International Healthcare

An april international brand

Worldwide Plans

Application Form

Individuals subscribing in Hong Kong

Your Insurance Intermediary

Important:

Please complete this application **in block capital letters**. All information supplied will be treated in strict confidence. Please keep a record (including copies of all letters) of all information supplied to us for the purpose of entering into this contract.

Commencement date: The inception date of this policy will generally be the date on which this application is accepted by the Insurers. However, should you require an inception date in the future (to take account of the expiry of current contracts elsewhere) you may do so by completing the commencement date box in section 1. Under no circumstances will policies be backdated from the date of acceptance.

Insurance year is a twelve month period. Mid-Policy cancellation is not allowed regardless of the chosen payment frequency.

This application is valid for 1 month from the date it has been signed.

ALL INFORMATION must be filled. An incomplete form will delay your application.

1 . Details of proposer (Policyholder) (*Name as shown in your passport)

*Family name: _____ Title: _____

* First & Middle name: _____ Marital Status: _____

Sex: (M/F): _____ Date of birth: ___ / ___ / _____ (dd/mm/yyyy) Nationality : _____

Residential address: _____

Postal code: _____ City: _____ Country: _____

Address for correspondence (if different from above): _____

Postal code: _____ City: _____ Country: _____

Contacts :

Phone number: (Office) _____ (Personal) _____

Mobile : (Office) _____ (Personal) _____

Email : (Office) _____ (Personal) _____

Occupation: _____ Nature of business: _____

Passport/ ID no.: _____

Commencement date (see above): ❑ ___ / ___ / _____ (dd/mm/yyyy)

❑ Upon acceptance of application

2. Dependants to be included in this plan (*Name as shown in your passport)

	Spouse / Partner	Dependant 1	Dependant 2	Dependant 3
*Family name				
*First name				
*Middle name				
Other initials				
Sex (M/F)				
Relationship to policyholder				
Date of birth (dd/mm/yyyy)				
Occupation				
Passport/ ID no.				
Nationality				
Country of residence				

If there is insufficient space for inclusion of all dependants , please provide details on a separate sheet.

3. Medical questionnaire

Please answer each of the questions in the following pages fully and accurately, for each person included on your application. In case you answer 'yes' to any question, please provide details in the additional information box on the next page.
All information supplied will be treated in strict confidence. All material facts relating to these questions must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence an insurer in the assessment and acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed. As proposer you should answer all questions and sign the declaration on behalf of all persons to be insured. If your state of health or that of people included in this application changes after the application has been signed and before the policy start date, the Company must be notified immediately of such change.

		Policy Holder		Spouse / Partner		Dependants 1		2		3	
1	Height ☐ft ☐cm										
	Weight ☐lb ☐kg										
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
2	Are any persons named in this application planning to undergo or have undergone during the last 10 years a surgical intervention (including any cosmetic surgery or any refractive laser eye surgery) other than appendicitis, amygdalectomy or adenoidectomy?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	Have any persons named in this application form:										
	a. Been treated in a hospital, clinic, sanatorium, hospice during the last 10 years?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	b. Been advised to have any medical test or investigations?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	c. Had any abnormal medical test results during the last 5 years?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	d. Been tested HIV and / or any type of Hepatitis positive?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	e. Has an application for insurance been turned down or accepted at special terms?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	Are any of the persons named in this application aware of any symptoms or abnormal signs, which may give rise to a claim?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	Are any persons named in this application currently taking any drugs or medication for more than 15 days?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	Have any persons named in this application ever suffered from, been diagnosed with, treated or prescribed drugs for:										
	a. conditions of the eyes, ears, nose or throat?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	b. fainting, blackouts or fits?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	c. any high blood pressure, heart, circulatory or vascular condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	d. diabetes or any other endocrine disorder?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	e. any rheumatic or arthritic condition(s) (including gout)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	f. any spine, bone, muscle or joint condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	g. asthma, respiratory, pulmonary or allergic condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	h. genito-urinary or renal condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	i. stomach, gallbladder, liver, bowel, perianal conditions (including hemorrhoids, diverticulitis, cholelithiasis, etc.)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	j. cysts, tumors or cancer?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	k. skin condition(s) such as eczema, allergies, psoriasis, fungal diseases, skin cancer, or other disorders?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	l. any gynecological or breast condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	m. any physical defect, infirmity or congenital illness?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	n. any nervous, mental or psychiatric condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	o. any alcohol and/or drug dependency problem?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	p. dyslipidemia (cholesterol, fat in blood)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	q. any neurological conditions, including migraine and/or headaches?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	r. any other type of disease**,** injury or medical condition(s)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7	During the last 5 years have any persons named in this application suffered from an illness or corporal accidents leading to a sick leave or treatment lasting more than 10 days?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8	Have any persons named in this application ever suffered from any pre or post natal complications, complications of childbirth or suffered any miscarriage?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9	Have any persons named in this application ever suffered from any form of physical or cerebral invalidity, or from chronic conditions?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	**a.** Are you or any persons named in this application pregnant?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	b. If so, are there any complications?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11	Do you smoke?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12	Do you consume any alcohol?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Additional information to Medical Questionnaire

If you answered "Yes" to any of the questions above, please provide details here : the name of the person, the precise question number, diagnosis, dates and duration of illness/injury/treatment and the names and addresses of attending physicians and medical facilities. Also please provide all medical reports available, the lack of which may delay or invalidate this application.

Person	Question Nbr	Details

Please advise which physician is most familiar with your medical history?

	Policyholder	Spouse / Partner	Dependant 1	Dependant 2	Dependant 3
Name					
Tel. Nbr					
Fax					
Email					

Do you, at present, have a medical cover with another insurance company? ❑ Yes ❑ No

If yes, name of company: _____ Plan: _____ Renewal Date: _____

YOUR CHOICE OF COVER (Please tick in box)

4. Medical Plan [1] ❑Hospitalisation ❑Global 80 ❑Global 100 ❑Global 100 Plus

5. Currency [2]

USD

6. Optional Policy deductibles [1&2]

❑ Nil ❑ 675 ❑ 1,350 ❑ 2,700 [3] ❑ 6,750 [3]

7. Area of cover [1] ❑ Worldwide ❑ Worldwide excluding USA/Canada

8. Semi-Private Room Restriction Option [1&6] ❑

9. Dental & Optical [1,4&5] ❑ None ❑ Standard ❑ Plus

[1] These elements must be chosen on a per family basis.
[2] Premiums shall be payable in US$. Claims are reimbursed in the currency of the policy or in Hong Kong dollars.
[3] Deductible not available with Hospitalisation plan.
[4] Dental & Optical options can be purchased only in addition to Global 80, Global 100 & Global 100 Plus. They cannot be purchased separately.
[5] Option not available with deductible US$ 6,750
[6] Cover is restricted to Semi-Private Room and corresponding rates when receiving treatment as Inpatient or Day patient (for Hong Kong residents only).

10. Premium payment

1. Your choice of currency: US$ only

2. Your method of payment ❑ **Annual** ❑ **Semi-annual*** ❑ **Quarterly*** ***(credit card only)***

❑ **Bank transfer.** If selected, please ensure your name is clearly stated on your transfer order and send a copy of transfer order to your intermediary. Bank details will be provided on the premium invoice.

❑ **Credit card via Payment Link** Payment clearing might take 5-7 working days

*Surcharges apply

11. Claims Reimbursement

❑ **Bank Transfer - if selected, please complete the following information**

Account Holder's name:	
Account No. (IBAN for Euro zone) :	Bank Currency:
Full bank name and address :	
BIC / SWIFT bank code :	Bank ID (If applicable) :

NOTES:
1. For adult applicants included in this application form, a separate claim reimbursement account should be provided. Otherwise, an authorization form together with the proof of relationship must be submitted.
2.Please note that bank transfers take up to 72 hours once claim is processed whilst cheques maybe delayed due to postal issues.
3.Reimbursements by Bank Transfer are effected in full by the insurer, net of bank charges. However additional bank charges may be passed on to you by your own bank, for which you are liable. Alternatively, you may choose reimbursement by cheque which do not incur bank charges. Please tick below.

PERSONAL INFORMATION COLLECTION STATEMENT

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "**Company**") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("**PDPO**"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("**Purposes**"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (**"our affiliates"**) or our business partners (see **"Use and provision of personal data in direct marketing"** below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "**Use and provision of personal data in direct marketing**".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;conduct direct marketing
2. including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
   a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
   b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
   a) any of our affiliates;
   b) third party financial institutions;
   c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
   d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data".** The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
11/F, AXA Southside,
38 Wong Chuk Hang Road,
Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests

收集個人資料的聲明

安盛保險有限公司（下稱"**本公司**"）明白其就《個人資料（私隱）條例》（香港法例第486章）（"**條例**"）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資 料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（"**有關目的**"）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司("**安盛關聯方**")或本公司的商業合作夥伴(參閱下文"**在直接促銷中使用及將其個人資料提供予其他人士"**部份)之產品／服務，以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品／服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
3. 在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政，技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文"**在直接促銷中使用及將其個人資料提供予其他人士**"部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
    a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
    b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及/或以下機構提供：
    a. 任何安盛關聯方；
    b. 第三方金融機構；
    c. 提供上文2.所列之服務及產品之本公司及／或安盛關聯方的商業合作夥伴或合作品牌夥伴；
    d. 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文"**個人資料的查閱和更正**"部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道38號安盛匯11樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

12. Declaration by Policyholder

1) I hereby apply for cover on behalf of all the persons named in this application form.
2) I certify that the statements made by me in answering the above questions are true, complete and to the best of my knowledge and belief. I understand that nullity of the insurance or reduction of the insured capital sum might be applied if it were proved that the person to be insured had established a false declaration. I confirm that I have checked and found correct any answers or statements in this application that are not in my own handwriting.
3) I accept that the policy will be subject to the policy terms and conditions effective at the time of commencement. I confirm that I have read and I understand the full definitions, benefits, exclusions and conditions of this policy.
4) Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate.
5) I agree to accept and conform to the terms of the policy when issued unless I cancel this policy within 15 days from the commencement date.
6) I, the applicant, ACKNOWLEDGE AND CONFIRM that I have read and understood the Personal Information Collection Statement ("PICS"). I confirm that I have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or other wise). Based on the foregoing, I hereby give my acknowledgement and agree to the use and transfer of my personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.
[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.]

   ❑ I, the applicant, do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see **"Use and provision of personal data in direct marketing"**) and do not wish to receive any promotional and direct marketing materials.

7) I have read and understood the Important Note below.

❑ *In an effort to go 'Green' APRIL will be sending your policy pack via email. If you wish to receive a hardcopy of your policy pack please tick this box. The Medicard will be sent to you by mail.*

This policy must be completed and signed in Hong Kong.

*** Please provide copy of all member's HKID / passport along with this application.**

Policyholder's signature _____ Date ____ /____ / _____

Please send this application form back to your insurance broker or directly to the Insurers representative :

APRIL Hong Kong Limited
9th Floor, Chinachem Hollywood Centre, 1-13 Hollywood Road, Central, Hong Kong
Tel: +852 2891 3608 Fax: +852 2891 3229 Email: cs@aplusii.com

Policies issued in Hong Kong are underwritten by AXA General Insurance Hong Kong Limited.
Third party administrator: APRIL Hong Kong Limited

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