/> 賠償金額為 100% 100% Reimbursement		<input type="checkbox"/> (E) 門診保障 B Outpatient Benefit B <input type="checkbox"/> 賠償金額為 80% 80% Reimbursement	<input type="checkbox"/> 賠償金額為 100% 100% Reimbursement
	<input type="checkbox"/> (F) 牙科保障 Dental Benefit			<input type="checkbox"/> (F) 牙科保障 Dental Benefit	
受保僱員職位組別 (如: 經理, 主管, 一般僱員) Occupation Category of Insured Employees (eg. Manager, supervisor, general staff) _____			受保僱員職位組別 (如: 經理, 主管, 一般僱員) Occupation Category of Insured Employees (eg. Manager, supervisor, general staff) _____		
家屬保障 (有 / 無) Dependant coverage (Y/N) _____			家屬保障 (有 / 無) Dependant coverage (Y/N) _____		

賠款形式 CLAIM SETTLEMENT

支票 Individual Cheque 自動轉賬 Autopay
 (請提供銀行戶口號碼 Please provide Bank Account No)

受保人資料 INSURED DETAILS*

受保人姓名 (與香港身份證相同) Name of Insured (as printed on HKID)	香港身份證號碼 HKID No	出生日期 Date of Birth	性別 Sex	組別 Group	關係 Status	銀行戶口號碼 (供賠償用) Bank Account No (for claim settlement)	
					僱員 E - Employee 配偶 S - Spouse 子女 C - Child	銀行名稱 Bank Name	戶口號碼 Account No
1		DD / MM / YY					
2		DD / MM / YY					

安盛保險有限公司 AXA General Insurance Hong Kong Limited

香港九龍九龍灣宏泰道 23 號 21 樓 21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

3		DD / MM / YY					
4		DD / MM / YY					

- 注意：
- (1) 若空位不敷應用，請另加紙張填寫。
 - (2) 所有全職僱員必須投保。
 - (3) 同一組別之僱員，必須投保同一保險計劃。
 - (4) 家屬成員只可投保與僱員相同之保險計劃。

- Remarks:
- (1) Please use another sheet of paper if there is insufficient space.
 - (2) All permanent full-time employees have to be insured.
 - (3) Employees in the same category must enroll in the same Plan.
 - (4) Dependants must be enrolled in the same Plan as employees.

前承保公司 (如適用) PREVIOUS INSURER (IF APPLICABLE)

投保細則 INSURANCE COVER

本保單由
Policy to commence on

日 DD / 月 MM / 年 YY

起一年內有效
for one year

此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。
The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

投保所需文件清單 APPLICATION CHECKLIST

請一併附上以下文件：

Please attach the following documents with your application:

- 商業登記證副本
Copy of Business Registration Certificate
- 家屬年齡介乎十九至二十三歲，需附上學生證明
Student proof for dependent child(ren) aged between 19 and 23 years old
- 理賠記錄
Claims Experience
- 如少於六名僱員，需遞交團體保險個人申報表
Group Insurance Individual Health Declaration Form if there are less than 6 employees

付款方式 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣

I wish to pay my premium HK\$

元正
by

支票抬頭請填「安盛保險有限公司」 Cheque payable to AXA General Insurance Hong Kong Limited

投保人須知 IMPORTANT NOTES TO PROPOSER

- 所有合資格的僱員必須參加此保險計劃
All eligible employees are to be insured
- 所有受保僱員於受保生效當日必須為正常上班之僱員
All eligible employees must be actively at work on the effective date of insurance coverage

聲明及授權 DECLARATION AND AUTHORIZATION

本人謹此確認本人並沒有代表任何其他人士提出此投保申請；如在此投保書或就此申請提交的任何其他文件上另有註明則除外。

I HEREBY CONFIRM that I am not acting on behalf of any other person for this insurance application unless otherwise expressly indicated in this proposal form or any other documents provided to the Company for this application.

本人謹此代表本人及其他在此投保書提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此投保書提及之其他人士)聲明及同意

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application (hereinafter referred to as "Relevant persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實全部並確實無訛；
all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (2) 上述問題的所有答案及此投保書，將成為發出保單的根據，並作為保單的一部份；
all answers to such questions, together with this application, shall form the basis and become a part of the policy;
- (3) 本人已細閱並明白所申請的保單之主要銷售刊物之內容；
I have read and fully understood the Proposal for the policy applied for;
- (4) 本人會向貴公司申報，自簽署此投保書至保單簽發期間，有關任何一位相關人士的重要事實之轉變；
I shall disclose to the Company any change and/or material facts of all Relevant Person(s) that occur after signing this proposal form but before the policy is issued;
- (5) 保單將在有關保費已全數繳清及符合所有規定後，方能生效；
the policy shall effective only following the full payment of premium stated in the policy schedule and all applicable requirements being met;
- (6) 本人對任何人所作出的任何聲明，如沒有在此投保書上填寫或印出，貴公司不須受其約束；
the Company is not bound by and is not required to rely on any statement which I may have made to any person if not written or printed here;
- (7) 就此投保申請，本人已取得所有僱員及其家屬同意及授權本人或其代表向貴公司提供有關資料；倘若本人未能提供所須資料，貴公司可能因此不能處理此投保申請。本人之僱員及其家屬均同意該等資料可供貴公司使用，致使貴公司之業務得以順利運作。
I have obtained all necessary consent from our employees to supply their information and data to the Company by myself and/or through its representative involved in this application otherwise if it fails to provide any such information requested, it may result in the Company's inability to process and deal with this application. Our employees and their dependants agree that these information and data can be used by the Company to carry on its businesses.

收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

安盛保險有限公司(下稱「本公司」)明白其就《個人資料(私隱)條例》(香港法例第486章)(「條例」)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的(「有關目的」)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

- (1) 向閣下推介、提供和營銷本公司、安盛集團的其他公司(「安盛關聯方」)或本公司的商業合作夥伴(參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
- (2) 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
- (3) 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
- (4) 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
- (5) 評估閣下的財務需求；
- (6) 為客戶設計產品/服務；
- (7) 為統計或其他目的進行市場研究；
- (8) 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
- (9) 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
- (10) 進行身份和/或信用核查和/或債務追收；
- (11) 遵守任何適用的司法管轄區的法律；
- (12) 開展與本公司業務經營有關的其他服務；及
- (13) 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

- (1) 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
- (2) 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
- (3) 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
- (4) 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；
- (5) 本公司權利或業務的任何實際或建議的承讓入、受讓方、參與者或次參與者；及
- (6) 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份。

閣下的個人資料將僅為上文所規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

- (1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
- (2) 就本公司、安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
 - (a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - (b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
- (3) 以上服務及產品將會由本公司及/或以下機構提供：
 - (a) 任何安盛關聯方；
 - (b) 第三方金融機構；
 - (c) 提供上文2.所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - (d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
- (4) 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文「個人資料的查閱和更正」部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查閱本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港九龍灣宏泰道23號21樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

- (1) offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
- (2) processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- (3) providing subsequent services to you, including but not limited to administering the policies issued;
- (4) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
- (5) evaluating your financial needs;
- (6) designing products/services for customers;
- (7) conducting market research for statistical or other purposes;
- (8) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (9) making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- (10) conducting identity and/or credit checks and/or debt collection;
- (11) complying with the laws of any applicable jurisdiction;
- (12) carrying out other services in connection with the operation of the Company's business; and
- (13) other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- (1) any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
- (2) any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- (3) any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- (4) credit reference agencies or, in the event of default, debt collection agencies;
- (5) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
- (6) any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

- (1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- (3) the above products and services may be provided by the Company and/or:
 - (a) any of our affiliates;
 - (b) third party financial institutions;
 - (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
- (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
21/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明(「該聲明」)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

[重要通知：如閣下不同意根據「收集個人資料的聲明」使用和轉移閣下的個人資料作直接促銷用途(參閱「在直接促銷中使用及將其個人資料提供予其他人士」部份)，請在下列方格內口加上剔號(「✓」)，本公司將不會使用閣下的個人資料作為直接促銷用途。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.]

本人/我們不同意貴公司根據「收集個人資料的聲明」使用和轉移本人/我們的個人資料作直接促銷用途(參閱「在直接促銷中使用及將其個人資料提供予其他人士」部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。

I/ we do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

保單持有人簽署及公司印章 Policyholder's Signature & Company Stamp
(請勿於空白投保書上簽署 Do **not** sign a blank form)

日期 Date
(日 / 月 / 年 dd/mm/yyyy)

「註：本中文簡譯，概以英文原文為準」