



## Howden

### Voluntary Employee Benefits Program

VEB- 03/2021

#### Personal Accident Cover

##### Accidental Death and Disablement Benefit:

Compensates the Insured benefit up to a maximum of HK\$1,000,000 against accidental death, total disability and dismemberment within 12 months of an accident.

##### Accidental Medical Expenses Benefit:

Reimburses the Insured for injury sustained through an accident. Provides cover for outpatient, specialist, hospitalization expenses, surgical expenses, Chinese bonesetters and acupuncturists expenses. The expenses paid to Chinese bonesetters and acupuncturists can be reimbursed up to HK\$1,500 per disability and HK\$3,000 per policy year subject to the maximum amount of the selected Accidental Medical Expenses Benefit.

Coverage (HK\$)			Monthly Premium (HK\$)			
Unit	Accidental Death & Disablement	Accidental Medical Expenses	Staff	Staff +Spouse	Family	Staff + Child(ren)
1	\$200,000	\$3,000	\$30	\$60	\$60	\$30
2	\$400,000	\$6,000	\$50	\$100	\$100	\$50
3	\$600,000	\$9,000	\$69	\$138	\$138	\$69
4	\$800,000	\$12,000	\$89	\$178	\$178	\$89
5	\$1,000,000	\$15,000	\$108	\$216	\$216	\$108

- The sum insured of staff and spouse are the same.
- Each dependent child's Accidental Death and Disablement and Accidental Medical Expenses coverage is 15% of the Principal Insured's benefit subject to the maximum of the Accidental Medical Expenses benefit.

#### Coverage of Accidental Death & Disability Benefit

COVERAGES	COMPENSATION	COVERAGES	COMPENSATION
1. Death	100%	15. Loss of or the Permanent Total Loss of use of one Thumb	
2. Permanent Total Disablement	100%	(a) both Right Joints	30%
3. Permanent and Incurable Paralysis of all Limbs	100%	(b) one Right Joint	15%
4. Permanent Total Loss of Sight of both Eyes	100%	(c) both Left Joints	20%
5. Permanent Total Loss of Sight of one Eye	100%	(d) one Left Joint	10%
6. Loss of or the Permanent Total Loss of use of two Limbs	100%	16. Loss of or the Permanent Total Loss of use of Fingers	
7. Loss of or the Permanent Total Loss of use of one Limb	100%	(a) three Right Joints	10%
8. Loss of Speech and Hearing	100%	(b) two Right Joints	7.5%
9. Permanent and Incurable Insanity	100%	(c) one Right Joint	5%
10. Permanent Total Loss of Hearing in		(d) three Left Joints	7.5%
(a) both Ears	75%	(e) two Left Joints	5%
(b) one Ear	15%	(f) one Left Joint	2%
11. Loss of Speech	50%	17. Loss of or the Permanent Total Loss of use of Toes	
12. Permanent Total Loss of the Lens of one Eye	50%	(a) all - one Foot	15%
13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of		(b) great - both Joints	5%
(a) Right Hand	70%	(c) great - Joint	3%
(b) Left Hand	50%	18. Fractured Leg or Patella with established non-union	10%
14. Loss of or the Permanent Total Loss of use of four Fingers of		19. Shortening of Leg by at least 5cm	7.5%
(a) Right Hand	40%	20. Permanent Disability not otherwise provided for under Events 10 to 19 inclusive. Such percentage of the Principal Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Events 10 to 19 inclusive.	
(b) Left Hand	30%		

**Note: The Right/Left benefits shown above will be reserved in the case of a left-handed insured person.**

**Daily Hospital Income Cover****Daily Hospital Income Benefit:**

Reimburses the Insured a daily hospital cash benefit up to 365 days when hospitalized

**Intensive Care Unit Benefit:**

Daily hospital cash will be doubled up to 30 days if the Insured is confined to an intensive care unit.

**Long Term Hospitalization Benefit:**

Reimburses the Insured an extra long-term hospitalization benefit up to 30 days from the 31<sup>st</sup> day of hospitalization.

<b>Cover Summary (HK\$)</b>			
<b>Unit</b>	<b>Daily Hospital Income Benefit / day</b>	<b>Intensive Care Unit Benefit / day</b>	<b>Long Term Hospitalization Benefit / day</b>
1	250	Extra 250	Extra 250
2	500	Extra 500	Extra 500
3	750	Extra 750	Extra 750
4	1,000	Extra 1,000	Extra 1,000
5	1,250	Extra 1,250	Extra 1,250

<b>Entry Age</b>	<b>Monthly Premium (HK\$)</b>			
	<b>Staff</b>	<b>Staff + Spouse</b>	<b>Family Coverage</b>	<b>Staff + Child(ren)</b>
18 – 25	24	47	59	35
26 – 30	27	54	68	41
31 – 35	29	59	74	44
36 – 40	31	62	78	47
41 – 45	36	71	89	54
46 – 50	43	86	107	64
51 – 55	53	105	132	79
56 – 60	59	119	149	89
61 – 65	77	154	192	115
66 – 69	103	205	256	154

- The sum insured of staff, spouse and child(ren) are the same.
- Premium will be based on the entry age of the staff and remains unchanged unless sub-sequential increase in benefits. New premium will be based on the attained age for the entire amount.

## Critical Illness Cover

A lump sum will be paid to the Insured in the event of diagnosis of any of the specified critical illnesses.

Unit	1	2	3	4	5
<b>Sum Insured (HK\$)</b>	100,000	200,000	300,000	400,000	500,000

### Monthly Premium Table (per unit):

Entry Age	Monthly Premium (HK\$)				
	Staff		Staff + Child(ren)		Staff + Spouse / Family
	Female	Male	Female	Male	
18 – 25	24	32	30	40	48
26 – 30	35	50	44	63	73
31 – 35	47	71	59	89	100
36 – 40	62	98	78	123	135
41 – 45	84	138	105	173	188
46 – 50	103	178	129	223	238
51 – 55	125	229	156	286	301
56 – 60	139	261	174	326	340
61 – 65	239	326	299	408	433
66 – 69	347	473	433	590	628

- The sum insured of spouse and child(ren) is 100% and 15% of the insured staff respectively.
- Premium will be based on the entry age of the staff and remains unchanged unless sub-sequential increase in benefits. New premium will be based on the attained age for the entire amount.

### Covered illnesses include

- Stroke
- Major Cancer
- Heart Attack
- Other Serious Coronary Artery Disease
- Coronary Artery By-pass Surgery
- Heart Valve Surgery
- Fulminant Hepatitis
- End Stage Liver Failure
- Primary Pulmonary Hypertension
- End-stage Lung Disease
- Kidney Failure
- Surgery to Aorta
- Aplastic Anaemia
- Major Organ / Bone Marrow Transplantation
- Blindness (Loss of Sight)
- Deafness (Loss of Hearing)
- Loss of Speech
- Coma
- Major Burns
- Multiple Sclerosis
- Paralysis (Loss of use of Limbs)
- Poliomyelitis
- Muscular Dystrophy
- Alzheimer's Disease / Severe Dementia
- Motor Neurone Disease
- Parkinson's Disease
- Encephalitis
- Benign Brain Tumour
- Major Head Trauma
- Bacterial Meningitis
- Apallic Syndrome
- Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis
- Chrohn's Disease
- Acute Necrotizing Pancreatitis
- Terminal Illness
- Loss of Independent Existence
- Elephantiasis
- AIDS due to Blood Transfusion
- Occupational Acquired HIV
- Severe Rheumatoid Arthritis
- Medillary Cyclic Disease
- Cardiomyopathy
- Ebola
- Creutzfeld-Jacob Disease
- Angioplasty and Other Invasive Treatments for Coronary Artery\*
- Severe Acute Respiratory Syndrome (SARS)\*\*
- 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 HK\$20,000 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.

**Optional Critical Illness Cover - Carcinoma-in-situ (CIS)**

20% of selected lump sum coverage will be paid to the insured in the event of the first diagnosis of carcinoma-in-situ of female organ or male organ.

Female organ; one or both breasts, one or both fallopian tubes, one or both ovaries, the cervix, uterus vagina or vulva.  
Male organ: one or both breasts, one of both testes, the penis or prostate.

Unit	Sum Insured (HK\$)	Monthly Premium per (HK\$)	
		Staff / Staff + Child(ren)	Staff + Spouse / Family
1	\$100,000 x 20%	\$5	\$10
2	\$200,000 x 20%	\$10	\$20
3	\$300,000 x 20%	\$15	\$30
4	\$400,000 x 20%	\$20	\$40
5	\$500,000 x 20%	\$25	\$50

- Premium remains unchanged unless subsequent benefit upgrade. Premium for the whole “Optional Critical Illness Cover” will then be calculated based on the sum insured at the time of benefit upgrade.
- 20% of the sum insured will be paid subject to the unit selected. This item will be terminated upon such payment and the amount of subsequent Critical Illness Benefit will then be reduced accordingly.
- Insured should choose “Critical Illness Cover” first before applying the “Optional Critical Illness Cover – CIS”.
- The unit of “Optional Critical Illness Cover – CIS” chosen has to be the same as “Critical Illness Cover”.

## **Optional Senior Care Protection Plan**

<b>Cover Summary</b>	<b>Plan A</b>	<b>Plan B</b>
1. Accidental Death and Disablement Benefit	HK\$150,000	HK\$300,000
2. Accidental Medical Expenses Benefit	Maximum HK\$2,000 per disability and maximum HK\$10,000 per policy year.	Maximum HK\$3,000 per disability and maximum HK\$20,000 per policy year.
a) Medical Expenses	This benefit reimburses the Insured Person for accident surgical expenses, general medical expenses, including expenses of in / out patient.	This benefit reimburses the Insured Person for accident surgical expenses, general medical expenses, including expenses of in / out patient.
b) Chinese Bonesetters and Acupuncturists	Chinese Bonesetters and Acupuncturists with \$180 / visit / day reimbursement, maximum HK\$2,000 per disability and maximum HK\$4,000 per policy year.	Chinese Bonesetters and Acupuncturists with \$180 / visit / day reimbursement, maximum HK\$2,000 per disability and maximum HK\$4,000 per policy year.
3. Daily Hospital Income Benefit	HK\$200/day	HK\$300/day
4. Care Assistant Benefit	HK\$2,500/month, maximum 60 months	HK\$5,000/month, maximum 60 months
5. Broken Bones Benefit	HK\$75,000	HK\$150,000

### **Premium Table**

	<b>Monthly Premium</b>
<b>Plan A</b>	HK\$107
<b>Plan B</b>	HK\$195

- The entry age is 45-75 and renew up to 85. Benefit will be reduced by 50% for any age over 80.
- Daily Hospital Income Benefit per each hospital confinement is subject to 3 days waiting period and maximum payment period of 30 days.

### **Coverage of Broken Bones**

<b>Events</b>	<b>Percentage of Sum Insured</b>
<b>* Fracture of Bones</b>	
Hip or Pelvis	100%
Thigh or Heel	50%
Skull, Collarbone, Lower Leg, Ankle, Arm, Elbow, Wrist	40%
Lower Jaw	30%
Vertebrae, Shoulder Blade, Knee Cap, Sternum, Hand, Foot	20%
Upper Jaw, Cheek Bone, Nose, Ribs, Coccyx, Toes, Fingers	15%

\* **“Fracture” or “Broken Bone”** means breakage of a bone completely.

## **Important Notice**

- All full-time staff, spouse age between 18-65 and renew until age 69; parents or parent-in-law aged between 45 to 75 are eligible to join Senior Plan and renew until age of 85.
- "Family Coverage" includes staff, spouse, and all unmarried dependent children aged between 6 months and 21, or up to 25 for full-time student.
- Staff must opt the same categories.
- The Insured must enroll first and then his/her family members including parent(s) and parent(s)-in-law are eligible to apply.

## **Termination**

Upon resignation or retirement, you and your family can still enjoy this privileged coverage with fixed premium up to 69 years of age provided that you have sent written notification to AIG Insurance Hong Kong Limited, prior to your change of occupation. (This does not apply if you are going into an occupation with higher risk nature.)

## **General Exclusion**

War; civil war; engaging in the Armed or Disciplinary Forces; flying as a pilot or crew member in any aircraft; suicide or attempted suicide or intentional self injury while sane or insane; pre-existing conditions\*; childbirth, pregnancy, miscarriage or any complications therefrom notwithstanding that such event may have been accelerated or induced by injury; psychosis, sleep disturbance disorder, mental or nervous disorders, anxiety, stress or depression; treatment of alcoholism, or drug abuse or any other complications arising therefrom or from any drug accident; the influence of alcohol or any non-prescribed drug; engaging in a sport in a professional capacity or where you would or could earn income or remuneration from engaging in such sport; congenital disease or defect or any complications or conditions arising therefrom; Acquired Immune Deficiency Syndrome (AIDS) \*\* or any disease or injury commencing in the presence of a sero positive test for HIV and related disease; venereal disease or any other sexually transmitted diseases.

## **Excluded Occupation**

It means the job title or nature of blaster, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Hong Kong and Mainland China), test pilot, circus trainer, aerial worker, caisson worker, lift technician, building wrecker, driller-underground, wild animal trainer, secret service agent, container crane operator, construction site worker, dynamite/explosive operator and government/state disciplinary forces.

## **Additional Exclusion applicable to Accidental Death and Disablement, Accidental Medical Expenses, and Broken Bones Benefit**

- Sickness

## **Additional Exclusions applicable to Daily Hospital Income Benefit**

- Rest cure and any medical check-up, congenital abnormalities and their related conditions, all dental care and plastic surgery except as a result of accident.
- Any signs or symptoms which first occurred prior to or within 15 days following the effective date of this insurance.

## **Additional Exclusions for Critical Illness Plan**

- Any congenital defect and pre-existing condition\*\*\*.
- Any critical illness of which the signs or symptoms first occurred prior to or within ninety (90) days following the effective date of this insurance.
- Any critical illness where the Insured Person does not survive for a period of fourteen (14) days after the first Diagnosis.
- Any SARS/Atypical Pneumonia of which the signs or symptoms first occurred prior to or within fifteen (15) days following the effective date of this insurance.

## **Pre-existing Condition\***

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 this Policy, within three (3) years preceding the Policy's effective date, last reinstatement 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 date of any increase of benefit coverage (to the extent of such increase only), whichever is later.

## **General Exclusions for "AIDS"\*\*\***

Not applicable to item 38 and 39 under Critical Illness Cover.

## **Critical Illness Pre-existing Condition\*\*\***

Condition shall mean 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.

## **Enrollment Method**

For enrolment, please complete the application and send together with the payment forms to AIG Insurance Hong Kong Limited, 7/F, One Island East, 18 Westlands Road, Island East, Hong Kong. The coverage will become effective from the first day of the following month upon the receipt and acceptance of your application.

**For any queries, please contact: Tel: (852) 3666 7019**

This Exclusion List only serves descriptive purpose. Details should refer to actual policy wordings.

- AIG Insurance Hong Kong Limited reserves the right to underwriter, accept any application & change any terms and condition.
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Howden

僱員自購保障計劃申請表 ("VEB" Application Form)

For office Use Only	
CN No	
Source	
Effective Date	
Bill Date	
Handler	Ida W
CP No	

VEB - 03/2021

A. Staff (Insured) Personal Particulars 僱員(投保人)個人資料 (Please use the capital letter) (請以英文正楷填寫)

Please tick the appropriate box 請於適用之方格內加☐

英文姓名 \_\_\_\_\_ 性別 男  女  出生日期 \_\_\_\_\_ 慣用左手

English Name : \_\_\_\_\_ Sex : M  F  Date of Birth : \_\_M月\_\_D日\_\_YR年 Left Handed

中文姓名 \_\_\_\_\_ 身份證號碼 \_\_\_\_\_ 員工編號 \_\_\_\_\_

Chinese Name: \_\_\_\_\_ I.D. No. : \_\_\_\_\_ Staff No. : \_\_\_\_\_

住址電話 \_\_\_\_\_ 辦公室電話 \_\_\_\_\_ 傳呼/手提電話號碼 \_\_\_\_\_

Tel (Home) : \_\_\_\_\_ Tel (Office) : \_\_\_\_\_ Pager/Mobile No. : \_\_\_\_\_

地址 \_\_\_\_\_ 職位 \_\_\_\_\_

Address : \_\_\_\_\_ Position : \_\_\_\_\_

電郵地址 \_\_\_\_\_

E-mail Address: \_\_\_\_\_

B. Insured Family Member(s) Information 投保人家庭成員資料 (Please use the capital letter) (請以英文正楷填寫)

Name 姓名	Left Handed 慣用左手	I.D. No. /Cert. of Birth No 身份證/出生證明書號碼	Occupation 職業	Sex 性別	Date of Birth 出生日期
配偶 Spouse	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__M月__D日__Yr年
子女 Child	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__M月__D日__Yr年
	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__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 ☐

The category for different coverage chosen should be the same (please refer to the example as below)

(各保障所選擇的組合必須相同) (請參閱以下例子)

Example: If the "Family Coverage" category is chosen in "Personal Accident Cover", the category for the rest of cover should be "Family Coverage". 例子: 如 "個人意外保障" 之組合選擇為 "家庭", 其他的保障項目的組合必須同為 "家庭"

Personal Accident Cover 個人意外保障					
Unit	Staff	Staff + Spouse	Family Coverage	Staff + Child(ren)	Monthly Premium
單位	員工	員工+配偶	家庭	員工+子女	每月保費
1	<input type="checkbox"/> HK\$ 30	<input type="checkbox"/> HK\$ 60	<input type="checkbox"/> HK\$ 60	<input type="checkbox"/> HK\$ 30	
2	<input type="checkbox"/> HK\$ 50	<input type="checkbox"/> HK\$ 100	<input type="checkbox"/> HK\$ 100	<input type="checkbox"/> HK\$ 50	
3	<input type="checkbox"/> HK\$ 69	<input type="checkbox"/> HK\$ 138	<input type="checkbox"/> HK\$ 138	<input type="checkbox"/> HK\$ 69	
4	<input type="checkbox"/> HK\$ 89	<input type="checkbox"/> HK\$ 178	<input type="checkbox"/> HK\$ 178	<input type="checkbox"/> HK\$ 89	
5	<input type="checkbox"/> HK\$ 108	<input type="checkbox"/> HK\$ 216	<input type="checkbox"/> HK\$ 216	<input type="checkbox"/> HK\$ 108	
Sub-Total 共計					

<b>Daily Hospital Income Benefit (per coverage unit) 每日住院現金保障 (每一單位)</b>						
Age	Staff	Staff + Spouse	Family Coverage	Staff + Child(ren)	Unit	Monthly Premium
年齡	員工	員工+配偶	家庭	員工+子女	單位	每月保費
18-25	<input type="checkbox"/> HK\$ 24	<input type="checkbox"/> HK\$ 47	<input type="checkbox"/> HK\$ 59	<input type="checkbox"/> HK\$ 35	X	
26-30	<input type="checkbox"/> HK\$ 27	<input type="checkbox"/> HK\$ 54	<input type="checkbox"/> HK\$ 68	<input type="checkbox"/> HK\$ 41	X	
31-35	<input type="checkbox"/> HK\$ 29	<input type="checkbox"/> HK\$ 59	<input type="checkbox"/> HK\$ 74	<input type="checkbox"/> HK\$ 44	X	
36-40	<input type="checkbox"/> HK\$ 31	<input type="checkbox"/> HK\$ 62	<input type="checkbox"/> HK\$ 78	<input type="checkbox"/> HK\$ 47	X	
41-45	<input type="checkbox"/> HK\$ 36	<input type="checkbox"/> HK\$ 71	<input type="checkbox"/> HK\$ 89	<input type="checkbox"/> HK\$ 54	X	
46-50	<input type="checkbox"/> HK\$ 43	<input type="checkbox"/> HK\$ 86	<input type="checkbox"/> HK\$ 107	<input type="checkbox"/> HK\$ 64	X	
51-55	<input type="checkbox"/> HK\$ 53	<input type="checkbox"/> HK\$ 105	<input type="checkbox"/> HK\$ 132	<input type="checkbox"/> HK\$ 79	X	
56-60	<input type="checkbox"/> HK\$ 59	<input type="checkbox"/> HK\$ 119	<input type="checkbox"/> HK\$ 149	<input type="checkbox"/> HK\$ 89	X	
61-65	<input type="checkbox"/> HK\$ 77	<input type="checkbox"/> HK\$ 154	<input type="checkbox"/> HK\$ 192	<input type="checkbox"/> HK\$ 115	X	
<b>Sub-Total 共計</b>						

<b>Critical Illness Cover (per coverage unit) 危疾保障 (每一單位)</b>								
Age	Female	Male	Staff + Spouse	Staff + Child(ren)		Family Coverage	Unit	Monthly Premium
年齡	女性	男性	員工+配偶	Female 女性	Male 男性	家庭	單位	每月保費
18-25	<input type="checkbox"/> HK\$ 24	<input type="checkbox"/> HK\$ 32	<input type="checkbox"/> HK\$ 48	<input type="checkbox"/> HK\$ 30	<input type="checkbox"/> HK\$ 40	<input type="checkbox"/> HK\$ 48	X	
26-30	<input type="checkbox"/> HK\$ 35	<input type="checkbox"/> HK\$ 50	<input type="checkbox"/> HK\$ 73	<input type="checkbox"/> HK\$ 44	<input type="checkbox"/> HK\$ 63	<input type="checkbox"/> HK\$ 73	X	
31-35	<input type="checkbox"/> HK\$ 47	<input type="checkbox"/> HK\$ 71	<input type="checkbox"/> HK\$ 100	<input type="checkbox"/> HK\$ 59	<input type="checkbox"/> HK\$ 89	<input type="checkbox"/> HK\$ 100	X	
36-40	<input type="checkbox"/> HK\$ 62	<input type="checkbox"/> HK\$ 98	<input type="checkbox"/> HK\$ 135	<input type="checkbox"/> HK\$ 78	<input type="checkbox"/> HK\$ 123	<input type="checkbox"/> HK\$ 135	X	
41-45	<input type="checkbox"/> HK\$ 84	<input type="checkbox"/> HK\$ 138	<input type="checkbox"/> HK\$ 188	<input type="checkbox"/> HK\$ 105	<input type="checkbox"/> HK\$ 173	<input type="checkbox"/> HK\$ 188	X	
46-50	<input type="checkbox"/> HK\$ 103	<input type="checkbox"/> HK\$ 178	<input type="checkbox"/> HK\$ 238	<input type="checkbox"/> HK\$ 129	<input type="checkbox"/> HK\$ 223	<input type="checkbox"/> HK\$ 238	X	
51-55	<input type="checkbox"/> HK\$ 125	<input type="checkbox"/> HK\$ 229	<input type="checkbox"/> HK\$ 301	<input type="checkbox"/> HK\$ 156	<input type="checkbox"/> HK\$ 286	<input type="checkbox"/> HK\$ 301	X	
56-60	<input type="checkbox"/> HK\$ 139	<input type="checkbox"/> HK\$ 261	<input type="checkbox"/> HK\$ 340	<input type="checkbox"/> HK\$ 174	<input type="checkbox"/> HK\$ 326	<input type="checkbox"/> HK\$ 340	X	
61-65	<input type="checkbox"/> HK\$ 239	<input type="checkbox"/> HK\$ 326	<input type="checkbox"/> HK\$ 433	<input type="checkbox"/> HK\$ 299	<input type="checkbox"/> HK\$ 408	<input type="checkbox"/> HK\$ 433	X	
<b>Sub-Total 共計</b>								

- Staff (Insured) must enroll first before their immediate family members enroll the plan.
- 僱員(投保人)須先行投保, 其配偶、子女方可參與此計劃。
- Family includes staff(Insured), spouse, and all their age 6 months to 21 dependent children or renew up to age 25 for a full-time student.
- 家庭保障包括僱員(投保人)、配偶及所有 6 個月至 21 歲未婚及未在職之子女, 全日制學生可續保至 25 歲。
- Premium remains unchanged unless subsequent benefit upgrade, premium for the whole "Daily Hospital Income Benefit" and/or "Critical Illness Cover" will then be calculated on the attained age of the insured at the time of benefit upgrade.
- 保費維持不變。其後增加保額, 整項 "每日住院現金保障" 及/或 "危疾保障" 之保費將按投保人增加保額時的年齡再作計算。

<b>Optional Critical Illness Cover - Carcinoma-in-situ (CIS) (per coverage)</b> 額外危疾保障 - 原位癌			
<b>Unit</b>	<b>Staff / Staff + Child(ren)</b>	<b>Staff + Spouse / Family Coverage</b>	<b>Monthly Premium</b>
單位	員工 / 員工+子女	員工+配偶 / 家庭	每月保費
<b>1</b>	<input type="checkbox"/> HK\$ 5	<input type="checkbox"/> HK\$ 10	
<b>2</b>	<input type="checkbox"/> HK\$ 10	<input type="checkbox"/> HK\$ 20	
<b>3</b>	<input type="checkbox"/> HK\$ 15	<input type="checkbox"/> HK\$ 30	
<b>4</b>	<input type="checkbox"/> HK\$ 20	<input type="checkbox"/> HK\$ 40	
<b>5</b>	<input type="checkbox"/> HK\$ 25	<input type="checkbox"/> HK\$ 50	
<b>Sub-Total 共計</b>			

- Premium remains unchanged unless subsequent benefit upgrade. Premium for the whole “Optional Critical Illness Cover” will then be calculated based on the sum insured at the time of benefit upgrade.
- 保費維持不變。其後增加保額，整項「額外危疾保障 - 原位癌」之保費將按投保人增加保額時之單位再作計算。
- 20% of the sum insured will be paid subject to the unit selected. This item will be terminated upon such payment and the amount of subsequent Critical Illness Benefit will then be reduced accordingly.
- 賠償投保額的 20%，有關危疾於賠償後將被終止及其後之危疾保障亦會相對遞減。
- Insured should choose “Critical Illness Cover” first before applying the “Optional Critical Illness Cover – CIS”.
- 投保人需先投保「危疾保障」，方可投保「額外危疾保障 - 原位癌」。
- The unit of “Optional Critical Illness Cover – CIS” chosen has to be the same as “Critical Illness Cover”.
- 「額外危疾保障 - 原位癌」所選擇之單位必須與「危疾保障」的單位相同。
- 

**Total Monthly Premium 每月總保費**

**HK\$**

Please read and sign the Declaration & Authorization and Payment Method Form on the page overleaf.

請參閱及簽署次頁之聲明及授權和保費支付方法表。

Upon receipt of your application, the insurer shall carry out some basic verification checks for compliance purposes. If any issues arise from these checks, we shall contact you immediately and in any event, no later than 5 working days from the receipt date of this application. If we have not contacted you within this period, you may assume coverage is effective from the date specified in your application. 當收到閣下的申請表後，保險公司將會就投保人在申請表內所提供的資料，進行基本循規核查。如我們在此核查中發現有任何問題，我們將於收到該申請表日期起計 5 個工作天之內立即與閣下聯絡。如我們沒有在所述的時間內與閣下聯絡，即表示閣下之保障將於指定日期起生效。

### Declaration & Authorization 聲明及授權

1) I/We now declare that to the best of my/our knowledge and belief the information in this Application Form is true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited. I/We declare that I/we have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.

1) 本人/吾等現聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人/吾等與美亞保險香港有限公司所簽署合約之依據。本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。

2) If this application is made through an insurance broker, by signing this form I/we agree to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.

2) 如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險香港有限公司向保險經紀支付佣金，作為保險經紀安排（及/或續保）有關保單的報酬。

### 3) Personal Information Collection Statement

In relation to the personal data collected in this application form, I/we agree and acknowledge that:

(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.

(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).

(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.

(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.

(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](http://www.aig.com.hk).

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

### 3) 個人資料收集聲明

就有關從此表格所收集的個人資料，本人/吾等同意及確認：

(a) 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) 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、核保續保之保單、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) 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) 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) 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](http://www.aig.com.hk)。

不收取推廣資料（如閣下不欲收取推廣資料，請在方格填上√號）

Insured Signature 投保人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

## PAYMENT METHOD FORM 保費支付方法表

### Monthly Payment 月費付款

Please choose the payment method either by Credit Card or Autopay. 請選擇以信用咭或自動轉賬支付保費

### By Credit Card 信用咭付款

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

Visa Card  Master Card

I/We hereby authorize AIG Insurance Hong Kong Limited 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，經由本人/吾等下列的信用咭戶口內，扣除有關本保單的費用，包括其續保之有關費用。

<b>Credit Card No.</b> 信用咭號碼：	
<b>Expiry Date</b> 有效期至：	MM 月 YY 年
<b>Name on Credit Card</b> 持咭人姓名：	
<b>Cardholder's Signature</b> 持咭人簽名：	

### By Autopay 銀行戶口轉賬付款

#### Authorization Agreement Form With Creditor 付款授權同意書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of AIG Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from the AIG Insurance Hong Kong Limited 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 confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify AIG Insurance Hong Kong Limited, of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in/my our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

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 two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the AIG Insurance Hong Kong Limited

本人/吾等現授權本人/吾等之下述銀行，根據美亞保險香港有限公司不時給予本人/吾等之銀行之指示，自本人/吾等之賬戶內轉賬予美亞保險香港有限公司之賬戶。

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。

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

本人/吾等證明本人/吾等在此申請表格上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。

本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知美亞保險香港有限公司。本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用。

本授權書當繼續生效直至另行通知。

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/改生效日最少兩個工作天之前交予本人/吾等之銀行，並同時通知美亞保險香港有限公司。

<b>Bank Name</b> 銀行名稱	<b>Account Number</b> 銀行賬號
<b>Name of Account-holder(s)</b> (As recorded on statement/passbook –please complete in English) 戶口持有人姓名(在結單/存摺上所紀錄之名稱-請以英文填寫)	<b>Signature of Account-holder(s)</b> 戶口持有人簽名
<b>ID. Number of Account-holder(s)</b> 戶口持有人身份證明文件號碼	
<b>Witnessed By(Full Name)</b> 見證人(全名)	<b>Debtor's Reference (To be completed by the Company)</b> 債務人參考(由公司填寫)
<b>ID Number</b> 見證人身份證號碼	



# Howden

僱員自購保障計劃  
**Voluntary Employee Benefit Program**  
 額外保障-頤康樂申請表  
**Optional Senior Care Protection Plan**  
**Application Form**

For office Use Only	
CN No	
Source	
Effective Date	
Bill Date	
Handler	Ida w
CP No	

VEB-03/2021

**A. Staff (Insured) Personal Particulars 僱員(投保人)個人資料 (Please use the capital letter) (請以英文正楷填寫)**

Please tick the appropriate box 請於適用之方格內加(✓)

英文姓名 \_\_\_\_\_ 性別 男  女  出生日期 \_\_\_\_\_ 慣用左手

**English Name :** \_\_\_\_\_ **Sex :** M  F  **Date of Birth :** \_\_M月\_\_D日\_\_YR年 **Left Handed**

中文姓名 \_\_\_\_\_ 身份證號碼 \_\_\_\_\_ 員工編號 \_\_\_\_\_

**Chinese Name:** \_\_\_\_\_ **I.D. No. :** \_\_\_\_\_ **Staff No. :** \_\_\_\_\_

住址電話 \_\_\_\_\_ 辦公室電話 \_\_\_\_\_ 傳呼/手提電話號碼 \_\_\_\_\_

**Tel (Home) :** \_\_\_\_\_ **Tel (Office) :** \_\_\_\_\_ **Pager/Mobile No. :** \_\_\_\_\_

地址 \_\_\_\_\_ 職位 \_\_\_\_\_

**Address :** \_\_\_\_\_ **Position :** \_\_\_\_\_

\_\_\_\_\_ 電郵地址 \_\_\_\_\_

\_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**B. Insured Family Member(s) Information 投保人家庭成員資料**

(For parent(s) /parent(s)-in-law) (只供投保父母/配偶父母保障填寫)

	Name 姓名	Left Handed 慣用左手	I.D. No. /Cert. of Birth No 身份證/出生證明書號碼	Occupation 職業	Sex 性別	Date of Birth 出生日期
父母 Parents	_____	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__M月__D日__Yr年
	_____	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__M月__D日__Yr年
配偶父母 Parents-in-law	_____	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__M月__D日__Yr年
	_____	<input type="checkbox"/>	_____	_____	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	__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(✓)

**Optional Senior Care Protection Plan 額外保障- 頤康樂**

Monthly Premium 每月保費			
Plan A 計劃 A	No. of people 人數	Plan B 計劃 B	No. of people 人數
<input type="checkbox"/> HK\$ 107	X	<input type="checkbox"/> HK\$ 195	X

**Total Monthly Premium 每月總保費: HK\$**

- Staff (Insured) must join the "VEB" first before his/her parent(s) and/or parent(s)-in-law to join in.  
僱員(投保人)須先行投保「僱員自購保障計劃」,其父母方可參與此計劃。
- The entry age of Senior Care Protection Plan is 45-75 and policy will renew up to age 85. Benefit will be reduced by 50% for any senior aged 81.  
「頤康樂」投保年齡為 45 - 75 歲,保障直至 85 歲之止,如受保長者年齡達 81 歲,其保障額將會減半。
- Premium remains unchanged. 保費維持不變。

Upon receipt of your application, the insurer shall carry out some basic verification checks for compliance purposes. If any issues arise from these checks, we shall contact you immediately and in any event, no later than 5 working days from the receipt date of this application. If we have not contacted you within this period, you may assume coverage is effective from the date specified in your application. 當收到閣下的申請表後，保險公司將會就投保人在申請表內所提供的資料，進行基本循規核查。如我們在此核查中發現有任何問題，我們將於收到該申請表日期起計 5 個工作天之內立即與閣下聯絡。如我們沒有在所述的時間內與閣下聯絡，即表示閣下之保障將於指定日期起生效。

### Declaration & Authorization 聲明及授權

1) I/We now declare that to the best of my/our knowledge and belief the information in this Application Form is true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited. I/We declare that I/we have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.

1) 本人/吾等現聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人/吾等與美亞保險香港有限公司所簽署合約之依據。本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。

2) If this application is made through an insurance broker, by signing this form I/we agree to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.

2) 如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險香港有限公司向保險經紀支付佣金，作為保險經紀安排（及/或續保）有關保單的報酬。

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(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.

(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:

vii) third parties providing services related to the administration of my/our policy (including reinsurance);

viii) financial institutions for the purpose of processing this application and obtaining policy payments;

ix) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;

x) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;

xi) another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or

xii) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.

(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](http://www.aig.com.hk).

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

### 3) 個人資料收集聲明

就有關從此表格所收集的個人資料，本人/吾等同意及確認：

(a) 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) 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、核保續保之保單、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) 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) 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。

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不收取推廣資料（如閣下不欲收取推廣資料，請在方格填上√號）

Insured Signature 投保人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

## PAYMENT METHOD FORM 保費支付方法表

### Monthly Payment 月費付款

Please choose the payment method either by Credit Card or Autopay. 請選擇以信用咭或自動轉賬支付保費

### By Credit Card 信用咭付款

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

Visa Card  Master Card

I/We hereby authorize AIG Insurance Hong Kong Limited 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，經由本人/吾等下列的信用咭戶口內，扣除有關本保單的費用，包括其續保之有關費用。

Credit Card No.信用咭號碼：	
Expiry Date 有效期至：	MM 月 YY 年
Name on Credit Card 持咭人姓名：	
Cardholder's Signature 持咭人簽名：	

### By Autopay 銀行戶口轉賬付款

#### Authorization Agreement Form With Creditor 付款授權同意書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of AIG Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from the AIG Insurance Hong Kong Limited 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 confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify AIG Insurance Hong Kong Limited, of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in/my our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

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 two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the AIG Insurance Hong Kong Limited

本人/吾等現授權本人/吾等之下述銀行，根據美亞保險香港有限公司不時給予本人/吾等之銀行之指示，自本人/吾等之賬戶內轉賬予美亞保險香港有限公司之賬戶。

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。

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

本人/吾等證明本人/吾等在此申請表格上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。

本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知美亞保險香港有限公司。本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取價常之服務費用。

本授權書當繼續生效直至另行通知。

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/改生效日最少兩個工作天之前交予本人/吾等之銀行，並同時通知美亞保險香港有限公司。

Bank Name 銀行名稱	Account Number 銀行賬號
Name of Account-holder(s) (As recorded on statement/passbook -please complete in English) 戶口持有人姓名(在結單/存摺上所紀錄之名稱-請以英文填寫)	Signature of Account-holder(s) 戶口持有人簽名
ID. Number of Account-holder(s) 戶口持有人身份證明文件號碼	
Witnessed By(Full Name) 見證人(全名)	Debtor's Reference (To be completed by the Company) 債務人參考(由公司填寫)
ID Number 見證人身份證號碼	