



Asia Maxicare Network Outpatient Benefit Service Application Form

Asia Maxicare 網絡門診保障服務申請書

Personal Information of Applicants 申請人的個人資料			
Name of Representative Policy Holder (as shown on HKID Card) 申請人姓名 (以香港身份證為準)	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐	HKID Card No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)
Residential Address 居住地址	Personal E-mail Address 個人電郵地址		Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____
Expected Policy Effective Date (dd/mm/yyyy) 預計保單生效日期 (日 / 月 / 年)			

Information of the Proposed Insured Person 準受保人資料			
Name of Insured Person (as shown on HKID Card) 姓名 (以香港身份證為準)	HKID Card No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)	Relationship with the Policy Holder(s) 與保單持有人的關係
Proposed Insured Person's Residential Address 準受保人居住地址			

Policy Information 保單資料	
Plan Option 選擇計劃	<input type="checkbox"/> Class 1 計劃1 <input type="checkbox"/> Class 2 計劃2 <input type="checkbox"/> Class 3 計劃3 <input type="checkbox"/> Class 4 計劃4
Combine No. of visit 總次數	<input type="checkbox"/> 30 <input type="checkbox"/> 50
Payment Mode 繳付保費方式	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳 (By Credit Card Only 僅限信用卡)

Optional Top-up Items 加購項目	
<input type="checkbox"/> 1) Purchase 1-year healthcare management platform service at HK\$380 以HK\$380加購1年健康管理平台服務	
<input type="checkbox"/> 2) Health check-up plan 健康檢查計劃 (Service provided by QHMS 服務由卓健醫療提供)	
Plan Option 選擇計劃	<input type="checkbox"/> Basic Health Check-up Plan 基本健康檢查計劃 (KU40) HK\$1,680 <input type="checkbox"/> Women 女士 30+ (KT87) HK\$4,380 <input type="checkbox"/> Men 男士 30+ (KT88) HK\$3,280
<input type="checkbox"/> 3) Health check-up plan 健康檢查計劃 (Service provided by CUHKMC 服務由中大醫院提供)	
Plan Option 選擇計劃	<input type="checkbox"/> Men 男士 M2 Plan HK\$4,239 <input type="checkbox"/> Women 女士 W2 Plan HK\$5,567 <input type="checkbox"/> Brain Health 腦健康檢查計劃 HK\$5,226

Payment Method 繳付保費方法	
<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____ Please attach a cheque make payable to "Asia Insurance Co., Ltd." 請將支票交回本公司，支票抬頭人為「亞洲保險有限公司」	<input type="checkbox"/> Credit Card 信用卡 Please fill in below part 請填寫以下部分

Credit Card Payment Authorisation 信用卡付款授權書	
Credit Card Type 信用卡類別 <input type="checkbox"/> VISA 滙財卡 <input type="checkbox"/> Mastercard 萬事達卡	
Credit Card No. 信用卡號碼	Expiry Date (MM/YY) 有效期限 (月 / 年)
Full Name in English of Cardholder 信用卡持有人英文姓名	
I hereby authorise Asia Insurance Company Limited to charge the above credit card for the required premiums of this insurance policy and Levy (including payments upon policy renewal) collected by the Insurance Authority. 本人授權亞洲保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費及保險業監管局收取的徵費 (包括續保費用)。	
Signature of Cardholder 信用卡持有人簽署  (Signature must be matched with the bank's record) (簽名必須與所屬銀行紀錄相同)	Signature Date (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)

Out-patient benefit schedule 門診保障服務		Class 1	Class 2	Class 3	Class 4
1	Out-patient Physician's Visit (including 3 days basic medication) - GP Copayment 西醫普通科門診 (包 3 天基本藥物) - GP 自付額	0	0	0	0
	Extra medication coverage per visit 額外藥物保障限額 (每次)	\$230	\$130	\$0	\$0
2	Physiotherapist's Visit* - PC Copayment 物理治療 * - PC 自付額	0	0	\$20	\$40
3	Out-patient Specialist's Consultation (including 5 days basic medication)* - SP Copayment 專科門診 (包 5 天基本藥物)* - SP 自付額	0	0	0	\$60
	Extra medication coverage per visit 額外藥物保障限額 (每次)	\$240	\$140	\$0	\$0
4	Chinese Medicine Practitioner's Visit (including 2 packs of basic herbs) - CMP Copayment 中醫 (包 2 份基本中藥) - CMP 自付額	0	0	0	0
	Extra herbs coverage per visit 額外中藥保障限額 (每次)	\$230	\$130	\$0	\$0
5	Out-patient X-ray & Laboratory Tests* - XRL (per Policy Year) X 光化驗門診* - XRL (每保單年度)	\$3,000	\$2,500	\$2,000	\$1,500
6	Dental Scaling and Polishing (no. of visit per year) - DT 洗牙 (每年次數) - DT	1	1	1	1
7	Mental Wellness Program 精神健康支援服務	Free 免費			
8	Accidental Death 意外身故	Reimbursement Amount 賠償額 \$10,000			

\*Written referral letter from the attending physician is required.

必須持有主診醫生簽發之轉介信。

Combine No. of Visit (per Policy Year) 總次數 (每保單年度) (GP + PC + SP + CMP)	Annual Fee after discount 折扣後年費 (HK\$)			
	Class 1	Class 2	Class 3	Class 4
30	\$3,703	\$3,375	\$3,022	\$2,695
50	\$3,899	\$3,571	\$3,245	\$2,917

Combine No. of Visit (per Policy Year) 總次數 (每保單年度) (GP + PC + SP + CMP)	Monthly Fee after discount 折扣後月費 (HK\$)			
	Class 1	Class 2	Class 3	Class 4
30	\$333	\$305	\$272	\$243
50	\$351	\$322	\$292	\$263

This Standard Premium Schedule does not include Levy which is collected by the Insurance Authority. 此保費表並未包括由保險業監管局徵收的保費徵費。

## Declaration 聲明

The Applicant understands this 申請人明白:

1. The applicant agrees to furnish Asia Insurance Company Limited the information in related to the eligible persons or insurance plan thereof;  
申請人同意提交包括合資格人士和保險計劃的資料給亞洲保險有限公司;
2. According to the new regulation of Insurance Authority (IA), Levy will be applied on all the medical/life policies with effective from 1 Jan 2018;  
根據保險業監管局新規條，由2018年1月1日開始，所有醫療及人壽的保單持有人，將需繳付一筆保費徵費；及
3. No cover will be payable under the Policy unless this application is approved and premium is received in full by Asia Insurance Company Limited.  
此申請表被亞洲保險有限公司批核及保費全額收妥後，保障方按保單支付。

The Applicant declare this 申請人聲明及確認:

1. On acceptance of this application by Asia Insurance Company Limited, the policy is to be issued to the Policy Holder(s) named in accordance with the information shown on this application.  
亞洲保險有限公司一旦接受此申請，保險將根據保單持有人的名義並以本申請表內的資料發行。
2. I agree that the foregoing answers shall form part of my proposal to the Asia Insurance Company Limited, and that the foregoing answer shall also become part of any policy that may be issued on the strength thereof.  
本人同意上述聲明為已呈交於亞洲保險有限公司之投保書及保單契約法律效力之一部份。
3. Any other facts known to the Insured Person which are likely to affect acceptance or assessment of this insurance cover must be disclosed. Failure to disclose such information may mean that the policy will not provide the insured person with the cover the Policy Holder(s) require and may even invalidate the policy altogether.  
受保人必須盡己所知提供所有可能影響於接納或釐定此保單條文的資料。受保人應如實呈報有關資料，否則保單將可能無法提供閣下所需的保障，甚至可能導致此保單無效。
4. I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to Asia Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for application and underwriting purpose. A photostat copy of this authorisation shall be considered as effective and valid as the original.  
本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險有限公司或其代理人作申請及核保之用。此授權書之影印本與正本具同等效力。

## Commission Disclosure Statement 佣金披露聲明

The applicant understands, acknowledges and agrees that, upon taking up this Policy, Asia Insurance Company Limited will pay the authorised insurance broker commission(s) during the continuance of the Policy including renewals. The applicant further understands that this agreement is necessary for Asia Insurance Company Limited to proceed with the application.

申請人明白、確知及同意，亞洲保險有限公司會就申請人接受其簽發的保單，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。申請人亦明白亞洲保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

## Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費

I understand that I have the right to cancel and obtain a refund of any premium(s) paid and any Levy by returning policy (if applicable) and giving written notice. Such notice must be signed by Policy Holder and received directly by office of Asia Insurance Company Limited at 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong within 21 days immediately following the delivery of the policy or the cooling-off notice to me or my nominated representative, whichever is the earlier.

本人明白本人有權以親筆簽署的書面通知要求取消保單及取回所有已繳保費及保費徵費；但必須連同保單一併退回(如適用)，並確保亞洲保險有限公司位於香港上環干諾道西一百一十八號八樓的辦事處於以下時段內直接收到該通知：緊接保單或冷靜期通知書交付予本人或本人的指定代表起計的21天內，以較先者為準。

## Signature 簽署

Name of Policy Holder(s) 保單持有人姓名	Name of proposed Insured Person* (Age 18 or above) 準受保人姓名* (18 歲或以上)	Name of Agent / Broker (Agent's / Broker's Code) 代理人 / 保險經紀姓名 (代理人 / 保險經紀編號)
Signature of Policy Holder(s) and Date 保單持有人簽署及日期	Signature of proposed Insured Person and Date* (Age 18 or above) 準受保人簽署及日期* (18 歲或以上)	Signature of Agent / Broker with Company chop and Date 代理人 / 保險經紀簽署及公司蓋章及日期

\* I, as the Policy Holder, understand that I declare and sign on behalf of the proposed Insured Person listed in the application under this plan who is under the Age of 18.

本人茲申請為保單持有人，明白本人代表此計劃申請表內列出之 18 歲以下準受保人作出聲明及簽署。