

Group Health 360 Application Form

全方位團體醫療福利計劃－申請表

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司



Application is hereby made of group medical insurance coverage to provide medical benefits for the employees of the undermentioned employer (hereinafter known as the Proposer).
本僱主（下稱「投保人」）現申請團體醫療保險，為員工提供醫療福利。

A. Details of Insured 保戶資料

Proposer 投保人	
Address 地址	
Tel. No. 電話	Fax. No. 傳真
Contact Person 聯絡人	Email Address 電郵地址

B. Details of Policy 保單資料

1. Policy Effective date

保單生效日期

Coverage will be effective from ____ day of _____, for a period of 12 months, provided that the first premium has been paid to QBE-HKSI.

在首次保費已付予昆士蘭聯保的情況下，保單將由20____年____月____日起生效，為期____個月。

2. Eligibility of Membership

參加資格

All full-time employee shall be eligible for benefits

每位全職之僱員由下列日期起，有資格享有醫療保障：

- upon the effective date of the contract or upon the date they have completed _____ months of continuous service.
本合同之生效日期 或 在連續服務滿____個月後

Employees not actually at work on the date they would otherwise be eligible will be eligible on the date of their return to full-time work in good health.

在上述日期符合資格但實際上沒有上班之僱員，一旦在健康良好的情況下恢復全職工作，便可即時享有醫療保障。

3. Classification of Membership

成員類別

Please describe the category of insured members e.g. Class 1 - Managers & their dependents

請界定受保成員類別，例如：類別一：經理及其家屬

Class 1

類別一

Class 2

類別二

Class 3

類別三

Class 類別	Basic Hospitalization Benefits 基本住院保障						Optional Supplementary Major Medical Benefits 自選附加重症醫療保障	Optional Out-patient Benefits 自選門診保障											
								100% Reimbursement 100%賠償百分比						80% Reimbursement 80%賠償百分比					
	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 5 計劃五	Plan 6 計劃六		Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 5 計劃五	Plan 6 計劃六	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 5 計劃五	Plan 6 計劃六
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Medical Card Services Required * Not Required

醫療咭服務

需要*

不需要

5. Premiums 保費

Premium payments are to be payable annually in advance, commencing on the effective date. 全年保費須於保單生效日期前繳交。

The first premium due will be shown on the invoice. 首次保費的到期日將載於發票上。

6. Policy terms 保單條款

The proposer agrees that the contract to be issued will be the standard QBE-HKSI group medical policy document.

投保人同意獲發之保單為標準的昆士蘭聯保團體醫療保單。

7. eClaim Statement Advice 電子理賠記錄通知書

Each member will receive eClaim Statement Advice for their claims settlement via designated email address.

受保成員的索償申請獲處理後，有關的理賠記錄通知書將會以電子郵件發送。

The proposer will also receive eClaim Summary (include both settled and rejected cases) on the following regular basis

投保人亦會根據下列選擇，定期收取有關的電子理賠記錄摘要（包括已受理及不受理的索償）。

- Weekly Monthly
每星期 每月

* Fulfilling the Terms & Conditions for Using Medical Card Services is required (Details refer to section C)

* 必需履行對使用醫療咭服務之條款和責任（詳情可參閱C部）

C. Terms & Conditions for Using Medical Card Services 使用醫療咭服務之條款及條件

The Medical Card(s) are subject to the application of the Proposer and approval of QBE-HKSI.

本醫療咭必須透過投保人作出申請並需得到昆士蘭聯保之核準。

The Medical Card(s) are to be used solely by the Cardholders to identify themselves for receiving medical treatment and entitlement of medical credit facility in accordance with provisions under the Policy.

本醫療咭旨在供持咭人於接受保單條文保障的治療及使用醫療信用透支服務時辨別身分。

The Medical Card(s) are not transferable.

本醫療咭不可被轉讓。

In the event of the costs incurred by any Cardholders using the Medical Credit Services exceeding the benefit to which that Cardholder is entitled under the Benefits Schedule as stipulated in the Policy, the Proposer agrees to fully reimburse QBE-HKSI for the difference or shortfall.

若醫療費用超出醫療咭持有人根據保單所載可用醫療信用透支服務，投保人同意向昆士蘭聯保支付差額。

In the event that any Cardholder's coverage under this Policy is terminated for any reason, the Proposer agrees to obtain and return to QBE-HKSI any card issued to the Cardholder not later than the date of such cessation of employment or termination.

若本保單內任何一個醫療咭持有人的保障因任何原因被終止，投保人同意向有關醫療咭持有人取回醫療咭，並於僱傭關係終止前將之退回昆士蘭聯保。

If the Proposer should cease trading or go into liquidation or receivership, he undertakes to obtain and return to QBE-HKSI all cards issued to the Cardholders not later than the effective date of such cessation of trading, liquidation or receivership.

若投保人的公司終止營運或清盤或破產，投保人有責任向所有醫療咭持有人收回醫療咭，並於終止營運或清盤或破產生效日期前將咭退回昆士蘭聯保。

In the event of loss or theft of a Medical Card, the Proposer will advise QBE-HKSI of the loss and a charge of HK\$50 will be levied for each replacement card issued.

若醫療咭遭遺失或被盜，投保人會通知昆士蘭聯保，並須支付補發新咭費用每張港幣50元正。

If any Medical Credit Services is used by the Cardholder for treatment that is not eligible for benefit under the terms of the Policy, the Proposer agrees to reimburse QBE-HKSI in full for the costs of such ineligible treatment.

如醫療咭持有人使用醫療咭支付保單不保障的治療，投保人同意向昆士蘭聯保支付有關費用。

In all matters concerning the use of Medical Credit Services, QBE-HKSI shall deal solely with the Proposer and not with individual Cardholders. For his part, the Proposer accepts full responsibility for controlling the use of Medical Card Services by his Cardholders and, if relevant, for collecting any shortfall amounts from individual Cardholders.

如就醫療咭有任何問題，昆士蘭聯保會與投保人接觸，而不會直接與個別醫療咭持有人交涉。因此，投保人同意承擔全部責任，控制醫療咭持有人使用醫療信用透支服務的限額；並於有需要時，向持咭人收取任何差額費用。

The Proposer will remit to QBE-HKSI any outstanding balance shown on the Charge Back letter within 14 days of receipt of that Charge Back letter from QBE-HKSI.

投保人會於收到索回欠款信後14日內向昆士蘭聯保支付信中所載的欠款。

QBE-HKSI reserves the right to withhold claims payment to Cardholder at any time by giving an advance notice in writing to the Proposer if the outstanding charge back amount remain not reimbursed to QBE-HKSI.

如投保人未能於限期前向昆士蘭聯保清繳欠款，昆士蘭聯保保留拒付賠償金額的權利，並會事先以書面通知投保人。

In case of any discrepancy between the English and Chinese versions of these terms and conditions, the English version shall apply and prevail.

如有任何差異於中文詮釋，此服務之條款及條件應以英文版本為準。

Note: The above terms & conditions shall terminate when the Policy is discontinued with the Proposer. The Proposer is responsible to settle all outstanding charges and amounts due as at the date of termination. QBE-HKSI reserves the right to terminate this medical credit services at any time by giving not less than one month notice in writing to the Proposer.

注意：如投保人終止保單，上述條款及條件將會終止。投保人於終止保單時有責任清繳所有欠款。昆士蘭聯保保留權利，隨時終止本醫療信用透支服務的限額，並於不少於一個月以前以書面通知投保人。

D. Declaration 聲明

The proposer declares that all statements contained in this application and all information supplied from which QBE-HKSI prepared the group medical insurance plan annexed hereto are true and accurate and shall form the basis of any contract of insurance which may result from this application. The proposer acknowledge that failure to supply true and accurate answers to this application or inform QBE-HKSI of all material information about this application may render QBE-HKSI unable to accept or process this application or the Policy become voidable.

The proposer confirm having read and understood QBE-HKSI's Personal Information Collection Statement as accompanied with this form.

投保人聲明，本申請表所載一切聲明以及其向昆士蘭聯保提供用以制訂有關團體醫療計劃的資料，均為正確無誤，並可作為根據此申請表發出保險合同之基礎。投保人確認如未能提供真實無誤的資料於申請表上或通知昆士蘭聯保有關申請資料不乎可能會導致昆士蘭聯保無法接受或處理此申請或此保單成為可撤銷的原因。

投保人在收到此申請表格同時被確認已閱讀並理解昆士蘭聯保之收集個人資料聲明。

Dated at D M Y
本合同於 日 月 年

For and on behalf of
代表簽署
(Proposer 投保人)

Witnessed by
見證人

Authorised signature and company stamp
授權人簽署及公司印鑑

Personal Information Collection Statement 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held about you for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes.

The Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

July 2015

昆士蘭聯保保險有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保單賦予的任何權利包括代位權，如適用；
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 現存或不時成立之任何保險公司協會或聯會或同類組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師；及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未設有資料保障法例的地區，以致未能確保閣下的個人資料可以獲得與個人資料（私隱）條例類近或所提供的保障。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道 979 號太古坊和域大廈西翼 17 樓（電話：2877 8488，傳真：3607 0300）向昆士蘭聯保保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

（中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。）

2015 年 7 月

QBE Hongkong & Shanghai Insurance Ltd.

昆士蘭聯保保險有限公司

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