亞 洲 保 險
ASIA INSURANCE

受保人仕申報/資料更改表
Enrollment / Change Form

Head Office: 16/F, Worldwide House, 19 Des Voeux Road Central, Hong Kong. **Business Centre**:8/F, 118 Connaught Road West, Sheung Wan, Hong Kong. Tel: +852 3606 9346 Fax: +852 2899 2426 Website: http://www.asiainsurance.hk Email: medical@afh.hk

保單持有人/其附屬公司
Policyholder / Affiliated Co. _____

保單編號
Policy No.: ☐ 醫療 Medical _____ ☐ 人壽 Life _____

更改代碼 * Change Code *	現時保單之受保人仕 Existing Insured Person in the policy		最新資料 / Updated Information																
	附屬公司編號 Subsid. No.	証書編號 Cert. No.	僱員編號 Staff No.	合資格受保僱員及其家屬姓名（先填姓氏） Eligible Insured Employees' & their Dependents' Names (Surname first)	性別 Sex	出生日期 日-月-年 Date of Birth DD-MMM-YYYY	關係 # Relationship #	結婚日期 日-月-年 Date of Marriage DD-MMM-YYYY	（人壽保單專用）月薪 (for Life Policy only) Monthly Salary HK$	銀行編號 Bank Code	分行編號 Branch Code	戶口編號 A/C No.	受僱日期/離職日期 日-月-年 Employment/ Last Employment Date DD-MMM-YYYY	受/停保日期 日-月-年 Insurance Effective/ Termination Date DD-MMM-YYYY	醫療投保計劃 Medical Benefit Plan	人壽投保計劃 Life Benefit Plan	職位 Position	附註/電郵地址/受保家屬之僱員姓名 Remarks / Email Address / Employee's Name of the Insured Dependents

更改代碼
Change Code
* 1 新加投保人仕 Addition of Proposed Insured Persons
2 更改受保人仕資料 Change of Insured Person data
3 內部轉公司: 請填新公司編號於「附註」欄
Internal Transfer : Pls advise the new Subsid.No. on "Remarks" Column
4 停止受保人仕 Termination of Insured Persons

關係 (與僱員之關係)
Relationship (With the Employee)
\# E 僱員 Employee
S 配偶 Spouse
C 子女 Child

重要事項 IMPORTANT NOTES
1 遲報 : 任何合資格受保人仕，倘若沒有在合資格起保日計一個月內向亞洲保險有限公司（亞洲保險）申報，則需附加填報「健康申請表」
Late Report : For any eligible insured person who applies to Asia Insurance Co., Ltd. (Asia Insurance) for enrolment one month after the eligible Effective Date of insurance, declaration on a Health Declaration Form is required.
2 亞洲保險可以運用、保存或透露以上之個人資料予任何人仕或機構，用以審核此項申請，或提供有關服務。若需查閱或更正以上之個人資料，請聯絡亞洲保險的資料保護主任。
Any personal information collected by Asia Insurance may be used, stored or disclosed to any individual or organization to evaluate this Proposal, or to provide subsequent services. Requests for personal data access or correction may be addressed to the Data Protection Officer of Asia Insurance.

_____
日期 Date

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