

Bupa Hero VHIS Plan Registration Variation Form 保柏非凡自願醫保計劃更改登記申請表



Policy Holder please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 保單持有人請以**英文正楷**填妥本表格，並於適用地方加「✓」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Membership No. (16 digits)
會員號碼 (16位數字)

Name of Policy Holder (same as HKID Card) 保單持有人姓名 (與香港身份證相同)

Surname
姓

Given Name
名

Types of Changes 更改項目 (Please tick the change(s) and fill in the details as required 請選擇更改部分並填妥所需資料)

I. Application for e-Services 申請電子服務

I hereby agree to use e-Services through **myBupa**, an online and mobile platform, to view and download some of my policy-related documents. To access these e-documents*, I am required to register for a **myBupa** account and provide an email address in Section II below where I will receive email notifications when a document is ready for me to access from my **myBupa** account. I understand that I will no longer receive hard copy of these documents by post.

If you have already provided your email address to us, we will send email notifications to your email address on our record. If you want to update your email address, please provide a new email address in Section II below.

* Please refer to <https://www.bupa.com.hk/en/customer-care/mybupa/> for the latest list of e-documents available on **myBupa**. This list is subject to change.

本人現同意使用 **myBupa** 網上及手機的電子服務，以查閱及下載與本人保單相關的部分文件。要查閱這些電子文件*，本人須登記 **myBupa** 帳戶，並於以下第二部分提供電郵地址。當文件已上載於我的 **myBupa** 帳戶後，我便會收到電郵通知。本人明白將不會以郵寄方式收到這些保單文件的印刷本。

如你曾經向我們提供電郵地址，我們會根據紀錄中的電郵地址發出電郵通知。如你想更新電郵地址，請於以下第二部分提供新的電郵地址。

* 有關上載於 **myBupa** 的最新電子文件清單，請參考 <https://www.bupa.com.hk/tc/customer-care/mybupa/>，此清單會不時更改。

II. Change of Correspondence Address / Telephone No. / Email Address 更改通訊地址 / 電話號碼 / 電郵地址

New Correspondence Address** 新通訊地址** (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區

HK 香港 Kln 九龍 NT 新界

New Email Address 新電郵地址

New Contact No. 新聯絡電話

New Fax No. 新傳真號碼

New Mobile No. 新流動電話號碼

** P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。

III. Nomination or Change of Successive Policy Holder 提名或更改繼任的保單持有人

Please state the (new) successive Policy Holder in case you pass away 請列明在你身故的情況下繼任的 (新) 保單持有人

Surname
姓

Given Name
名

HKID Card No. / Passport No.
香港身份證號碼 / 護照號碼

Relationship with Insured Person¹
與受保人關係¹

1. Applicable to spouse/ child/ parents /parents-in-law /siblings/ spouse's siblings/ grandparents/ grandparents-in-law/ grandchild/ domestic partner/ domestic partner's child/ domestic partner's parents.
適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母



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IV. Change of Particulars of existing Policy Holder or Insured Person 更改現有保單持有人或受保人資料

Policy Holder 保單持有人

New name of Policy Holder (Same as HKID Card / Passport) 保單持有人的新姓名 (與香港身份證 / 護照相同) ***

Surname 姓 _____

Given Name 名 _____

New HKID Card No. / Passport No.***
新香港身份證號碼 / 護照號碼 _____

Place of Residence¹ 居住地 _____

*** Please submit the copy of HKID Card / Passport to Bupa. (only accept HKID Card if enrol together with Supplementary Critical Illness Benefit)
請連同香港身份證 / 護照副本交回保柏。(只接受香港身份證如同時投保危疾附加保障)

¹ The above Place of Residence will be used to determine the validity and coverage of the Policy. Please inform Bupa immediately in writing if the Insured Person has changed the Place of Residence. 上述居住地將用於確定保單的有效性和保障範圍。如任何受保人已更改居住地，請立即以書面通知保柏。

Insured Person 受保人

New name of Insured Person (Same as HKID Card / Passport / Birth certificate) 受保人的新姓名 (與香港身份證 / 護照 / 出生證明書相同) ***

Surname 姓 _____

Given Name 名 _____

New HKID Card No./Passport No./Birth certificate No.***
新香港身份證號碼/護照號碼/出生證明書號碼 _____

Place of Residence¹ 居住地 _____

*** Please submit the copy of HKID Card / Passport / Birth certificate to Bupa. (only accept HKID Card / Birth certificate if enrol together with Supplementary Critical Illness Benefit)
請連同香港身份證 / 護照 / 出生證明書副本交回保柏。(只接受香港身份證 / 出生證明書如同時投保危疾附加保障)

¹ The above Place of Residence will be used to determine the validity and coverage of the Policy. Please inform Bupa immediately in writing if the Insured Person has changed the Place of Residence. 上述居住地將用於確定保單的有效性和保障範圍。如任何受保人已更改居住地，請立即以書面通知保柏。

V. Change of Benefit 更改保障

For plan level upgrade, addition of clinical benefit or reduction of deductible (marked with “*” below), you must complete Health Questionnaire - Section A questions 1-8 and Section B (whenever applicable). The new benefit will be effective on the renewal date, if approved. If there is an upgrade of plan level, all benefits payable for medical conditions that occurred before the effective date of variation will be subject to lower benefit condition. Please refer to the endorsement for all conditions that apply to your Policy after plan level variation.

如選擇提升計劃或增加門診保障或調低自付費 (註有「*」號)，必須填寫「健康問卷 - 甲部」問題 1-8 及「健康問卷 - 乙部」(如適用)。一經批核，新保障將於續保日生效。如有計劃提升，所有於更改申請生效日前之已有病況可獲得的賠償將受較低保障限額所限。有關計劃更改後所有適用於保單的條件，請參閱批注信件。

Please tick the NEW plan level 請於新選擇計劃之空格內加上「✓」號

<input type="checkbox"/> Deluxe* (Area of cover: Asia, Australia and New Zealand) 尊尚* (保障地域範圍：亞洲、澳洲及新西蘭)	<input type="checkbox"/> Advance (Area of cover: Asia, Australia and New Zealand) 智選 (保障地域範圍：亞洲、澳洲及新西蘭)
<input type="checkbox"/> Deluxe Pro* (Area of cover: Worldwide excluding the United States) 倍尊尚* (保障地域範圍：全球但不包括美國)	<input type="checkbox"/> Advance Pro* (Area of cover: Worldwide excluding the United States) 倍智選* (保障地域範圍：全球但不包括美國)

Change of deductible 更改自付費²

Please tick as appropriate. 請於適用地方加上「✓」號

<input type="checkbox"/> HKD0 Deductible 港元0自付費*	<input type="checkbox"/> HKD12,000 Deductible 港元12,000自付費*
<input type="checkbox"/> HKD40,000 Deductible 港元40,000自付費*	<input type="checkbox"/> HKD80,000 Deductible 港元80,000自付費

Addition / Cancellation of Optional Benefit 增加或取消自選額外保障³

Please tick as appropriate. 請於適用地方加上「✓」號

Clinical Benefit 門診保障*	<input type="checkbox"/> Add 增加*	<input type="checkbox"/> Cancel 取消
Dental Benefit 牙科保障 (Advance only 只供智選)	<input type="checkbox"/> Add 增加	<input type="checkbox"/> Cancel 取消
Dental and Optical Benefit 牙科及視力保障 (Deluxe only 只供尊尚)	<input type="checkbox"/> Add 增加	<input type="checkbox"/> Cancel 取消
Maternity Benefit 產科保障 (Age must be between 18 - 49 years inclusive 年齡必須為18-49歲 (首尾歲數包括在內))	<input type="checkbox"/> Add 增加	<input type="checkbox"/> Cancel 取消

(P.T.O. 請轉下一頁)

■ VII. Health Declaration and Questionnaire 健康聲明及問卷

Important Note 重要事項

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts related to the proposed Member / Insured Person to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part.

在保險申請過程中，務必以至高誠信向保柏披露有關準會員/受保人所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你所享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for Bupa to evaluate the health risk of the applicants and decide the application results. The underwriting process that Bupa adopts should be fair and reasonable, and Bupa should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是保柏評估申請人之健康風險及決定申請結果的程序。保柏採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, Bupa may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料。保柏根據你提供的資料，可能會提出跟進問題或查詢而需要你進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify Bupa in a timely manner. 若你在提交本申請表後至你收到保單前的期間就本問卷中提供的資料有任何改變或更新，你需要及早通知保柏。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the proposed Member / Insured Person may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by Bupa, if you have not provided Bupa with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified Bupa on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲發保單，若你未按(ii)所述盡其所知所信向保柏提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知保柏，準會員/受保人的保險保障可能會受到影響，保柏亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Guidance Note in completing the questionnaire 填寫問卷指引

If your answer to any of the questions in Section A below is "Yes", please proceed to answer the relevant follow-up questions in Health Questionnaire - Section B. 若以下甲部任何一項問題之答案為「是」者，請於健康問卷 - 乙部回答相關的跟進問題。

You do not need to disclose information regarding the medical conditions or treatments below -

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

你無需披露以下健康狀況或治療 -

傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

You are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief, including any and all medical information which are known or ought to be known by Bupa in any previous insurance application and medical claims.

你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料，包括在之前的任何保險申請和醫療索償中保柏已知或應該知道的任何及所有醫療資料。

Health Questionnaire - Section A 健康問卷 - 甲部

Height 身高 [#] _____ cm 厘米 OR 或 _____ feet 呎 _____ inches 吋
Weight 體重 [#] _____ kg 公斤 OR 或 _____ pounds(lbs) 磅
Do you (or proposed Member/Insured Person) smoke [#] or have you (or proposed Member/Insured Person) smoked [#] in the last one year? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 你(或準會員/受保人)有沒有吸煙 [#] 或在過去一年內曾否吸煙 [#] ?
<p>[#] Not required for proposed Member/Insured Person below 18 years old. For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 18歲以下之準會員/受保人無需填寫。「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。</p>

1. In the last 3 years, have you (or proposed Member/Insured Person) ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or other medical condition? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 在過去三年內，你(或準會員/受保人)是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理?
2. In the last 3 years, have you (or proposed Member/Insured Person) ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 在過去三年內，你(或準會員/受保人)是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)? If the answer is "Yes", do your (or proposed Member/Insured Person) investigation result(s) include the followings? 如果答案屬「是」，你(或準會員/受保人)的檢查結果是否包括下列情況? (a) Abnormal test result is advised 檢驗結果異常 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (b) You (or proposed Member/Insured Person) are still awaiting test / test result 你(或準會員/受保人)正等候檢驗或檢驗結果 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (c) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. In the last 5 years, have you (or proposed Member/Insured Person) been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 在過去五年內，你(或準會員/受保人)是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物?
4. In the last 5 years, have you (or proposed Member/Insured Person) been admitted into a hospital? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 在過去五年內，你(或準會員/受保人)是否曾入住醫院?
5. In the last 5 years, have you (or proposed Member/Insured Person) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 在過去五年內，你(或準會員/受保人)是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)?

(P.T.O. 請轉下一頁)

■ VII. Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

6. Apart from anything you (or proposed Member/Insured Person) have already disclosed in Questions 1 -5, do you (or proposed Member/Insured Person) have any of the following conditions?
除了你(或準會員/受保人)在第1至5項問題中已披露的資料外,你(或準會員/受保人)是否有下列情況?
- (a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year Yes是 No否
在過去一年內,體重無故地減少了5公斤(11磅)以上
- (b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month Yes是 No否
不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月
- (c) Other medical conditions or other sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you (or proposed Member/Insured Person) are seeking or intend to seek medical advice Yes是 No否
其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見
- (d) In the last 1 year, you (or proposed Member/Insured Person) had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom Yes是 No否
在過去一年內,你(或準會員/受保人)有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治

7. Have you (or proposed Member/Insured Person) ever been diagnosed with any of the following diseases or medical conditions?
你(或準會員/受保人)是否曾被確診下列疾病或健康狀況?
- (a) Cancer or carcinoma in situ 癌症或原位癌 Yes是 No否
- (b) Brain tumor 腦部腫瘤 Yes是 No否
- (c) Heart disease 心臟疾病 Yes是 No否
- (d) Stroke (including transient ischemic attack (TIA)) 中風(包括短暫性腦缺血,俗稱「小中風」) Yes是 No否
- (e) Hypertension 高血壓 Yes是 No否
- (f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常 Yes是 No否
- (g) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病 Yes是 No否
- (h) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況 Yes是 No否
- (i) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) Yes是 No否
- (j) Multiple sclerosis 多發性硬化症 Yes是 No否
- (k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常) Yes是 No否

For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童

8. Was the proposed insured child born before 37th week of pregnancy? Yes是 No否
準受保兒童是否於懷孕第37週前出生?

Applicable for Supplementary Critical Illness Benefit only 只適用於危疾附加保障

If the Policy is issued after the Policy Effective Date, you are also required to notify Bupa immediately for any change or update on the Insured Person's health conditions before the Policy Issuance Date. 如保單在保單生效日之後簽發,有關受保人的健康狀況有任何改變或更新,你需要在保單簽發日之前立即通知保柏。

9. Have you (or the proposed Insured Person) ever been diagnosed with any of the following diseases or medical conditions? Yes是 No否
你(或準受保人)是否曾被確診下列疾病或健康狀況?
- Disorder of brain or nervous system, HIV related conditions, AIDS
- 腦或神經系統疾病、人類免疫力缺乏病毒(HIV)有關的疾病、愛滋病?

10. Do you (or the Insured Person) have two or more natural parents or siblings with heart disease, stroke, diabetes, cancer before aged 50? Yes是 No否
你(或受保人)曾否有兩個或以上親生父母或兄弟姐妹於50歲前患有心臟病、中風、糖尿病或癌症?

11. Have you (or the Insured Person) ever been declined, postponed or accepted on modified terms for life, critical illness, medical health or accident insurance? Yes是 No否
你(或受保人)是否曾被因投保任何人壽、危疾、醫療或意外保險時被拒絕,延遲或修改條款接納?

Only applicable if opts for Extended Major Critical Illness Benefit 只適用於投保嚴重危疾延伸保障

12. Have you (or the Insured Person) ever been diagnosed with any of the following diseases or medical conditions? Yes是 No否
你(或受保人)是否曾被確診下列疾病或健康狀況?
- liver disease, kidney disease, lung disease (other than cold or flu), disorder of blood?
- 肝臟疾病、腎病、肺部疾病(傷風或感冒除外)、血液疾病?

13. Do you (or the Insured Person) have one or more natural parents or siblings with haemochromatosis, Huntington Disease (Huntington's Chorea), polycystic kidney disease or any other hereditary disease(s)? Yes是 No否
你(或受保人)曾否有一個或以上親生父母或兄弟姐妹患有鐵質沉著症、亨頓舞蹈症、多囊性腎病或任何其他遺傳病?

(P.T.O. 請轉下一頁)

■ VII. Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

Health Questionnaire - Section B 健康問卷 - 乙部

If you answer Yes to any of the questions 1-8, 9 and 12 in Section A above, please provide additional information as applicable below.
如果你就以上甲部任何一項問題 1 至 8、9、12 之答案為「是」者，請在以下適用的問題提供更多資料。

	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

Health Questionnaire - Section C 健康問卷 - 丙部

If you answer Yes to question 10 and 13 in Health Questionnaire - Section A, you have to provide the details of the medical conditions in Health Questionnaire - Section C below. 如果你就「健康問卷 - 甲部」問題 10 和 13 的回答為「是」，你須於下列「健康問卷 - 丙部」提供有關疾病之詳情。

	Medical condition 病症	Medical condition 病症	Medical condition 病症
a. Which family member(s)? 哪個親屬?			
b. Which disease? 哪個疾病?			
c. Onset age of the disease? 病發年齡?			

If you answer Yes to question 11 in Health Questionnaire - Section A, you have to provide the details of the medical conditions in Health Questionnaire - Section C below.
如果你就「健康問卷 - 甲部」問題 11 回答為「是」，你須於下列「健康問卷 - 丙部」提供有關疾病之詳情。

Reason(s) of being declined, postponed or accepted with modified terms for life, critical illness, medical health or accident insurance.
人壽、危疾、醫療或意外保險時被拒絕，延遲或修改條款接納的原因

If you (or the Insured Person) have any medical reports or reports of investigations, please enclose them and put a tick in the box.
如你 (或受保人) 有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment
另有附頁

Declaration and Authorisation 聲明及授權

I declare that, to the best of my knowledge and belief, the statements contained in this Variation Form ("variation") are true and complete.

本人聲明，就本人所知所信，本更改申請表上(「更改申請」)填報之一切資料，均屬真實完整。

Coverage and Pre-existing Conditions 保障及已有病症

I declare that, to the best of my knowledge and belief the information provided in this Variation or in support of this Variation application (including to any Bupa appointed Medical Examiner) ("Information") is true, accurate and complete. I understand that (1) all Information forms the basis and becomes a part of the Policy; (2) failure to provide Bupa with full, complete and accurate Information may result in Bupa having the right to treat the Policy as if it had not existed, or refusing to pay all or part of a claim; and (3) failure to provide full, complete and accurate Information in respect of the Insured Person may affect the cover for that Insured Person.

If I am making this Variation on behalf of the Insured Person under the Age of 18, all Information disclosed on behalf of the Insured Person has been verified by me as true and correct. I acknowledge that the knowledge of Insured Person is imputed to my knowledge.

I acknowledge that benefit is not payable under the Plan for any costs of treatment arising from any existing illnesses, injuries or other conditions which has been treated or diagnosed or manifested with signs and symptoms that should be reasonably aware before the Policy Effective Date of the Plan (or, if applicable, the date as referred in the Endorsement Letter if there is a plan level upgrade or addition of clinical benefit) unless complete details are fully disclosed in this Variation and accepted by Bupa.

I understand that I am required to notify Bupa immediately if the health condition of the Insured Person has changed at any time after the submission of this Variation and before the effective date of Variation.

In the event the pre-existing medical conditions have been disclosed in the Application and accepted by Bupa, Bupa may apply a Premium Loading (applicable to Bupa Hero VHS Plan) and/or Subscription Loading (applicable to Supplementary Critical Illness Benefit) to cover that specific condition(s) and the percentage of Premium Loading and/or Subscription Loading shall be notified to me in writing. Bupa may apply Case-based Exclusion(s) (applicable to Bupa Hero VHS Plan) and/or excluded conditions (applicable to Supplementary Critical Illness Benefit) due to a pre-existing condition or any other factor that may affect the insurability of the proposed Insured Person.

I acknowledge that Bupa may terminate the cover for the Insured Person with immediate effect if the law of the country in which the Insured Person is located, or the Insured Person's Place of Residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Policy, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the Insured Person is not US permanent residents. I understand that I am obliged to immediately notify Bupa in writing if the Insured Person becomes a permanent resident of USA during the Policy Year. For the above purpose, 'permanent resident' shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

本人聲明，就本人所知所信，本更改申請表上(包括向任何保柏委託的醫護人士)提供或予以支持有關申請的一切資料(「資料」)，均屬真實、準確及完整。本人明白(1)所有資料將成為簽發保單的基礎並成為保單一部分；(2)如未有向保柏提供真實、準確及完整的資料，保柏有權將本人的保單視為不存在或拒絕支付全部或部分的索償；及(3)如未有為受保人提供真實、準確及完整的資料，將會影響該受保人之保障。

如本人代表年齡未滿18歲的受保人提出此更改申請，所有代表受保人透露的所有資料已經本人核實為真實及正確。本人確認受保人所知之事被視為本人所知之事。

本人確認凡在保單生效日(或因計劃提升或新增自選保障的批注信件中列明之日期，如適用)前因已接受治療或被確診或已察覺或理應察覺病徵或症狀的已有病症、損傷或其他病況而引致之醫療費用，除非本人在本更改申請內已詳細列出並獲得保柏接納，有關費用一律不予賠償。本人明白如在提交本更改申請後和更改申請生效日之前的任何時間，受保人的健康狀況有任何改變，本人需要立即通知保柏。

如已有病症已於申請表內披露並獲得保柏接納承保，保柏會徵收附加保費(適用於保柏非凡自願醫保計劃)及/或附加保費(適用於危疾附加保障)以保障有關個別病況，將徵收的附加保費率及/或附加保費率將會以書面通知本人。保柏亦可按已有病症或任何其他影響受保人可保性的因素而加設的個別不保項目(適用於保柏非凡自願醫保計劃)及/或不保項目(適用於危疾附加保障)。

本人確認如受保人的所在國家或其居住地或國籍所屬國家的法律(包括但不限於美國和日本)或任何其他對保柏或本保單適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關受保人的保障並立即生效。本人此外聲明受保人並非美國永久居民。本人明白如受保人如於保單年度期間成為美國永久居民，本人有責任立即以書面通知保柏。「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

Additional Declaration applicable to addition of Supplementary Critical Illness Benefit 申請危疾附加保障所適用的額外聲明

I hereby declare and agree on behalf of myself / the Insured Person in this variation application that

本人謹代表本人/此更改申請的受保人在此聲明及同意

(a) any misrepresentation or non-disclosure of smoking history will render the Contract for Supplementary Critical Illness Benefit void, whether the claim is pertaining to smoking or not; 任何吸煙史的失實陳述，無論索償是否與之相關，均會導致危疾附加保障的合約無效；

(b) the Insured Person has resided in Hong Kong for more than 183 days in the past 12 months;

受保人在過去12個月中在香港居住超過183天；

(c) Bupa will not pay any Benefit if the Insured Person has any signs or symptoms, receives treatment, medication or investigation for or is diagnosed with, any Critical Illnesses within the ninety (90) days' waiting period immediately following the Critical Illness Benefit Coverage Commencement Date, date of last reinstatement or the commencement date of this Contract after upgrade (if applicable), whichever is the later. For circumstances which may require a prolonged underwriting time before the issuance of the Contract, the above ninety (90) days waiting period may be superseded and counted from the issue date as set out in an endorsement. No waiting period is applied if the Critical Illness is caused by an Accident; and

於危疾保障開始日、合約最後復效日或於保障提升之合約開始日(如適用)(以較後者為準)九十(90)日的等候期內，就準受保人出現病徵、接受治療、藥物治療或檢查、或確診的任何疾病，保柏將不會支付任何保障。在合約簽發之前可能需要較長時間進行核保的情況下，上述九十(90)日等候期會由背書中註明的簽發日起計及取代。等候期不適用於因意外引致的危疾；及

(d) if the Policy is issued after the Policy Effective Date, I am also required to notify Bupa immediately for any change or update on the Insured Person's health conditions before the Policy Issuance Date.

如保單在保單生效日之後簽發，有關受保人的健康狀況有任何改變或更新，本人需要在保單簽發日之前立即通知保柏。

Policy and Eligibility for Tax Deduction 保單及稅務扣減的資格

I agree to be bound by the terms and conditions of the Policy of this Plan after this Variation is approved.

I acknowledge that the Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Policy. I further authorise Bupa to deduct the premium payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Policy in future, I will need to inform Bupa in writing at least 30 days before the renewal date.

I acknowledge that the premium paid under this Plan shall not be automatically entitled to tax deduction even this Variation is approved by Bupa. I understand that I am required to fulfil the conditions and assessment criteria imposed by the Inland Revenue Department and any applicable laws (which may amend from time to time), which include but not limited to allowable relationship for dependant, age/disability/full-time education requirement, date and amount of qualifying premium paid, in order to enjoy any tax deduction. Policies purchased for grandchild, domestic partner (i.e. civil partner, or the person with whom the Policy Holder lives in a continuous, committed, exclusive relationship during which period neither the Policy Holder or that person were or are married to or partnered with any other person) and domestic partner's child/parents are not eligible for tax deductions.

於此更改申請獲接納後，本人同意遵守計劃保單之各條款及細則。

本人明白除非收到本人給予保柏的通知不再續保或因根據保單條款規定，否則保單將會每年自動續保。本人並授權保柏在續保時於本人指定的銀行賬戶/信用卡(如適用)扣取保費。如本人將來想取消保單，須於續保日30天前以書面通知保柏。

本人明白即使此更改申請已獲保柏接納，本計劃下已繳付的保費並不會自動享有稅務扣減。本人明白本人須符合稅務局及任何適用的法律(可不時修改)所規定的條件及評估標準方可享有稅務扣減，包括但不限於認可的受供養人、年齡/殘疾/全日制學生資格，以及支付合資格保費的金額及日期。

本人為孫子女、同居伴侶(同居伴侶指民事結合的伴侶或與保單持有人共同生活，並保持持續、忠誠以及唯一的關係的人士，而期間保單持有人或該人士並沒有和其他人士結婚或結合)和同居伴侶的子女/父母所購買的保單並不符合稅務扣減的資格。

I have read and understood the Personal Information Collection Statement included in this Variation Form. If applicable, I have also brought the Personal Information Collection Statement to the attention of the Insured Person (or the guardian if applicable) and confirm the understanding and agreement to it.

本人已閱讀明白本更改申請表所述的「個人資料收集聲明」。如適用，本人亦已促使受保人(或其監護人，如適用)留意「個人資料收集聲明」並確認明白及同意有關內容。

I, as the Policy Holder, understand that I declare and sign on behalf of the Insured Person listed in this Variation Form under this Plan who is under the Age of 18.

本人作為保單持有人，明白本人代表此更改申請表內列出之18歲以下受保人作出聲明及簽署。

<p>Policy Holder's Signature 保單持有人簽署</p> <p>X (Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YYYY 年</p>	<p>Insured Person's Signature (Aged 18 or above) 受保人簽署(18歲或以上)</p> <p>X (Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YYYY 年</p>
<p>Agent's / Broker's / Telesales' Name (if applicable and must be completed by the Policy Holder) 代理人/經紀/營業代表姓名(如適用及必須由保單持有人填寫)</p>		<p>Agent's / Broker's / Telesales' Contact Tel No. 代理人/經紀/營業代表聯絡電話號碼</p>	
<p>Agent's / Broker's / Telesales' Code 代理人/經紀/營業代表編號</p>		<p>Agent's / Broker's / Telesales' Email Address 代理人/經紀/營業代表電郵地址</p>	

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
 - processing, assessing and determining any Applications for insurance products and services;
 - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
 - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - provision and design of products and services of the Company;
 - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
 - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
 - the Company's group companies ("Group Company");
 - any insurance adjusters, agents and brokers;
 - any re-insurance companies authorised by the Company;
 - employers (for members of corporate policy only);
 - healthcare professionals and hospitals;
 - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
 - insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
 - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
 - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
 - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
 - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
 - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer

6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄,如適用)。
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:**
 - 處理、評估、決定任何保險產品及服務之申請;
 - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求,包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
 - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
 - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
 - 提供及設計本公司的產品及服務;
 - 行使本公司向閣下或會員提供保險和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;
 - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
 - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及的轉讓、出讓、參與或次參與的交易進行評估;及
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:**
 - 本公司的集團公司(「集團公司」);
 - 任何由本公司授權的保險理算人、代理及經紀;
 - 任何由本公司授權的再保險公司;
 - 僱主(只適用於團體保單之會員);
 - 醫護專業人員及醫院;
 - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;及
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司只會得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
 - 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
 - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
 - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下的個人資料向第三方透露,用作他們的市場推廣用途。為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:**
 - 查核本公司是否有閣下或會員的個人資料及查閱該等個人資料;
 - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
 - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
 - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任,地址如下:
香港九龍觀塘海濱道77號海濱匯第2座6樓
保柏(亞洲)有限公司 保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。