

## CRITICAL ILLNESS BENEFIT

The covered 47 critical illnesses include:

1. Stroke
2. Major Cancer
3. Heart Attack
4. Coronary Artery By – pass Surgery
5. Other Serious Coronary Artery Disease
6. Heart Valve Surgery
7. Fulminant Hepatitis
8. End Stage Liver Failure
9. Primary Pulmonary Hypertension
10. End-stage Lung Disease
11. Kidney Failure
12. Surgery to Aorta
13. Aplastic Anaemia
14. Major Organ/Bone marrow Transplantation
15. Blindness (Loss of Sight)
16. Deafness (Loss of Hearing)
17. Loss of Speech
18. Coma
19. Major Burns
20. Multiple Sclerosis
21. Paralysis (Loss of use of Limbs)
22. Poliomyelitis
23. Muscular Dystrophy
24. Alzheimer’s Disease/Severe Dementia
25. Motor Neurone Disease
26. Parkinson’s Disease
27. Encephalitis
28. Benign Brain Tumour
29. Major head Trauma
30. Bacterial Meningitis
31. Apallic Syndrome
32. Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis
33. Crohn’s Disease
34. Acute Necrotizing Pancreatitis
35. Terminal Illness
36. Loss of Independent Existence
37. Elephantiasis
38. AIDS due to Blood Transfusion
39. Occupational Acquired HIV
40. Severe Rheumatoid Arthritis
41. Medullary Cystic Disease
42. Cardiomyopathy
43. Ebola
44. Creutzfeld-Jacob Disease
45. Angioplasty and Other Invasive Treatments for Coronary Artery\*
46. Severe Acute Respiratory Syndrome (SARS)\*\*
47. Cerebral Aneurysm Requiring Surgery\*\*\*

\* Only 10% of the sum assured will be paid subject to the amount selected. This Critical Illness will be terminated upon such payment and the amount of subsequent Critical Illness Benefit will then be reduced.  
 \*\* Only 10% of the sum assured or maximum MOP20,000 will be paid subject to whichever is lower. This Critical Illness will be terminated upon such payment and the amount of subsequent Critical Illness Benefit will then be reduced.  
 \*\*\* Only 40% of the sum assured will be paid subject to the amount selected. This Critical Illness will be terminated upon such payment and the amount of subsequent Critical Illness Benefit will then be reduced.

## 危疾保障

47 種危疾包括：

1. 中風
2. 癌症
3. 心臟病
4. 冠狀動脈搭橋外科手術
5. 其他嚴重的冠狀動脈疾病
6. 心臟瓣膜手術
7. 暴發性病毒性肝炎
8. 末期肝病
9. 原發性肺動脈高血壓
10. 末期肺病
11. 腎衰竭
12. 主動脈外科手術
13. 再生障礙性貧血
14. 重要器官移植或骨髓移植手術
15. 失明
16. 失聰
17. 喪失語言能力
18. 昏迷
19. 嚴重燒傷
20. 多發性硬化症
21. 癱瘓
22. 脊髓灰質炎
23. 肌肉營養不良症
24. 亞爾茲默氏病 / 嚴重癡呆
25. 運動神經原疾病
26. 柏金森病
27. 腦炎
28. 良性腦腫瘤
29. 嚴重頭部創傷
30. 細菌性腦脊髓膜炎
31. 植物人
32. 系統性紅斑狼瘡併發狼瘡性腎炎
33. 克隆氏病
34. 急性壞死性胰腺炎
35. 末期疾病
36. 不能獨立生活
37. 象皮病
38. 因輸血感染人體免疫力不全病毒
39. 因職業感染人體免疫力不全病毒
40. 嚴重類風濕性關節炎
41. 腎髓質囊腫病
42. 心肌病
43. 伊波拉
44. 海綿性腦病變
45. 血管成形手術及其他冠狀動脈疾病之創傷治療法\*
46. 嚴重急性呼吸系統綜合症\*\*
47. 腦動脈瘤手術\*\*\*

\* 每次只賠償投保額的10%，賠償後此項危疾將被取消及投保額亦相對遞減。  
 \*\* 保障賠償額為保額10%或澳門幣20,000，以較低者為準，賠償後此項危疾將被取消及投保額亦相對遞減。  
 \*\*\* 每次只賠償投保額的40%，賠償後此項危疾將被取消及投保額亦相對遞減。

## Voluntary Employee Benefits Program 僱員自購保障計劃

Personal Accident Cover 意外保障

Coverage Summary (MOP) 保障內容 (澳門幣)			Monthly Premium (MOP) 每月保費 (澳門幣)			
Unit 單位	Accidental Death & Permanent Disablement Benefit 意外死亡及永久傷殘保障	Accidental Medical Expenses per Disability 每宗意外醫療費用*2	Staff 員工	Staff + Spouse 員工 + 配偶*1	Family 家庭*1	Staff + Child(ren) 員工 + 子女
1	\$200,000	\$3,000	\$29	\$58	\$58	\$29
2	\$400,000	\$6,000	\$47	\$94	\$94	\$47
3	\$600,000	\$9,000	\$66	\$133	\$133	\$66
4	\$800,000	\$12,000	\$86	\$172	\$172	\$86
5	\$1,000,000	\$15,000	\$105	\$210	\$210	\$105

Daily Hospital Cash Cover 住院現金保障\*4

Coverage Summary (MOP) 保障內容 (澳門幣)			
Unit 單位	Daily Hospital Cash Benefit 每日住院現金保障	Intensive Care Unit Benefit 深切治療保障	Long Term Hospitalization Benefit 長期住院保障
1	每日 \$250/day	額外每日 \$250/day Extra	額外每日 \$250/day Extra
2	每日 \$500/day	額外每日 \$500/day Extra	額外每日 \$500/day Extra
3	每日 \$750/day	額外每日 \$750/day Extra	額外每日 \$750/day Extra
4	每日 \$1,000/day	額外每日 \$1,000/day Extra	額外每日 \$1,000/day Extra
5	每日 \$1,250/day	額外每日 \$1,250/day Extra	額外每日 \$1,250/day Extra

Premium Per Unit 每一單位保費 (Monthly Premium 每月保費) (MOP/澳門幣)

Age 年齡	Staff 員工	Staff + Spouse 員工 + 配偶*3	Family 家庭*1,3	Staff+Child(ren) 員工+子女*3
18-25	17	34	43	26
26-30	19	38	48	29
31-35	22	44	55	33
36-40	24	48	60	36
41-45	29	58	73	44
46-50	37	74	93	56
51-55	47	94	118	71
56-60	53	106	133	80
61-65	71	142	178	107
66-69*7	100	200	250	150

Critical Illness Cover 危疾保障\*4

Benefit 保障利益	Number of Unit / Coverage (MOP) 投保單位 / 保額 (澳門幣)				
Critical Illness Benefit 危疾保費	1	2	3	4	5
	100,000	200,000	300,000	400,000	500,000

Premium Per Unit 每一單位保費 (Monthly Premium 每月保費) (MOP/澳門幣)

Age 年齡	Staff 員工		Staff + Spouse 員工 + 配偶*3	Staff + Child(ren) 員工 + 子女*3		Family 家庭*1,3
	Female女性	Male男性		Female女性*1	Male男性*1	
18-25	16	10	22	17	11	22
26-30	19	12	27	21	13	27
31-35	22	14	30	23	15	30
36-40	38	25	53	38	26	53
41-45	56	49	89	57	49	89
46-50	81	87	143	81	88	143
51-55	112	145	217	113	145	217
56-60	154	218	316	155	219	316
61-65	211	294	430	212	295	430
66-69*7	307	427	623	307	428	623

Optional Senior Care Protection Plan 額外頤康樂 – 長者保障計劃\*5,6

(Staff should choose one of above basic coverage first before applying the plan for their parent(s) and/or parent(s)-in-law)  
 (僱員需首先投保上述其中一項基本保障,方可為其父母及/或配偶父母投保「頤康樂保障」)

Coverage Summary 保障內容	Plan 計劃 A (MOP / 澳門幣)	Plan 計劃 B (MOP / 澳門幣)
1. Accidental Death & Permanent Disablement Benefit 意外死亡及永久傷殘保障	150,000	300,000
2. Accidental Medical Expenses Benefit 意外醫療費賠償	Maximum per disability 每次意外: 2,000 Maximum per policy year 全年上限: 10,000	Maximum per disability 每次意外: 3,000 Maximum per policy year 全年上限: 20,000
a) Medical Expenses 醫療費用	Include in / out: patient 包括門診、住院	
b) Chinese Bonesetters and Acupuncturists 跌打及針灸治療費用 (Deductible from Accidental Medical Expenses 會於每次意外醫療費賠償中扣除)	Per visit per day 每日每次: 180; Maximum per disability 每次傷患: 2,000; Maximum per policy year: 全年上限: 4,000	
3. Daily Hospital Cash Benefit 每日住院現金保障*6	Per day 每日: 200	Per day 每日: 300
4. Care Assistant Benefit 特別護理保障	Per month每月:2,500,maximum 60 months 最長60個月	Per month每月:5,000,maximum 60 months 最長60個月
5. Broken Bones Benefit 骨折保障	75,000	150,000
Monthly Premium 每月保費	112	204

Optional China Assist Card 額外中國支援咭	Hospital Admission Deposit Guarantee Service 住院按金保證服務 In-hospital Medical Expenses 住院醫療費用:100,000 (全年上限Max. 200,000 per policy year) Emergency Cash Transmission Service 緊急匯款服務 24-Hour Legal Advice Service 緊急二十四小時法律諮詢服務
Additional Monthly Premium 每月額外保費	30

附註：  
 1. Spouse's coverage per unit is the same as the proposed Policyholder, each dependent child's coverage is 15% of the Policyholder.  
 2. Each dependent child enjoys 100% of Chinese Bonesetters and/or Acupuncturists benefit subject to its Accidental Medical Expenses maximum limit.  
 3. For "Staff + Spouse", "Staff + Child(ren)" & "Family" options, premium is based on the proposed Policyholder's attained age upon application.  
 4. The premium will be calculated on the attained age of the Policyholder.  
 5. The entry age is 45-75 and renew up to 85. Benefit will be reduced by 50% for any senior aged over 80.  
 6. Daily Hospital Income Cover per each hospital confinement is subject to 3 days waiting period and maximum payment period of 30 days.  
 7. Premium applicable for renewals only.

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## 僱員自購 保障計劃 Voluntary Employee Benefits Program

保障您及您家人的意外傷亡及醫療保險計劃

Protection for you and your beloved family of accidental death, serious injury & hospitalization

Employee Care



## MGM Grand Macau Voluntary Employee Benefits Program Application Form

### 美高梅金殿僱員自購保障計劃 申請表

**Employee Care**

**AIG**

美亞保險

#### \* Important Notice 重要事項

- All full – time staff, spouse aged 18 to 65 can apply. Parent(s) / Parent(s)-in-law aged 45 to 75 can apply for Senior Care Protection Plan and extend to purchase China Assist Card. 凡年齡介乎18至65歲之員工、配偶均可參加、員工父母及配偶父母如投保顧康樂 — 長者保障計劃及中國支援咭則年齡介乎45至75歲。
- “Family Plan” includes staff, spouse and all unmarried dependent children aged between 6 months and 21, or up to 25 for full – time student are covered. 「家庭保障」包括員工、配偶及所有六個月至二十一歲未婚在職之子女，全日制學生可續保至二十五歲。
- Coverage for all staff, spouse and child(ren) are guarantee issued. The staff must enroll first then his/her family members are eligible to apply. 員工、配偶及子女保證受保。員工必須先投保，其家屬才能參與此計劃。
- Upon resignation or retirement, the Insured staff and family member can enjoy this privileged coverage renewable up to 69 years of age (or 85 years of age for Senior Care Protection Plan/China Assist Card) provided that a written notification to AIG prior to the change of the occupation is given. (This does not apply if the Insured is changing to an occupation with higher risk nature.) 若員工離職或退休，投保人只須以書面通知保險公司，其個人及家屬之保險可續保至69歲（或至85歲顧康樂之受保人士）（轉職到高危險性的工作行業除外）。
- For monthly payment made, the premium will be directly debited form the staff’s assigned bank account through auto pay or credit card payment. (Autopay is only available to Account Holder of Banco Weng Hang S.A. or Banco Nacional Ultramarino. 保費以月供形式於員工指定的戶口以自動轉賬方式支付或信用卡支付。(銀行自動轉賬只適用於永亨銀行或大西洋銀行存戶)

#### General Exclusion 一般不保事項

**General exclusions for Accidental Death & Disablement Cover, daily Hospital Cash Cover, Broken Bones & Critical Illness Cover**  
Pre-existing conditions (refer to Note I), war; service in Armed or Disciplinary Forces, participation in illegal acts, pregnancy, childbirth, miscarriage, intentional self injury, suicide, professional sports, flying as a pilot or crew member in any aircraft, sickness\*  
(\* not applicable to daily hospital cash & critical illness cover).

##### **Additional Exclusions for Daily Hospital Cash Cover**

Pre-existing conditions (refer to Note II), alcoholism, drug addiction, and its related conditions, congenital abnormalities, all dental care, routine check–up, AIDS or HIV infections, any sickness or disease contracted within 15 days from the effective date of the coverage.

##### **Additional Exclusions for Critical Illness Cover**

Pre-existing conditions (refer to Note III), AIDS or HIV infections, any congenital defects, any critical illness of which the signs or symptoms first occurred prior to or within 90 days (15 days for SARS) following the effective date of this insurance, and any critical illness where the Insured Person does not survive for a period of at least 14 days after the Diagnosis.

- Note I: “Pre-existing Condition” means condition for which the Insured Person received or were recommended by a Registered Medical Practitioner for any medical treatment, diagnosis, consultation or prescribed drugs, or the existence of any symptoms (known or unknown to the Insured Person(s), leading to a claim under Policy, within three(3) years preceding the Policy’s effective date or date of any increase of benefit coverage (to the extent of such increase only), whichever is later. Such condition shall be covered provided the Insured Person(s) have been insured under this Policy for three(3) consecutive years from the Policy’s effective date, last reinstatement date or of any increase of benefit coverage (to the extent of such increase only), whichever is later.
- Note II: “Pre-existing Condition” means any illness, disease or other condition of the Insured Person within a five(5) years period prior to the Effective Date of this Policy, last reinstatement date or date of any increase of benefit coverage (to the extent of such increase only), whichever is later for any: (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment; (b) required the Insured Person taking prescribed drugs or medicine; or (c) was treated by a Registered Medical Practitioner or a Qualified Medical Practitioner or treatment had been recommended by a Registered Medical Practitioner or a Qualified Medical Practitioner. Pre-existing Condition shall also mean the existence of symptoms of any Critical Illness or a condition likely to cause a Critical Illness which would cause an ordinarily prudent person to seek diagnosis, care or test.

##### **意外保障、住院現金保障、骨折及危疾保障之一般不保事項**

投保前已存在之狀況 (註一)、戰爭、從事或參加任何持械或紀律性部隊、抵觸法律的行為、懷孕、生育或節育、自致的傷害、自殺、職業運動或以非乘客身份搭任何合法領有牌照之私用或商用飛機所引致的傷害、\*任何因疾病而引致的損害。  
(\*不適用於住院現金保障及危疾保障)

##### **住院現金保障附加之不保事項**

投保前已存在之狀況 (註一)、精神病或智力不健全、因酒精或服食藥物引致之傷害、整容、先天性缺陷、牙科護理、定期性健康檢查、愛滋病人體免疫缺損病毒所致的病症或保障生效日期起15日內出現之疾病。

##### **危疾保障附加之不保事項**

投保前已存在之狀況 (註一)、愛滋病人體免疫缺損病毒所致的病症、受保成員的先天下身體殘疾、於保障生效前或生效日期起90天內出現首次病徵化危疾 (15天內出現首次出現之非典型肺炎)。受保成員於診斷患上危疾後生存少於十四天。

- 註一 「受保前已存在之狀況」是指受保人於保障生效日、最後復效日或保額增加日 (只限保額增加的部分) (以較遲者為準) 前三年內曾接受或經註冊醫生推薦之醫藥治療、確診、醫療意見、處方服藥或已存在任何症狀 (無論受保人知道與否) 而導致素質的情況。倘受保人於保障生效日、最2復效日或保額增加日 (只限保額增加的部分) (以較遲者為準) 後受本保單連續承保三年, 則上述的狀況將列入本保單的承保範圍內。
- 註二 「受保前已存在狀況」是指任何疾病或狀況於保單生效日、保單覆效日、保額增加日 (只限保額增加的部分)，以較遲者為準。前五年內, (a) 首次顯示、惡化變為急性、展示病徵以使正常人士尋求診斷、護理、或治療；或 (b) 需要受保人服食處方藥物或藥物，或 (c)曾接受處註冊醫生或合資格醫生之治療，或曾被註冊醫生或合資格醫生建議治療。受保前已存在之狀況亦指任何已存在之危疾病徵以正常人士尋求診斷、護理、或測試。

#### \*\* Enrollment Method 申請手續

Please complete the Application & Payment Method Form and send to AIG Insurance Hong Kong Limited(Macau Branch), Unit 506, 5/F AIA Tower, No. 251A-301 Avenida Comercial de Macau. The coverage will become effective on the first day of the following month upon the receipt and acceptance of your original application.  
申請手續簡便，只須填妥「申請表」及「保費支付方式表」，寄回美亞保險香港有限公司(澳門分行)，澳門商業大馬路251A至301號友邦廣場5樓506室即可。  
保障將會於收到正本申請表及接受閣下的申請表後翌月首天生效。

For any queries, please contact  
**AIG Insurance Hong Kong Limited (Macau Branch)**  
Unit 506, 5/F AIA Tower, No. 251A-301 Avenida Comercial de Macau.  
Tel: (853) 2835 5602 / (853) 6321 3633 Fax: (853) 2835 5299

Monday to Friday (except public holiday), 8:45a.m. to 1:00p.m. and 2:00p.m. to 5:15p.m.

Free Service Hotline: 0800227

- \* This brochure provides only a summary of the policy benefits. It is not a substitute for the policy itself. You should read the policy document for a precise description of the actual terms and conditions of the coverage available under the policy
- \* AIG reserves the right to underwrite and /or accept your application and /or change and/or amend the policy details at any time.

如有任何查詢，歡迎於辦公時間聯絡

**美亞保險香港有限公司 (澳門分行)**  
澳門商業大馬路251 A 至301號友邦廣場5樓506室  
電話：(853) 2835 5602 / (853) 6321 3633 傳真：(853) 2835 5299

星期一至五 (公眾假期除外)，上午八時四十五分至下午一時及 下午二時至五時十五分

免費熱線電話：0800227

- \* 本單張只作參考用途，而所列之承保範圍、利益及不保事項僅屬簡介，詳細條款以保單內為準。
- \* 美亞保險香港有限公司(澳門分行)保留核保、接納閣下之申請，更改及修正所有保單條文之權利。

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A. Staff Personal Information (Policyholder)(Please fill in with BLOCK Letter) **員工個人資料** (保單持有人) (以英文正楷填寫)

英文姓名 English Name	性別 Sex M/ F	出生日期 Date of Birth M月/ D日/ YR年
中文姓名 Chinese Name	身份証號碼 I.D.No.	員工編號 Staff No. 慣用左手 Left Handed <input type="checkbox"/>
住宅電話 Tel (Home)	辦公室電話 Tel (Office)	傳呼/ 手提電話號碼 Pager/ Mobile No.
聯絡地址 Address	職位 Position	
	電子郵件 E-Mail	

B. Family Member(s) Information (For “Family Plan”/“Parents or Parents-in-law Plan” Only) **家庭成員資料** (如投保家庭保障計劃及 / 或父母 / 配偶父母保障，請填妥本欄資料)

Name (Please fill in Block Letter) 姓名 (以英文正楷填寫)	Left Handed 慣用左手	I.D.No. 身份証號碼/ Cert. of Birth No. 出生証明書號碼	Occupation 職業	Sex 性別	Date of Birth 出生日期 (M月/ D日/ YR年)
配偶 Spouse				M/ F	M月/ D日/ YR年
子女 Child				M/ F	M月/ D日/ YR年
				M/ F	M月/ D日/ YR年
父母/ 配偶父母 Parents/ Parents-in-law				M/ F	M月/ D日/ YR年
				M/ F	M月/ D日/ YR年

C . Monthly Premium Table 每月保費表 Please tick the appropriate box for cover(s) /protection required 請於所需保障前之方格加 (✓)

Personal Accident Cover (Monthly Premium MOP) 意外保障 (每月保費澳門幣)					
Unit 單位	Staff 員工	Staff+Spouse 員工+配偶	Family 家庭	Staff+Child(ren) 員工+子女	Premium 保費
1	<input type="checkbox"/> 29	<input type="checkbox"/> 58	<input type="checkbox"/> 58	<input type="checkbox"/> 29	
2	<input type="checkbox"/> 47	<input type="checkbox"/> 94	<input type="checkbox"/> 94	<input type="checkbox"/> 47	
3	<input type="checkbox"/> 66	<input type="checkbox"/> 133	<input type="checkbox"/> 133	<input type="checkbox"/> 66	
4	<input type="checkbox"/> 86	<input type="checkbox"/> 172	<input type="checkbox"/> 172	<input type="checkbox"/> 86	
5	<input type="checkbox"/> 105	<input type="checkbox"/> 210	<input type="checkbox"/> 210	<input type="checkbox"/> 105	

Daily Hospital Cash Cover (Monthly Premium MOP) 住院現金保障 (每月保費澳門幣)						
Age 年齡	Staff 員工	Staff+Spouse 員工+配偶	Family 家庭	Staff+Child(ren) 員工+子女	Unit 單位	Premium 保費
18-25	<input type="checkbox"/> 17	<input type="checkbox"/> 34	<input type="checkbox"/> 43	<input type="checkbox"/> 26	X	
26-30	<input type="checkbox"/> 19	<input type="checkbox"/> 38	<input type="checkbox"/> 48	<input type="checkbox"/> 29	X	
31-35	<input type="checkbox"/> 22	<input type="checkbox"/> 44	<input type="checkbox"/> 55	<input type="checkbox"/> 33	X	
36-40	<input type="checkbox"/> 24	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> 36	X	
41-45	<input type="checkbox"/> 29	<input type="checkbox"/> 58	<input type="checkbox"/> 73	<input type="checkbox"/> 44	X	
46-50	<input type="checkbox"/> 37	<input type="checkbox"/> 74	<input type="checkbox"/> 93	<input type="checkbox"/> 56	X	
51-55	<input type="checkbox"/> 47	<input type="checkbox"/> 94	<input type="checkbox"/> 118	<input type="checkbox"/> 71	X	
56-60	<input type="checkbox"/> 53	<input type="checkbox"/> 106	<input type="checkbox"/> 133	<input type="checkbox"/> 80	X	
61-65	<input type="checkbox"/> 71	<input type="checkbox"/> 142	<input type="checkbox"/> 178	<input type="checkbox"/> 107	X	

Critical Illness Cover (Monthly Premium MOP) 危疾保障 (每月保費澳門幣)								
Age 年齡	Staff 員工		Staff+Spouse 員工+配偶	Staff+Child(ren) 員工+子女		Family 家庭	Unit 單位	Premium 保費
	Female 女性	Male 男性		Female 女性	Male 男性			
18-25	<input type="checkbox"/> 16	<input type="checkbox"/> 10	<input type="checkbox"/> 22	<input type="checkbox"/> 17	<input type="checkbox"/> 11	<input type="checkbox"/> 22	X	
26-30	<input type="checkbox"/> 19	<input type="checkbox"/> 12	<input type="checkbox"/> 27	<input type="checkbox"/> 21	<input type="checkbox"/> 13	<input type="checkbox"/> 27	X	
31-35	<input type="checkbox"/> 22	<input type="checkbox"/> 14	<input type="checkbox"/> 30	<input type="checkbox"/> 23	<input type="checkbox"/> 15	<input type="checkbox"/> 30	X	
36-40	<input type="checkbox"/> 38	<input type="checkbox"/> 25	<input type="checkbox"/> 53	<input type="checkbox"/> 38	<input type="checkbox"/> 26	<input type="checkbox"/> 53	X	
41-45	<input type="checkbox"/> 56	<input type="checkbox"/> 49	<input type="checkbox"/> 89	<input type="checkbox"/> 57	<input type="checkbox"/> 49	<input type="checkbox"/> 89	X	
46-50	<input type="checkbox"/> 81	<input type="checkbox"/> 87	<input type="checkbox"/> 143	<input type="checkbox"/> 81	<input type="checkbox"/> 88	<input type="checkbox"/> 143	X	
51-55	<input type="checkbox"/> 112	<input type="checkbox"/> 145	<input type="checkbox"/> 217	<input type="checkbox"/> 113	<input type="checkbox"/> 145	<input type="checkbox"/> 217	X	
56-60	<input type="checkbox"/> 154	<input type="checkbox"/> 218	<input type="checkbox"/> 316	<input type="checkbox"/> 155	<input type="checkbox"/> 219	<input type="checkbox"/> 316	X	
61-65	<input type="checkbox"/> 211	<input type="checkbox"/> 294	<input type="checkbox"/> 430	<input type="checkbox"/> 212	<input type="checkbox"/> 295	<input type="checkbox"/> 430	X	

Optional Senior Care Protection Plan 額外頤康樂長者保障	
	Monthly Premium (MOP) 每月保費（澳門幣）
Plan A 計劃 A	<input type="checkbox"/> 112
Plan B 計劃 B	<input type="checkbox"/> 204

Note 注意

- Staff must join the plan first before his/her spouse, children, parents & parents-in-law to join in.

員工須先行投保，其配偶、子女、父母及配偶父母方可參與此計劃。

- Same category should be chosen for every Coverage. 各保障所選擇的組合必須相同。
- "Family Plan" includes staff spouse and all unmarried & dependent children aged 6 months to 21, or up to 25 if full-time student. 「家庭保障」包括員工、配偶及所有六個月至二十一歲未婚及未在職之子女、全日制學生可續保至二十五歲。
- Premium will be calculated on the attained age of the policy holder. 保費將按保單持有人當時之年齡再作計算。

#### D. Declaration & Authorization 聲明及授權

Applicant’s Declaration:

- I/We agree that AIG Insurance Hong Kong Limited (Macau Branch) (hereinafter called “the Company”), reserves its right to accept or reject my/our application for an insurance. If my/our application is accepted and approved by the Company, the policy/policies will become e ective.
- I/We agree that this Application Form shall be the basis of the insurance contract(s) between myself/ourselves and the Company. I/We declare that the information provided in this application is true, correct and complete to the best of my/our knowledge and belief.
- I/We agree that the statements in the Application Form shall form part of this application, and shall be the basis for the underwriting thereof. I/We understand that if there is any change of the information provided herein by me/us, I/we shall inform the Company of the same immediately. Any failure of disclosure of the change may a ect the acceptance and assessment of or invalidate the insurance you require.
- I/We agree that if there is any inaccurate or misleading information provided in this application, the Company has the right to reject all claims and treat any insurance issued void from inception.
- In the event of di erences between the English and Chinese version of this Application Form, the English version shall prevail. It is also understood that the insurance policy/policies relevant to this Application Form is/are issued in English only and will be binding upon this application being accepted and approved by the Company.
- I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by the Company for the purposes of processing, administering, implementing and e ecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that the Company may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with the Company and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by the Company, in each case whether within or outside of Macau, for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to the Company in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to Data Privacy Officer at Unit 506, 5/F, AIA Tower, No. 251A-301, Avenida Comercial de Macau. If I/We do not wish to receive marketing information or materials, I/We will send an opt-out notice to the Company, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst the Company’s associated partners for reference.

投保人聲明

- 本人/本公司同意美亞保險香港有限公司(澳門分行)(以下簡稱為“貴公司”)，保留一切接納申請與否之權利，並明白申請一經接納及批核，保障立即生效。
- 本人/本公司同意此投保表格為本人/本公司與貴公司訂立保險契約之根據。本人/本公司特此聲明此投保表格內所填報之資料，據本人/本公司所知並確定全部正確無訛、完整及足夠。
- 本人/本公司同意此投保表格內填寫的內容，均視為本投保申請之一部份，亦為貴公司核保之根據。本人/本公司明白若於此投保表格內提供的資料有任何更改，本人/本公司須立即通知貴公司。若未有如實披露有關更改，均可能引致貴公司拒絕接受有關投保申請或影響貴公司評估本人/本公司的有關申請，甚至取消合約。
- 本人/本公司同意在填寫此投保表格及其他有關資料時，若有任何陳述或資料為不實或有誤導之處，貴公司則有權拒絕作出賠償，而該保單亦由受保日期起無效。
- 本人/本公司同意如本文之中文譯本於意義上遇到任何爭議，一概以英文版本為準；有關此投保表格的保單，只會以英文發出；而保單將於此投保申請為貴公司接納及核實之時生效。
- 本人/本公司現聲明並同意貴公司可使用、保留、處理、儲存、轉交、透露及/或共用貴公司所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/本公司的個人資料或其他有關本人/本公司的保單的資料，用作處理、管理、落實及實行在此申請表所載或本人/本公司從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/本公司、直接促銷、資料核對及/或聯絡本人/本公司之用途。本人/本公司再聲明並同意貴公司可向與貴公司有關的澳門或海外人士、團體及/或機構及/或任何被選的第三機構（包括並不限於再保險及賠償調查公司，及有關的行業協會/聯會、基金管理公司、金融機構或提供有關服務之公司）轉交、透露、授權取得或共用本人/本公司之個人或其他資料，用作以上列明之用途及/或貴公司業務運作之用，或貴公司業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/本公司明白到本人/本公司有權向貴公司查閱及申請更改貴公司儲存或管理與本人/本公司有關的個人資料。有關的申請可致函澳門商業大馬路251A至301號友邦廣場5樓506室個人資料管理員辦理。若本人/本公司不想收到貴公司的銷售資料或刊物，本人/本公司會發出信函通知貴公司，而本人/本公司的個人或其他資料會存於貴公司之中央資料庫內的非聯絡客戶名單，並會供貴公司及有關人士/機構作參考。

Proposed Policyholder Signature 準保單持有人簽署: \_\_\_\_\_ Date 日期:        M月/        D日/        Y年

- Please choose the payment method either by Credit Card or by Autopay for monthly payment. (Autopay is Only Available to Account Holder of Banco Weng Hang,S.A. or Banco Nacional Ultramarino.) 請選擇以信用卡或自動轉賬支付每月保費。(自動轉賬只適用於永亨銀行或大西洋銀行)

#### By Credit Card 信用卡付款

Charge my monthly premium to 請在以下的信用卡賬號扣除每月保費 (Tick one box only 請選擇其中一項)：

Visa Card   Master Card 

I/We hereby authorize AIG Insurance Hong Kong Limited (Macau Branch) to charge my/our credit card account below for all payment(s) of this policy including that/those related to its renewal(s).

本人/吾等授權美亞保險香港有限公司（澳門分行），經由本人/吾等下列的信用卡戶口內，扣除有關本保單的費用，包括其續保之有關費用。

Credit card No. 信用卡號碼：		
Expiry Date 有效期至：	MM 月	YY年
Name on Credit card 持卡人姓名：		
Cardholder’s Signature 持卡人簽名：		

This application form will become part of the policy after approval from the issuing company 本投保申請書於公司授權人核保及簽署後將成為保單之一部份。

	Monthly Premium (MOP) 每月保費（澳門幣）
Optional China Assist Card 額外中國支援咭	<input type="checkbox"/> 30
Total Monthly Premium 每月總保費	MOP

## PAYMENT METHOD FORM

## 保費支付方法表

#### DIRECT DEBIT AUTHORIZATION 直接付款授權書

Please complete and return this form to the party to be credited. 請依次填寫並將此授權書交給收款之一方

Name of party to be credited (The Beneficiary) 收款之一方(受益人) AIG Insurance Hong Kong Limited (Macau Branch)	Bank Name 銀行名稱 Banco Nacional Ultramarino	Account No. to be credited 收款賬戶之號碼 9008957-312
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#### Authorization Agreement Form With Creditor 付款授權同意書

I/We hereby authorise my/our below named Bank of effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the bank may the usual charge and that it may cancel this authorization at any time on one week’s written notice.

This authorisation shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our bank shall be given at least seven working days prior to the date on which such cancellation/variation is to take effect.

I/we agree that if this authorization form is not directly sent to my/our bank, I/We agree to take all legal or/and economic responsibilities caused by disclosing the details of the said form to any other third party. Under circumstances my/our bank shall be responsible.

本人/吾等現授權本人/吾等之上述銀行，(根據受益人不時給予本人/吾等之銀行之指示)自本人/吾之賬戶內轉賬予上述受益人。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通之取消本授權書。

本授權書將繼續生效至另行通知為止。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少七個工作天之前予本人/吾等之銀行。

本人/吾等同意如由於本授權書並非直接交予本人/吾等之銀行以致本授權書上所載之資料披露予第三者，知悉由此引起之任何法律或其他經濟責任由本人/吾等承擔概與本人/吾等之銀行無涉。

My / Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Banco Nacional Ultramarino	My/Our Account No. 本人/吾之等賬戶號碼
My/Our Name as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱		My/Our Signature(s) 戶口持有人簽名
My/Our Address as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之地址		
Name of Insured 被保人之姓名	Certificate Number 保單號碼	Date 日期
For Bank Use Only 以下由銀行填寫		Signature Verified

Name of party to be credited (The Beneficiary) 收款之一方(受益人) AIG Insurance Hong Kong Limited (Macau Branch)	Bank Name 銀行名稱 Banco Weng Hang, S.A.	Account No. to be credited 收款賬戶之號碼 780199-001
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I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our bank my receive from the beneficiary from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may the usual charge and that it may cancel this authorization at any time on one week’s written notice.

This authorization shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank shall be given at least seven working days prior to the date on which such cancellation/variation is to take effect.

I/we agree that if this authorization form is not directly sent to my/our bank, I/We agree to take all legal or/and economic responsibilities caused by disclosing the details of the said form to any other third party. Under circumstances my/our bank shall be responsible.

本人/吾等現授權本人/吾等之上述銀行，(根據受益人不時給予本人/吾等之銀行之指示)自本人/吾之賬戶內轉賬予上述受益人。

本人/吾等同意本人/吾等等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通之取消本授權書。

本授權書將繼續生效至另行通知為止。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少七個工作天之前交予本人/吾等之銀行。

本人/吾等同意如由於本授權書並非直接交予本人/吾等之銀行以致本授權書上所載之資料披露予第三者，知悉由此引起之任何法律或其他經濟責任由本人/吾等承擔概與本人/吾等之銀行無涉。

My / Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Banco Weng Hang, S.A.	My/Our Account No. 本人/吾之等賬戶號碼
My/Our Name as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱		My/Our Signature(s) 戶口持有人簽名
My/Our Address as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之地址		
Name of Insured 被保人之姓名	Certificate Number 保單號碼	Date 日期
For Bank Use Only 以下由銀行填寫		Signature Verified

Note 附註：

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

請保証 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。

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