

HKPTU Domestic Worker Protector (1.0) 教協家傭靈活保 (1.0)



Basic Plan applicable to
full time & part time local
domestic helpers
基本計劃適合本地全職及
兼職家務助理



Bring on tomorrow

基本計劃：保障範圍只適用於第1項		優越計劃：保障範圍只適用於第1-6項	卓越計劃：保障範圍適用於第1-11項
項目	保障範圍		每年最高賠償額 (港幣)
1	僱員賠償保障 保障僱主對受聘家傭因工傷亡之勞工法例賠償及應履行之法律責任。		每宗 \$100,000,000
2	人身意外保障 賠償家傭休假期間因意外導致之傷亡，包括： a) 意外身故或斷肢 b) 因意外受傷導致之醫療費用		\$120,000 \$20,000
3	住院及手術費用賠償 保障僱主如要履行家傭合約上因家傭按醫生建議而在港住院所需支付之住院及手術費。 a) 每天住院入息賠償（最多40天） b) 手術費用賠償		\$30,000 每天\$350 \$16,000
	自選附加 “癌症及心臟病保障” 當選擇自選附加癌症及心臟病保障後，如您的家傭証實患上癌症及/或心臟病，第三部份的住院及手術費用的保障額將高達港幣\$100,000。惟第三部份每年度的最高限額為港幣\$100,000。		\$100,000
4	送返原居地費用 賠償僱主因家傭逝世或經由醫生證明健康不宜繼續受聘而需送返遺體或其本人往原居地之費用。 a) 因健康不宜繼續受聘（包括由神經病、精神病及精神錯亂引致） b) 遺體送返		\$3,000 \$15,000
5	家傭財物保障 賠償家傭之財物在僱主居所及承保範圍內引致之損失。		\$3,000
6	家傭誠信保障 保障僱主因所聘之家傭作出不忠實之行為而招致財物有所損失。		\$4,000
7	門診保障 保障僱主因家傭在港因意外 / 疾病而由註冊醫生應診之實際門診費用。 每天每次最高賠償為港幣\$200元。		\$4,000
8	牙醫費用保障 保障僱主因家傭在港因牙疾而由註冊牙醫應診之實際費用。例如口腔手術、膿腫治療、X-光照射、拔牙或補牙。 因受保家傭牙患所引致之醫療費用，可獲實際支出之2/3賠償。		\$2,000
9	家傭法律責任保障 保障僱主及或其家傭因家傭於在港工作期間內由於疏忽而引致的第三者身體受傷或財物損失之金錢索償。		\$100,000
10	轉換家傭保障 保障僱主因家傭經由醫生證明健康不宜繼續受聘（包括由神經病、精神病及精神錯亂引致）而需轉換僱傭所須之費用。		\$6,000
11	臨時傭工津貼保障 保障僱主因家傭暫時住院（需住院超過1天）而需另聘臨時家傭替代的費用。 每天最高賠償為港幣\$250元，最長每年30天。		\$7,500

1) 主要不保項目：癌症，心臟病或受保前已存在之所有損傷或疾病均不在2, 3, 4 及 7項目之受保範圍內。但若選取附加“癌症及心臟病保障”，則3及4項目不保事項之癌症及心臟病部份將被刪除

2) 保障項目3, 7 及 8：等候期為保單生效日期之首14天

3) 保障項目3(b), 5 及 6：每宗賠償的自負額為港幣\$200元

4) 有關保障項目第一項：承保地區延伸至家傭隨僱主往香港以外地區旅遊，以該旅程的首五天為上限

5) 投保年齡 18-60 (六十歲以上須經審核及批准)

6) 優越計劃及卓越計劃只適用於有簽署海外僱傭合約之家庭傭工

7) 若投保人於保險期內取消保單，美亞保險會根據以下短期保費率表作部分退還，但美亞保險會保留港幣300元作為最低支付的保費金額

短期保費率表

已受保期 (不超過)	3個月	4個月	5個月	6個月	7個月	7個月以上
保單退款 已付保費	60% 的 已付保費	50%的 已付保費	40%的 已付保費	30%的 已付保費	20%的 已付保費	無

就2年期保單退款的說明，(i) 如保單於第一年度被取消，則按上述短期保費率表計算第一年度應予退還之保費，而已繳付的第二年保費則全數退回；(ii) 如保單於第二年度被取消，第二年度之應予退還之保費則按上述短期保費率表計算，而第一年度已繳付的保費則不獲退回。若在保單取消前已曾經索償，美亞保險將不會按上述規定退回任何已繳保費

8) 本小冊子僅供此保障計劃的撮要，以供參考之用，有關詳盡條款及所有不保之事項，概以保單為準。如有查詢請致電美亞保險客戶服務熱線：3666-7033

9) 本小冊子的中英文版本如有差異，一概以英文版本為準

10) “教協家傭靈活保1.0”由美亞保險香港有限公司(美亞保險)承保

Basic Plan (Section 1 only)		Extra Care (Section 1-6)	Super Care (Section 1-11)
Section	Coverage	Max. Limit per Year (HK\$)	
1	Employees' Compensation Protects you as the employer against liabilities under Employees' Compensation Ordinance when the Domestic Worker sustains bodily injury by accident or disease arising out of and in the course of employment.	\$100,000,000/event	
2	Personal Accident Insurance Protects the Domestic Worker against accidental injury and death during his/her rest days for: a) Accidental Death & Dismemberment b) Emergency Medical & Dental Expenses	\$120,000 \$20,000	
3	Hospitalization & Surgical Expenses Protects the employer against his/her contractual liability for the Hospitalization & Surgical charges incurred if the Domestic Worker is confined to any licensed hospital in Hong Kong on the recommendation of a registered medical practitioner. a) Daily Hospital Income (Max. 40 days) b) Surgical Optional Supplementary "Cancer & Heart Disease Medical Benefit" If you choose this optional benefit, Section 3 will cover the hospital and surgical expenses you incur as a result of your domestic worker being diagnosed with cancer & / or heart disease, up to HK\$100,000. In no event, however, will the maximum limit of coverage per year under this Section 3 exceed HK\$100,000.	\$30,000 \$350/day \$16,000 \$100,000	
4	Repatriation Expenses Protects the employer against his/her contractual liability to repatriate the Domestic Worker back to his/her country of origin in the event of death or certified medical unfitness for continual employment. a) Upon medical unfitness including nervous or mental disease or disorder. b) On the remains upon death	\$3,000 \$15,000	
5	Personal Effects Protects loss of or damage to covered personal properties of the Domestic Worker at the place of employer's residence.	\$3,000	
6	Fidelity Coverage Protects the employer against the financial loss arising from a dishonest act committed by the Domestic Worker.	\$4,000	
7	Clinical Expenses Protects the employer against his/her contractual liability for the Clinical Expenses incurred if the Domestic Worker visits any registered medical practitioner in Hong Kong in the event of sickness or accidental injury. Max. HK\$200 per visit per day.	\$4,000	
8	Dental Expenses Protects the employer against his/her contractual liability for the Dental Expenses incurred if the Domestic Worker visits any registered dentist in Hong Kong. Covers oral surgery, treatment of abscesses, X-rays, extractions or filings as a result of dental disease. Reimburses two-thirds of dental expenses incurred by the Domestic Worker.	\$2,000	
9	Domestic Worker Liability Protects the employer &/or Domestic Worker against legal liability in respect of accidental bodily injury or accidental damage to property of third party, occurring due to the negligence of the Domestic Worker while in the course of and arising out of his/her employment with the employer, within the territory of Hong Kong during the Period of Insurance.	\$100,000	
10	Replacement Expenses Protects the employer against financial loss of replacing the Domestic Worker in the event the Domestic Worker is certified by a registered medical practitioner as being medically unfit including nervous or mental disease or disorder to complete the term of employment with the employer.	\$6,000	
11	Temporary Worker Subsidy Protects the employer against financial loss of employing a temporary worker, in the event the Domestic Worker is hospitalized for more than one day. HK\$250 per day, max. 30 days per year	\$7,500	

1) Major Exclusions : Cancer, heart disease, all injuries or sickness arising out of the pre-existing conditions will be excluded under Section 2, 3, 4 & 7. Cancer and heart disease exclusion under Section 3 & 4 will be deleted if Supplementary "Cancer & Heart Disease Endorsement" is adopted

2) Waiting period for Section 3, 7 & 8 : The first 14 days from inception of the Policy

3) Deductibles for Section 3b), 5 & 6 : HK\$200 per claim

4) For Section 1: Geographical Limit will be extended to cover outside Hong Kong when the Domestic Worker travels in the employ of the Insured for the first 5 days of any such trip

5) Age Limit : 18-60 (above 60, subject to underwriting approval and loading)

6) Extra Care and Super Care will only be available for domestic workers recruited from outside Hong Kong under an Employment Contract

7) In case of policy cancellation, premium refund will be made according to the Short Term Premium Refund Table below, but subject to AIG HK retaining a minimum amount of HK\$300 from the premium paid

Short Term Premium Refund Table

Period Covered Before Cancellation (not exceeding)	3 months	4 months	5 months	6 months	7 months	Over 7 months
Premium Refund	60% of premium paid	50% of premium paid	40% of premium paid	30% of premium paid	20% of premium paid	Nil

For 2-year policy, (i) if cancellation shall take place in the 1st policy year, the 1st year premium refundable will be calculated in accordance with the above table and the 2nd year premium paid will be fully refunded; (ii) if cancellation shall take place in the 2nd policy year, the 2nd year premium refundable will be calculated in accordance with the above table and the 1st year premium will not be refunded. Notwithstanding anything stated to the contrary above, in the event any claim has arisen prior to the date of cancellation, no refund of premium shall be made by AIG HK.

8) This brochure is a brief summary and is for reference only. Please refer to the policy for the exact terms and conditions and full list of policy exclusions. For more information please call our Customer Service Hotline at 3666-7033.

9) Should there be any discrepancies between the English and the Chinese versions of this brochure, the English version shall prevail.

10) "HKPTU Domestic Worker Protector 1.0" is underwritten by AIG Insurance Hong Kong Limited ("AIG HK").

HKPTU Domestic Worker Protector (1.0)
Proposal Form
教協家傭靈活保 (1.0) 投保表格

Policy Effective Date 保單生效日期：

From 由 _____ - _____ - _____ (MM/月/DD日 /YY年)
(Back-dating is unacceptable 不可追溯保單生效日期)

Information of Employer 僱主資料

Full Name of Employer 僱主姓名：

Surname姓 _____ Given Name名 _____

HKID Card / Passport No. 香港身份證 / 護照號碼： _____ (_____)

Occupation 職業： _____

Tel. No. 電話號碼：(Residence 住宅) _____

(Office 辦公室) _____

(Mobile 手提電話) _____

Email 電郵地址： _____

Mailing Address 聯絡地址： _____

☐ HK香港島 ☐ KLN九龍 ☐ NT新界 ☐ Outlying Island離島

Place of employment傭工受保工作地址 (if different from above如與上述地址不同)： _____

☐ HK香港島 ☐ KLN九龍 ☐ NT新界 ☐ Outlying Island離島

Information of Domestic Worker 家傭資料

Full Name of Domestic Worker家傭姓名：

Surname姓 _____ Given Name名 _____

Date of Birth 出生日期： _____ MM月/ _____ DD日/ _____ YY年

Passport or HKID Card No.護照或香港身份證號碼： _____

Sex性別： ☐ Female女性 ☐ Male男性

Nationality國籍：☐ Philippines菲律賓 ☐ Thailand泰國 ☐ Indonesia印尼

☐ Others 其他 - (Please State請註明) _____

Nature性質： ☐ Full-time 全日 ☐ Part-time 兼職

Duties工作：☐ Domestic works 一般家務 ☐ Chauffeur* 司機 ☐ Doula* 陪月

☐ Others其他： _____

*Please declare monthly salary 請申報每月薪金 HK\$港幣 _____

*Subject to special rating / extra premium 需附加額外保費

Please answer the following question 請回答下列問題：

Has your domestic worker ever been refused and/or required special terms and/or additional premium for any accident or illness insurance? ☐ Yes是 ☐ No否

閣下之家傭曾被拒絕接受投保意外或疾病保險，或被附加特別條件或要求繳付額外保費？
(If your answer is "Yes", please give details on separate sheet. 如問題之答案為“是”者，請另加紙說明。)

Please “✓” the appropriate box 請在適當的方格加上✓號

	Basic Plan 基本計劃 (Section 1 only 保障項目1)	Extra Care 優越計劃 (Section 1-6 保障項目1-6)	Super Care 卓越計劃 (Section 1-11 保障項目1-11)
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1 Year Premium 一年保費 ☐ HK\$257* ☐ HK\$342* ☐ HK\$646*

2 Years Premium 二年保費 ☐ HK\$443* ☐ HK\$619* ☐ HK\$1,168*

*Premium is inclusive of Levies 保費已包括徵款

Optional Supplementary “Cancer & Heart Disease Medical Benefit” (Section 3 & 4) - Only applicable to Extra Care & Super Care Plan

自選附加“癌症及心臟病保障”（保障項目3及4）僅適用於優越計劃及卓越計劃

☐ 1 Year Premium一年保費 – HK\$270

☐ 2 Years Premium二年保費 – HK\$486

Payment Method 保費付款方法

Please ✓the appropriate box 請在適當的方格加上✓號

☐ Payment by Cheque 支票付款

Cheque No. 支票號碼： _____

Bank 銀行： _____

Cheque should be crossed and made payable to “AIG Insurance Hong Kong Limited”
劃線支票抬頭請註明「美亞保險香港有限公司」

☐ Payment By Credit Card 信用卡付款

☐  VISA Card VISA卡 ☐  MasterCard 萬事達卡

Card No. 信用卡號碼： _____

Expiry Date 信用卡屆滿日期： _____ (MM月 / YY 年)

Card Holder's Name 信用卡持有人姓名： _____

Card Holder's Signature 信用卡持有人簽署： _____

Date 日期： _____

I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/ MasterCard account for the premium stated on this Proposal Form.
本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付本投保表格所註明之保費。

HKPTU Member Details 教協會員資料

Member Name 會員姓名： _____

Membership Number 會員證號碼： _____

Relationship between Member and Proposer 投保人與會員之關係

☐ Self自己 ☐ Spouse配偶 ☐ Relative親屬 ☐ Friend朋友 ☐ Other其他

PP01-06/15

Declaration 聲明

I/we declare and agree on behalf of myself/ourselves and any person or persons who may have or claim any interest in any insurance on this Proposal Form the followings:
本人 / 吾等現聲明並謹代表本人 / 吾等及任何有權或聲稱有權就本投保表格要求保險賠償的人仕同意下列各項：

- In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved.
本人 / 吾等同意如本文之譯本於意義上遇到任何爭議時，一概以英文版本為準；本人 / 吾等同時明白保險契約只會以英文發出，並會於本申請獲接納及核實時生效。
- I/we agree that AIG Insurance Hong Kong Limited (hereinafter called “AIG Hong Kong”) reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Hong Kong, the policy will become effective.
本人 / 吾等同意美亞保險香港有限公司（以下簡稱為「美亞保險」），保留一切接納申請與否之權利；並明白申請經美亞保險接納及批核後，保障才正式生效。

3. My/our declarations made herein, together with all information provided by me/us are full, complete and true and shall constitute the basis of the contract between the parties thereto. I/we understand that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and/or existed, treated prior to the first day of this insurance. Any failure to comply with this paragraph may render any policy issued hereunder void.
本人 / 吾等謹此聲明上述填報及其他本人 / 吾等提供之資料均為完整無缺及全為事實，並同意此等資料將構成本人 / 吾等與美亞保險所訂保險合約之基本條件；本人 / 吾等明白凡因投保當時及之前已診斷、已知、曾治理及 / 或已患之疾病、損傷或其他狀況而引致之醫療需要，一律不予賠償。如有違反此項聲明，任何關於本投保表格之保險合約將會作廢。

- My/our declarations made herein, together with all information provided by me/us are full, complete and true and shall constitute the basis of the contract between the parties thereto. I/we understand that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and/or existed, treated prior to the first day of this insurance. Any failure to comply with this paragraph may render any policy issued hereunder void.
本人 / 吾等謹此聲明上述填報及其他本人 / 吾等提供之資料均為完整無缺及全為事實，並同意此等資料將構成本人 / 吾等與美亞保險所訂保險合約之基本條件；本人 / 吾等明白凡因投保當時及之前已診斷、已知、曾治理及 / 或已患之疾病、損傷或其他狀況而引致之醫療需要，一律不予賠償。如有違反此項聲明，任何關於本投保表格之保險合約將會作廢。
- a). (Unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited (“AIG HK”) to process this application and any such data not provided may mean this application cannot be processed.
除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司（“美亞保險”）處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；

b). The personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).
美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保索賠之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途）；

- c). Unless I /we have indicated otherwise by ticking the “Promotion Material Opt-out” box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
除非本人 / 吾等於以下的「不收取推廣資料」方格填上✓號以作表示（其內容本人 / 吾等已細閱），美亞保險可使用本人 / 吾等的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡本人 / 吾等有關其它由AIG集團提供之保險產品，而在未獲本人 / 吾等同意的情况下，本人 / 吾等之個人資料將不會被如此使用；

d). AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
i) Third parties providing services related to the administration of my/our policy (including reinsurance);
ii) Financial institutions for the purpose of processing this application and obtaining policy payments;

- iii) In the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
iv) For the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
v) Another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
vi) Other parties referred to in AIG HK’s Data Privacy Policy for the purposes stated therein.
美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述（b）及（c）項所列明之用途：

- i) 提供有關本人 / 吾等保單管理服務的第三者（包括再保險公司）；
ii) 財務機構，作處理此申請及收取保費；
iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
iv) AIG集團授權的市場推廣公司，以作直銷之用（如上（c）項所述）；
v) 其它在任何國家之AIG集團之成員公司，作上述（b）及（c）項所有列明之用途；或
vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

e). I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK’s Data Privacy Policy can be found at www.aig.com.hk.

本人 / 吾等可隨時致函到美亞保險香港有限公司之私隱事務主任（地址：香港郵政總局信箱456號或電郵：cs.hk@aig.com）查閱、或要求修改本人 / 吾等的個人資料（美亞保險可就查閱及修改要求收取合理費用），或選擇不將本人 / 吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

Promotion Material Opt-out (if you wish to opt-out, please tick)
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