



客戶醫療保障需求評估表

Please provide the personal information in this needs assessment form for us to analyze your medical, financial, and coverage needs and provide suitable medical coverage recommendations to you. By providing the information below, you understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Asia Insurance, which is printed on the insurance application form.

請根據此需求評估表提供個人資料以助我們評估您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此評估表時，即表示您明白及同意有關資料將根據亞洲保險之個人資料收集聲明處理，有關個人資料收集聲明已載於申請表上。

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate.

請以英文正楷填寫本表格，並於適用地方加✓號。

Applicant's / Company Name 申請人姓名/公司名稱 (same as HKID Card/BR 與香港身份證/商業登記證相同)	
<input type="checkbox"/> Mr.先生	Surname 姓 _____
<input type="checkbox"/> Mrs.太太	_____
<input type="checkbox"/> Ms.女士	Given Name 名 _____
<input type="checkbox"/> Miss 小姐	_____
OR 或	
Company Name 公司名稱 _____	
BR Number 商業登記證號碼 _____	

Proposed Insured Person – Insurance Plan 準受保人 – 保險計劃 (same as HKID Card 與香港身份證相同) (For Individual Medical Plan Only 只限個人醫療保險)	
Surname 姓 _____	Age 年齡 _____
Given Name 名 _____	Gender 性別 _____

I. Individual Medical Plan 個人醫療保險	
A. Applicant Information 申請人資料	
1. Are you currently covered by any individual medical insurance? If "yes", then please answer question (2) below. 您目前是否持有任何已生效之個人醫療保險? 如果"是"，請回答下方之問題(2)。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Are you looking for a top-up plan or a new plan for replacement of your existing plan? 您是否正在尋找加保計劃或作全新保障計劃來取代現有的計劃?	<input type="checkbox"/> Top-up 加保 <input type="checkbox"/> New 全新 (Expiry date of the existing plan 現有計劃到期日: _____)
3. What is your budget for purchasing the medical plan? 您的醫療保障費用預算為?	HK\$ _____/year 每年港幣 _____元

4. What is your monthly income level? 您的月收入為?	<input type="checkbox"/> HK\$0 - HK\$10,000 <input type="checkbox"/> HK\$10,001 - HK\$20,000 <input type="checkbox"/> HK\$20,001 - HK\$30,000 <input type="checkbox"/> HK\$30,001 - HK\$50,000 <input type="checkbox"/> HK\$50,000 or above 或以上
5. Do you want to enjoy tax deduction? 您是否希望享有稅項扣減?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<b>B. Plan Coverage Preference for The Proposed Insured Person 準受保人之計劃保障意向</b>	
1. Which room type do you prefer? 您選擇的房間等級為?	<input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 大房
2. Do you want to have a plan with guarantee renewal up to the age of 100? 您是否希望計劃可保證續保至 100 歲?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Do you need dependent coverage for the immediate family*? 您是否需要直系親屬*保障?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
*immediate family including spouse and unmarried children with the age below 18 or full time student below the age of 23 (Student proof is required) *直系親屬包括配偶和 18 歲以下未婚子女或 23 歲以下的全日制學生 (需要學生證明)	Number of immediate family for the dependent coverage: _____ 家屬保障人數 : _____
4. Do you need a standard benefit or a fully covered medical plan? 您需要一般的經濟保障或全額保障的醫療計劃?	<input type="checkbox"/> Standard Benefit 經濟保障 <input type="checkbox"/> Fully Covered Plan 全額保障計劃
5. Please select the following benefit(s) for your medical plan. (You can choose more than one benefits.) 請為您的醫療計劃選擇保障。(您可選擇多於一項保障。)	<input type="checkbox"/> Hospitalization Benefit 住院保障 <input type="checkbox"/> Supplementary Major Medical Benefit 附加醫療保障 <input type="checkbox"/> Outpatient Benefit 門診保障 <input type="checkbox"/> Lump Sum Cancer Benefit 一筆過癌症保障

## II. Group Medical Plan 團體醫療保險

### A. Company Information 公司資料

1. Is your company currently covered by any group medical insurance? If "yes", then please answer question (2) below. 貴公司目前是否持有任何已生效之團體醫療保險? 如果“是”，請回答下方之問題(2)。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. What is your existing group medical plan's coverage? 貴公司目前的團體醫療保險計劃是?	<input type="checkbox"/> Medical only 僅醫療保障 <input type="checkbox"/> Life only 僅人壽保障 <input type="checkbox"/> Medical and Life 醫療及人壽保障 <input type="checkbox"/> Additional Cancer/ CI Benefit 附加癌症或危疾保障計劃 (Expiry date 到期日: _____)

<p>3. What is your company budget for the medical plan? 貴公司購買醫療保障的費用預算為?</p>	<p>HK\$ _____/year 每年港幣 _____元</p>
<p>4. Do you want a pooled package plan or an experience rated tailor make plan? 貴公司需要風險共擔定律的團體計劃抑或經歷定律的度身設計計劃?</p>	<p><input type="checkbox"/> Pooled Package Plan 風險共擔定律團體計劃 <input type="checkbox"/> Tailor Made Plan 度身設計計劃</p>
<p>5. What is the nature of your business? 貴公司的業務性質為?</p>	<p>_____</p>
<p>6. How many employees in your group? 您的團隊中有多少員工?</p>	<p>Aged 16-64 歲 _____ Above 64 歲以上 _____</p>
<p>7. Do your company need dependent coverage? 貴公司是否需要員工家屬保障?</p>	<p><input type="checkbox"/> Yes 是      <input type="checkbox"/> No 否</p>
<p><b>B. Plan Coverage Preference 計劃保障意向</b></p>	
<p>1. Which room type do you prefer for this group medical plan? 對於此團體醫療計劃，您希望的住房等級為?</p>	<p><input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 大房</p>
<p>2. How many levels of the staff benefit for this group medical insurance? 你需要多少個計劃來配合不同職位的員工?</p>	<p><input type="checkbox"/> One 一個 <input type="checkbox"/> Two 兩個 <input type="checkbox"/> More than two 超過兩個</p>
<p>3. Please select the benefit(s) as below for this life and medical plan. (You can choose more than one benefit.) I) 請為您的醫療計劃選擇以下的保障。(您可選擇多於一項保障。)</p> <p><input type="checkbox"/> Life Benefit 人壽保障計劃     <input type="checkbox"/> TPD 完全及永久保障    <input type="checkbox"/> AD&amp;D 意外死亡和殘疾保障     <input type="checkbox"/> CI Benefit 危疾保障    <input type="checkbox"/> Others 其他：_____</p> <p><input type="checkbox"/> Hospitalization Benefit 住院計劃 <input type="checkbox"/> Supplementary Major Medical Benefit 附加醫療保障計劃 <input type="checkbox"/> Outpatient Benefit 門診計劃 <input type="checkbox"/> Dental Benefit 牙科保障計劃 <input type="checkbox"/> Wellness Program 身體檢查 <input type="checkbox"/> Maternity Benefit 產科保障 <input type="checkbox"/> Lump Sum Cancer Benefit 一筆過金額癌症計劃 <input type="checkbox"/> Others 其他：_____</p> <p>II) Please select one of the following items 請選擇以下其中之一 <input type="checkbox"/> All the plans in this group will have the <b>SAME</b> Benefits 各階級的計劃都有相同的保障 <input type="checkbox"/> All the plans in this group will have <b>DIFFERENT</b> Benefits 各階級的計劃都有不同的保障</p>	
<p>4. Which type of Panel Network Service do you need for your group? (You can choose more than one service.) 貴公司需要哪一種類的網絡醫療服務? (您可選擇多於一項服務。)</p>	<p><input type="checkbox"/> Out-patient 門診 <input type="checkbox"/> Hospitalization Service 住院</p>
<p>5. Does your company need conversion benefit for resignation or retirement of staff? 貴公司是否需要為辭職或退休員工提供轉換保障計劃?</p>	<p><input type="checkbox"/> Yes 是      <input type="checkbox"/> No 否</p>

