

# Voluntary Employee Benefits Program Application Form

## 僱員自購保障計劃申請表



Please complete the below Application Form and the Payment Method Form, then return to us by email to cs.hk@aig.com

or by mail to AIG Insurance Hong Kong Limited at 7/F, One Island East, 18 Westlands Road, Hong Kong.

請填妥以下申請表並連同填妥之保費支付方法表以電郵或郵寄交回本公司。

電郵: cs.hk@aig.com 或郵寄地址: 香港港島東華蘭路18號港島東中心7樓美亞保險香港有限公司收。

| For Producer Only |  |
|-------------------|--|
| Producer Name     |  |
| Producer Code     |  |
| Tel. No.          |  |

VEB-NONHKCS-202503

### I. Important Notes 重要事項

(Please read the below carefully before filling in the form. 在填寫申請表之前, 請仔細閱讀以下事項。)

- The Monthly Premium Table indicates the premium rates of the respective plans and sum insured for different covers. Please refer to the brochure for detailed benefits and sum insured.  
每月保費表顯示各保障項目下不同計劃及投保額的保費率。請參閱產品小冊子以瞭解詳細的保障內容及保額。
- Age limit of any adult insured person including the employee and spouse: 18 – 65 years of age, renewable up to 69 years of age; age limit of dependent children: 6 months – 21 years of age for unmarried full-time students, renewable up to 25 years of age for full-time students.  
成年受保人包括僱員及其配偶之年齡限制: 18 – 65歲, 可續保至69歲; 受供養子女之年齡限制: 6個月–21歲未婚及未就職子女, 全日制學生可續保至25歲。
- Spouse and dependent child(ren) are eligible to enroll in the program alongside with the employee. Person(s) to be insured must be the same across different covers.  
配偶和受供養子女必須連同僱員一同參加此計劃。各保障所選擇的受保家庭成員必須相同。
- Personal Accident Cover must be insured as the basic cover before selecting the optional covers of Critical Illness Cover and/or Hospital Income Cover.  
僱員必須投保「個人意外保障」為基本保障, 方可選擇自選保障包括「危疾保障」及/或「住院現金保障」。
- “Individual+Child(ren)” Plan includes the employee and his/her dependent child(ren); Family Plan includes the employee, his/her spouse and his/her dependent child(ren).  
「個人+子女計劃」包括僱員及所有受供養子女; 「家庭計劃」包括僱員、其配偶和所有受供養子女。
- Premium for all plans under Critical Illness Cover and Hospital Cash Cover are calculated at the attained age of the employee (Insured) at the time of policy application. For subsequent benefit upgrade, premium will be calculated on the attained age of the Insured at the time of benefit upgrade.  
「住院現金保障」及「危疾保障」中, 所有計劃之保費以僱員(投保人)投保時之年齡計算。其後升級保障, 保費將按投保人升級保障時的年齡計算。
- Aggregate limit shall apply on per insured person basis across multiple individual policies underwritten by AIG Insurance Hong Kong Limited (AIG HK) being accidental death & permanent disablement benefit sum insured at HK\$2,000,000 under Personal Accident class of insurance; critical illness benefit sum insured at HK\$1,000,000 under Critical Illness class of insurance. If the sum insured of the relevant benefit items in any and all individual policies of the insured exceeds the aggregate limit, we will pay compensation up to the aggregate limit.  
受保人在本公司持有的所有個人保險中, 「個人意外」類別保單之意外死亡及永久傷殘保障總保額為港幣2,000,000元; 「危疾」類別保單中之危疾保障總保額為港幣1,000,000元。若受保人所持有的任何及所有個別保單之相關保障項目合計保額超出總保額上限, 美亞保險會以總保額為上限作出賠償。
- First month premium waiver is applicable to successful application, subject to “Campaign Terms”.  
成功投保可享首月免保費, 優惠受「活動條款」約束。
- Monthly premium will be payable either by Credit Card or Autopay.  
每月保費將以信用卡付款或自動轉賬扣除。
- If this application cannot be processed immediately, AIG HK shall contact you within 5 working days of receiving your application. Otherwise, you may assume coverage is effective from the policy effective date specified in your application.  
收到此申請表格後, 美亞保險將根據保單持有人在申請表上提供的資訊進行核保。如果您的申請無法立即處理, 美亞保險將在收到您的申請後5個工作日內與您聯繫。否則, 您可以假定保險自您申請中指定的保單生效日期開始生效。

### II. Proposer (Employee) Particulars 申請人(僱員)個人資料

(Please use the capital letter 請以英文正楷填寫) (Please tick the appropriate box 請於適用之方格加(✓))

|                                                           |                                     |                                                                       |                         |         |         |         |                                              |
|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|-------------------------|---------|---------|---------|----------------------------------------------|
| English Name :<br>英文姓名<br>(Same as HKID Card<br>與香港身份証相同) | (Last Name 姓) (First Name 名)        | Sex : M 男 <input type="checkbox"/><br>性別 F 女 <input type="checkbox"/> | Date of Birth :<br>出生日期 | MM<br>月 | DD<br>日 | YY<br>年 | Left Handed<br>慣用左手 <input type="checkbox"/> |
| HKID No. :<br>香港身份證號碼                                     | Tel (Home / Office) :<br>住址 / 辦公室電話 |                                                                       | Mobile :<br>手提電話號碼      |         |         |         |                                              |
| Company Name :<br>公司名稱                                    | Position :<br>職位                    |                                                                       | Staff No. :<br>員工編號     |         |         |         |                                              |
| Address :<br>英文地址                                         |                                     |                                                                       |                         |         |         |         |                                              |
| E-mail Address :<br>電郵地址                                  | Policy Effective Date :<br>保單生效日期   |                                                                       | MM<br>月                 | DD<br>日 | YY<br>年 |         |                                              |

### III. Particulars of Family Member(s) to be Insured 受保家庭成員資料

| English Name (Same as HKID Card)<br>英文姓名 (與香港身份証相同) | HKID / Child's Birth Cert. No.<br>香港身份証 / 子女出生證明書號碼 | Occupation<br>職業 | Sex<br>性別                                                | Date of Birth<br>出生日期   | Left Handed<br>慣用左手      |
|-----------------------------------------------------|-----------------------------------------------------|------------------|----------------------------------------------------------|-------------------------|--------------------------|
| Spouse<br>配偶<br>(Last Name 姓) (First Name 名)        |                                                     |                  | <input type="checkbox"/> M<br><input type="checkbox"/> F | MM<br>月 DD<br>日 YY<br>年 | <input type="checkbox"/> |
| Child<br>子女<br>(Last Name 姓) (First Name 名)         |                                                     |                  | <input type="checkbox"/> M<br><input type="checkbox"/> F | MM<br>月 DD<br>日 YY<br>年 | <input type="checkbox"/> |
| Child<br>子女<br>(Last Name 姓) (First Name 名)         |                                                     |                  | <input type="checkbox"/> M<br><input type="checkbox"/> F | MM<br>月 DD<br>日 YY<br>年 | <input type="checkbox"/> |

IV. Monthly Premium Table 每月保費表

Please tick the appropriate box for cover(s) required 請於所需保障前之方格加 (✓)

A. Basic Personal Accident Cover 基本個人意外保障

Clerical means a job which does not involve any non-manual work or involves only occasional light manual work (e.g. employee from financial institutions, salesperson, tour guide, etc.); Non-clerical means a job with manual worker skill which is not dangerous by nature and does not involve the use of heavy machinery (e.g. driver, cleaner/maintenance worker, F&B worker, etc.). If the employee or spouse has a non-clerical job, premium will be charged on the non-clerical rate.

文職指不涉及任何體力勞動工作僅涉及偶爾的或輕度體力勞動工作（例如金融從業人員、銷售人員、導游領隊等）；非文職指不涉及使用重型機械或高危险性質的技術或體力勞動工作（例如司機、清潔/維修工人、飲食業工作者等）。如僱員或配偶任何一方從事非文職工作，保費將按非文職保費率收取。

| Item<br>項目   | Clerical 文職                      |                                  |                                  |                                  | Non-Clerical 非文職                 |                                  |                                  |                                  |
|--------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|              | Individual<br>個人                 | Individual+Spouse<br>個人+配偶       | Family<br>家庭                     | Individual+Child(ren)<br>個人+子女   | Individual<br>個人                 | Individual+Spouse<br>個人+配偶       | Family<br>家庭                     | Individual+Child(ren)<br>個人+子女   |
| 1            | <input type="checkbox"/> HK\$35  | <input type="checkbox"/> HK\$70  | <input type="checkbox"/> HK\$70  | <input type="checkbox"/> HK\$35  | <input type="checkbox"/> HK\$44  | <input type="checkbox"/> HK\$89  | <input type="checkbox"/> HK\$89  | <input type="checkbox"/> HK\$44  |
| 2            | <input type="checkbox"/> HK\$58  | <input type="checkbox"/> HK\$116 | <input type="checkbox"/> HK\$116 | <input type="checkbox"/> HK\$58  | <input type="checkbox"/> HK\$73  | <input type="checkbox"/> HK\$145 | <input type="checkbox"/> HK\$145 | <input type="checkbox"/> HK\$73  |
| 3            | <input type="checkbox"/> HK\$80  | <input type="checkbox"/> HK\$160 | <input type="checkbox"/> HK\$160 | <input type="checkbox"/> HK\$80  | <input type="checkbox"/> HK\$101 | <input type="checkbox"/> HK\$202 | <input type="checkbox"/> HK\$202 | <input type="checkbox"/> HK\$101 |
| 4            | <input type="checkbox"/> HK\$103 | <input type="checkbox"/> HK\$206 | <input type="checkbox"/> HK\$206 | <input type="checkbox"/> HK\$103 | <input type="checkbox"/> HK\$128 | <input type="checkbox"/> HK\$257 | <input type="checkbox"/> HK\$257 | <input type="checkbox"/> HK\$128 |
| 5            | <input type="checkbox"/> HK\$125 | <input type="checkbox"/> HK\$250 | <input type="checkbox"/> HK\$250 | <input type="checkbox"/> HK\$125 | <input type="checkbox"/> HK\$157 | <input type="checkbox"/> HK\$314 | <input type="checkbox"/> HK\$314 | <input type="checkbox"/> HK\$157 |
| Sub-Total 共計 |                                  |                                  |                                  |                                  |                                  |                                  |                                  | HK\$                             |

B. (i) Optional Critical Illness Cover 自選危疾保障

Please tick one box from below and multiply by the number of Unit to be insured as monthly premium of this cover.

請在以下方格內 ✓ 其中一項，以當中價格乘以所需受保單位作為本保障之每月保費。

| Employee's Age<br>僱員年齡 | Individual<br>個人計劃               |                                  | Individual+Child(ren)<br>個人+子女   |                                  | Individual+<br>Spouse / Family<br>個人+配偶/ 家庭 | Unit (1 - 5)<br>單位 (1 - 5) | Monthly Premium<br>每月保費 |
|------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------------|----------------------------|-------------------------|
|                        | Female<br>女性                     | Male<br>男性                       | Female<br>女性                     | Male<br>男性                       |                                             |                            |                         |
| 18-25                  | <input type="checkbox"/> HK\$28  | <input type="checkbox"/> HK\$38  | <input type="checkbox"/> HK\$35  | <input type="checkbox"/> HK\$47  | <input type="checkbox"/> HK\$57             | X                          |                         |
| 26-30                  | <input type="checkbox"/> HK\$41  | <input type="checkbox"/> HK\$59  | <input type="checkbox"/> HK\$52  | <input type="checkbox"/> HK\$74  | <input type="checkbox"/> HK\$86             |                            |                         |
| 31-35                  | <input type="checkbox"/> HK\$55  | <input type="checkbox"/> HK\$84  | <input type="checkbox"/> HK\$70  | <input type="checkbox"/> HK\$105 | <input type="checkbox"/> HK\$118            |                            |                         |
| 36-40                  | <input type="checkbox"/> HK\$73  | <input type="checkbox"/> HK\$116 | <input type="checkbox"/> HK\$92  | <input type="checkbox"/> HK\$145 | <input type="checkbox"/> HK\$159            |                            |                         |
| 41-45                  | <input type="checkbox"/> HK\$99  | <input type="checkbox"/> HK\$163 | <input type="checkbox"/> HK\$124 | <input type="checkbox"/> HK\$204 | <input type="checkbox"/> HK\$222            |                            |                         |
| 46-50                  | <input type="checkbox"/> HK\$121 | <input type="checkbox"/> HK\$210 | <input type="checkbox"/> HK\$152 | <input type="checkbox"/> HK\$263 | <input type="checkbox"/> HK\$281            |                            |                         |
| 51-55                  | <input type="checkbox"/> HK\$147 | <input type="checkbox"/> HK\$270 | <input type="checkbox"/> HK\$184 | <input type="checkbox"/> HK\$337 | <input type="checkbox"/> HK\$355            |                            |                         |
| 56-60                  | <input type="checkbox"/> HK\$164 | <input type="checkbox"/> HK\$308 | <input type="checkbox"/> HK\$205 | <input type="checkbox"/> HK\$384 | <input type="checkbox"/> HK\$401            |                            |                         |
| 61-65                  | <input type="checkbox"/> HK\$282 | <input type="checkbox"/> HK\$384 | <input type="checkbox"/> HK\$352 | <input type="checkbox"/> HK\$481 | <input type="checkbox"/> HK\$510            |                            |                         |
| Sub-Total 共計           |                                  |                                  |                                  |                                  |                                             |                            | HK\$                    |

B. (ii) Critical Illness Cover Top Up - Carcinoma-in-situ (CIS) 危疾附加保障 – 原位癌

Insured person(s) must enroll in B. (i) “Critical Illness” Cover first before enrolling CIS. The person(s) to be insured and the number of Unit chosen for CIS have to be the same as “Critical Illness” Cover.

受保人需先投保「危疾」保障，方可投保「原位癌」附加保障。「原位癌」所選擇之受保人組合及保額單位必須與「危疾」保障相同。

| Unit<br>單位   | Individual / Individual+Child(ren)<br>個人 / 個人+子女 | Individual+Spouse / Family<br>個人+配偶 / 家庭 |
|--------------|--------------------------------------------------|------------------------------------------|
| 1            | <input type="checkbox"/> HK\$6                   | <input type="checkbox"/> HK\$12          |
| 2            | <input type="checkbox"/> HK\$12                  | <input type="checkbox"/> HK\$23          |
| 3            | <input type="checkbox"/> HK\$17                  | <input type="checkbox"/> HK\$35          |
| 4            | <input type="checkbox"/> HK\$23                  | <input type="checkbox"/> HK\$46          |
| 5            | <input type="checkbox"/> HK\$29                  | <input type="checkbox"/> HK\$58          |
| Sub-Total 共計 |                                                  | HK\$                                     |

Please tick one box from below and multiply by the number of Unit to be insured as monthly premium of this cover.  
請在以下方格內 ☒ 其中一項，以當中價格乘以所需受保單位作為本保障之每月保費。

**Total Monthly Premium 每月總保費：** HK\$

以上資料只供參考之用。有關保障計劃的保障範圍及不承保事項將詳列於保單之內。如本檔與保單的條款及細則有任何不一致之處，應以後者為準。如中文譯本與英文有異，以英文版本為準。

(Please answer by checking ✓ the relevant box 請在適當方格內加上✓號)

- (此中文譯本，乃供參考之用，如有異議，均以英文原本說明為準。)

## 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 ("AIG HK").  
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「美亞保險」所簽署合約之依據。
2. 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.  
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。
3. Insured person(s) named in this application have never had a policy or application for life, sickness, disability, critical illness or medical insurance refused, postponed, declined, withdrawn or accepted subject to any special terms imposed including extra premium or exclusion(s).  
本人/吾等聲明本投保申請中列名的準受保人未曾擁有或於投保時未曾被任何人壽、疾病、殘障、危疾或醫療保險保單拒絕、延遲、撤回、不獲續保或附加任何特別條款（包括額外保費或不受保項目）。
4. I/We confirm that I/we have read, understand and agree to all of the above and terms and conditions of the Policy. I/We understand AIG HK reserves the right to review and adjust policy terms and premiums. Prior written notice will be provided for any changes.  
本人/吾等已細閱、明白並同意上文所有內容，以及本保單之條款及細則。本人/吾等明白美亞保險保留權利檢討及調整保單條款及保費。倘有任何變動，將事先發出書面通知。
5. I/We having understood that no insurance is in force until this application is accepted by AIG HK and a Policy is issued.  
本人/吾等 明白在美亞保險接受此申請並簽發保單之前，任何有關保險均未生效。
6. I/We having read, understood and accepted the "Campaign Terms" and agreed to be bound by the same.  
本人/吾等已閱讀、理解並接受「活動條款」並同意受其約束。
7. If this application is made through an insurance broker, by signing this form I/we agree to AIG HK paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.  
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。

### 8. Personal Information Collection Statement 個人資料收集聲明

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

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. 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. unless I/we have indicated otherwise by ticking the "Promotion Material Opt-in" box below (of which I/we take note), AIG HK may not 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「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)，美亞保險不會使用本人/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:  
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) third parties providing services related to the administration of my/our policy (including reinsurance); 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) financial institutions for the purpose of processing this application and obtaining policy payments; 財務機構，作處理此申請及收取保費；
  - iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; 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) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group; 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) another member of the AIG group (for all of the purposes stated in (b) and (c) in any country; or 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；
  - vi) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein. 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 Office 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-In:** Please tick if you wish to receive direct marketing materials including exclusive offers or discount.

**收取推廣資料：**如閣下欲收取直銷市場推廣包括獨家優惠及折扣等資料，請在方格填上 ✓ 號。

### "Campaign Terms" 活動條款：

1. Successful application will entitle the policyholder to a first month premium waiver. AIG HK shall charge you the applicable monthly premium from the second month of the coverage period onwards until termination of policy.  
成功投保可享首月免保費。本公司將從保障期的第二個月開始向您收取適用的月費，直至保單終止。
2. The offer is applicable to new business with AIG HK only. Any applicant insuring AIG HK in the same insurance class in the past 12 months is not eligible to the offer.  
優惠只適用於美亞保險之新業務。任何受保人於過去12個月內在美亞保險投保並持有相同保險類別保單，均不符合資格享受此優惠。
3. The offer is subject to policy being in effect for a minimum of 12 months. If the policy is cancelled within 12 months from the date of inception, AIG HK reserves its right to charge for the amount of the premium waiver.  
此優惠受至少12個月保險期的約束。對於在保單開立後12個月內取消的保單，我們保留收取免費期內保費的權利。
4. AIG HK reserves the sole and absolute discretion to suspend, defer or terminate this Campaign; or vary these Campaign Terms at any time without notice or liability to you.  
美亞保險保留暫停、推遲或終止本活動的權利。活動條款如有更改，恕不另行通知，亦無需對閣下承擔任何責任。
5. The decision of AIG HK regarding any matters or disputes is final.  
美亞保險對此活動擁有所有權利或如有任何爭議，本公司保留最終決定權。

Signature of Proposer  
申請人簽署：

Date  
日期：

Optional Senior Care Plan  
Application Form  
自選保障 – 頤康樂申請表



Please complete the below Application Form and the Payment Method Form, then return to us by email to cs.hk@aig.com or by mail to AIG Insurance Hong Kong Limited at 7/F, One Island East, 18 Westlands Road, Hong Kong.  
請填妥以下申請表並連同填妥之保費支付方法表以電郵或郵寄交回本公司。  
電郵：cs.hk@aig.com 或郵寄地址：香港港島東華蘭路18號港島東中心7樓美亞保險香港有限公司收。

| For Producer Only |  |
|-------------------|--|
| Producer Name     |  |
| Producer Code     |  |
| Tel. No.          |  |

VEB-NONHKCS-202503

I. Important Notes 重要事項

(Please read the below carefully before filling in the form. 在填寫申請表之前，請仔細閱讀以下事項。)

- The Monthly Premium Table indicates the premium rates of the respective plans. Please refer to the brochure for detailed benefits and sum insured.  
每月保費表顯示不同計劃的保費率。請參閱產品小冊子以瞭解詳細的保障內容及保額。
- Parents and parents-in-law are eligible to enroll in the program alongside with the employee.  
僱員必須參加「僱員自購保障計劃」，其父母方可參與「頤康樂計劃」。
- The age limit of Senior Care Plan is 45-75 years of age and renewable up to 85 years of age. All benefits sum insured will be reduced by 50% for any senior aged at or above 81.  
「頤康樂」投保年齡限制為45-75歲，可續保至85歲之止。如受保長者年齡達81歲，其計劃中之所有保障金額將會減半。
- The Plan selected for all parents must be the same.  
所有父母所選之計劃必須相同。
- First month premium waiver is applicable to successful application, subject to "Campaign Terms".  
成功投保可享首月免保費，優惠受「活動條款」約束。
- Monthly premium will be payable either by Credit Card or Autopay.  
每月保費將以信用卡付款或自動轉賬扣除。
- If this application cannot be processed immediately, AIG HK shall contact you within 5 working days of receiving your application. Otherwise, you may assume coverage is effective from the policy effective date specified in your application.  
收到此申請表格後，美亞保險將根據保單持有人在申請表上提供的資訊進行核保。如果您的申請無法立即處理，美亞保險將在收到您的申請後5個工作日內與您聯繫。否則，您可以假定保險自您申請中指定的保單生效日期開始生效。

II. Proposer (Employee) Particulars 申請人(僱員)個人資料

(Please use the capital letter 請以英文正楷填寫) (Please tick the appropriate box 請於適用之方格加 (✓))

|                                                           |                                     |                                                                       |                         |         |         |         |                                              |
|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|-------------------------|---------|---------|---------|----------------------------------------------|
| English Name :<br>英文姓名<br>(Same as HKID Card<br>與香港身份証相同) | (Last Name 姓) (First Name 名)        | Sex : M 男 <input type="checkbox"/><br>性別 F 女 <input type="checkbox"/> | Date of Birth :<br>出生日期 | MM<br>月 | DD<br>日 | YY<br>年 | Left Handed<br>慣用左手 <input type="checkbox"/> |
| HKID No. :<br>香港身份證號碼                                     | Tel (Home / Office) :<br>住址 / 辦公室電話 |                                                                       | Mobile :<br>手提電話號碼      |         |         |         |                                              |
| Company Name :<br>公司名稱                                    | Position :<br>職位                    |                                                                       | Staff No. :<br>員工編號     |         |         |         |                                              |
| Address :<br>英文地址                                         |                                     |                                                                       |                         |         |         |         |                                              |
| E-mail Address :<br>電郵地址                                  | Policy Effective Date :<br>保單生效日期   |                                                                       | MM<br>月                 | DD<br>日 | YY<br>年 |         |                                              |

III. Particulars of Family Member(s) to be Insured 受保家庭成員資料

| English Name (Same as HKID Card)<br>英文姓名 (與香港身份証相同)   | HKID No.<br>香港身份證號碼 | Occupation<br>職業 | Sex<br>性別                                                | Date of Birth<br>出生日期   | Left Handed<br>慣用左手      |
|-------------------------------------------------------|---------------------|------------------|----------------------------------------------------------|-------------------------|--------------------------|
| Parent<br>父母<br>(Last Name 姓) (First Name 名)          |                     |                  | <input type="checkbox"/> M<br><input type="checkbox"/> F | MM<br>月 DD<br>日 YY<br>年 | <input type="checkbox"/> |
| Parent<br>父母<br>(Last Name 姓) (First Name 名)          |                     |                  | <input type="checkbox"/> M<br><input type="checkbox"/> F | MM<br>月 DD<br>日 YY<br>年 | <input type="checkbox"/> |
| Parent-in-law<br>配偶父母<br>(Last Name 姓) (First Name 名) |                     |                  | <input type="checkbox"/> M<br><input type="checkbox"/> F | MM<br>月 DD<br>日 YY<br>年 | <input type="checkbox"/> |

IV. Monthly Premium Table 每月保費表

Please tick one box from below and multiply by the number of Unit to be insured as total monthly premium.  
請在以下方格內 (✓) 其中一項，以當中價格乘以所需受保單位作為本保障之每月總保費。

| Plan<br>計劃                                                                | No. of Insured Person<br>受保人數 |
|---------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> A - HK\$123 <input type="checkbox"/> B - HK\$224 | X                             |

Total Monthly Premium 每月總保費： HK\$

The above information provides an overview of the policy coverage. Please refer to the policy documents for the complete terms and conditions. If there is any inconsistency between this document and the terms and conditions of the policy, the latter shall prevail.  
以上資料只供參考之用。有關保障計劃條款及細則詳列於保單之內。如本檔與保單的條款及細則有任何不一致之處，應以後者為準。如中文譯本與英文有異，以英文版本為準。

## 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 ("AIG HK").  
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「美亞保險」所簽署合約之依據。
2. 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.  
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。
3. Insured person(s) named in this application have never had a policy or application for life, sickness, disability, critical illness or medical insurance refused, postponed, declined, withdrawn or accepted subject to any special terms imposed including extra premium or exclusion(s).  
本人/吾等聲明本投保申請中列名的準受保人未曾擁有或於投保時未曾被任何人壽、疾病、殘障、危疾或醫療保險保單拒絕、延遲、撤回、不獲續保或附加任何特別條款（包括額外保費或不受保項目）。
4. I/We confirm that I/we have read, understand and agree to all of the above and terms and conditions of the Policy. I/We understand AIG HK reserves the right to review and adjust policy terms and premiums. Prior written notice will be provided for any changes.  
本人/吾等已細閱、明白並同意上文所有內容，以及本保單之條款及細則。本人/吾等明白美亞保險保留權利檢討及調整保單條款及保費。倘有任何變動，將事先發出書面通知。
5. I/We having understood that no insurance is in force until this application is accepted by AIG HK and a Policy is issued.  
本人/吾等明白在美亞保險接受此申請並簽發保單之前，任何有關保險均未生效。
6. I/We having read, understood and accepted the "Campaign Terms" and agreed to be bound by the same.  
本人/吾等已閱讀、理解並接受「活動條款」並同意受其約束。
7. If this application is made through an insurance broker, by signing this form I/we agree to AIG HK paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.  
如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險向保險經紀支付佣金，作為保險經紀安排及/或續保有關係單的報酬。
8. **Personal Information Collection Statement 個人資料收集聲明**  
In relation to the personal data collected in this application form, I/we agree and acknowledge that:  
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. 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. unless I /we have indicated otherwise by ticking the "Promotion Material Opt-in" box below (of which I/we take note), AIG HK may not 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「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），美亞保險不會使用本人/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/吾等同意的情況下，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:  
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) third parties providing services related to the administration of my/our policy (including reinsurance); 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) financial institutions for the purpose of processing this application and obtaining policy payments; 財務機構，作處理此申請及收取保費；
    - iii) in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; 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) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group; 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) another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or 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；
    - vi) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein. 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 Office 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-In:** Please tick if you wish to receive direct marketing materials including exclusive offers or discount.

**收取推廣資料：**如閣下欲收取直銷市場推廣包括獨家優惠及折扣等資料，請在方格填上 ☒ 號。

### "Campaign Terms" 活動條款：

1. Successful application will entitle the policyholder to a first month premium waiver. AIG HK shall charge you the applicable monthly premium from the second month of the coverage period onwards until termination of policy.  
成功投保可享首月免保費。本公司將從保障期的第二個月開始向您收取適用的月費，直至保單終止。
2. The offer is applicable to new business with AIG HK only. Any applicant insuring AIG HK in the same insurance class in the past 12 months is not eligible to the offer.  
優惠只適用於美亞保險之新業務。任何受保人於過去12個月內在美亞保險投保並持有相同保險類別保單，均不符合資格享受此優惠。
3. The offer is subject to policy being in effect for a minimum of 12 months. If the policy is cancelled within 12 months from the date of inception, AIG HK reserves its right to charge for the amount of the premium waiver.  
此優惠受至少12個月保險期的約束。對於在保單開立後12個月內取消的保單，我們保留收取免費期內保費的權利。
4. AIG HK reserves the sole and absolute discretion to suspend, defer or terminate this Campaign; or vary these Campaign Terms at any time without notice or liability to you.  
美亞保險保留暫停、推遲或終止本活動的權利。活動條款如有更改，恕不另行通知，亦無需對閣下承擔任何責任。
5. The decision of AIG HK regarding any matters or disputes is final.  
美亞保險對此活動擁有所有權利或如有任何爭議，本公司保留最終決定權。

Signature of Proposer  
申請人簽署:

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 自動轉賬付款

#### 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。

|                                                                                                                                 |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Bank Name<br>銀行名稱                                                                                                               | Account Number<br>銀行賬號                                               |
| Name of Account-holder(s)<br>(As recorded on Statement/Passbook-please complete in English)<br>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(s) of Account-holder(s)<br>戶口持有人簽名                         |
| ID Number of Account-holder(s)<br>戶口持有人身份證明文件號碼                                                                                 |                                                                      |
| Witnessed By (Full Name)<br>見證人 (全名)                                                                                            | Debtor's Reference (To be completed by the Company)<br>債務人參考 (由公司填寫) |
| ID Number of Witness<br>見證人身份證號碼                                                                                                |                                                                      |

