

(Effective 1<sup>st</sup> July 2013)

## Voluntary Insurance Scheme for Civil Servants and Non-Civil Servants

### Hospital & Surgical Plan 住院及手術計劃

#### BENEFIT SCHEDULE (in HK\$) 保障範圍〔港幣〕

A	Hospital & Surgical 住院及手術保障	Max. limit per insured person (HK\$) 每名受保人最高賠償額〔港幣〕		
		計劃 Plan A (ward) 大房	計劃 Plan B (semi-private) 半私家房	計劃 Plan C (private) 私家房
	Overall Annual Policy Limit 全年總賠償額	150,000	200,000	300,000
1	Room & Board – per day 每日住院及膳食費用 No. of days per disability 每項病症最高日數	550 90	1,000 90	1,800 90
2	Hospital Services – per disability limit 住院雜費每項病症最高賠償額	8,000	15,000	25,000
3	Intensive Care – per day limit 深切治療費用 No. of days per disability 每項病症最高日數	2,000 10	3,500 10	6,000 10
4	Home Nursing – per day limit 出院後之私家護士費用 No. of days per disability 每項病症最高日數	300 30	400 30	600 30
5	Surgeon's Fee – per disability limit 手術醫生費—每項病症 Complex Major 繁複大型 Super Major 超大型 Major 大型 Inter 中型 Minor 小型	 30,000 22,000 15,000 8,000 3,000	 40,000 30,000 22,000 12,000 4,500	 55,000 38,000 28,000 16,000 6,800
6	Anaesthetist's Fee – per disability limit 麻醉師費 -- 每項病症	30% of surgeon's fee payable 手術醫生費的 30%		
7	Operating Theatre Fee – per disability limit 手術室費 -- 每項病症	30% of surgeon's fee payable 手術醫生費的 30%		
8	In-patient Physician Consultation – per day limit 住院醫生巡房費 -- 每日最高限額 No. of days per disability 每項病症最高日數	550 90	1,000 90	1,800 90
9	In-patient Specialist Fee <sup>+</sup> – per disability limit 住院專科醫生費 <sup>+</sup> -- 每項病症最高賠償額	2,000	3,000	5,000
10	Alternative Daily Cash for hospitalization at General Ward of HA Hospitals – per day limit (in lieu of other benefits) 公立醫院普通病房每日現金賠償 No. of days per disability 每項病症最高日數	400 90	600 90	800 90
11	Post-hospitalization Out-patient Follow-up – per disability limit (Consultation/Treatment by Attending Doctor within 6 weeks after date of discharge) 出院後覆診費用 -- 每項病症最高賠償額	1,000	2,000	2,800
12	Renal Dialysis/ Chemotherapy/ Radiotherapy (Outpatient only) - Per year limit 洗腎/化療/放射性治療〔非住院〕	10,000	20,000	30,000

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13	<b>Emergency outpatient treatment</b> (received within 72 hours of the accident in the outpatient department of a hospital) – per disability 緊急門診治療(於意外發生後 72 小時內於醫院門診部接受的治療) -- 每項病症最高賠償額	1,000	2,000	3,000
14	<b>Accidental Death Benefit</b> 意外身故賠償	10,000	20,000	30,000

B	<b>SUPPLEMENTARY MAJOR MEDICAL (SMM) <sup>@*</sup> – optional</b> 附加嚴重醫療保障 -- 自選 <sup>@*</sup>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
	Accommodation restriction 住房限制	Ward 大房	Semi-Private 半私家房	Private 私家房
	Deductible per disability 每項病症扣除額	1,000	1,000	1,000
	Reimbursement % 賠償額	80%	80%	80%
	Max. amount per disability 每項病症最高賠償額	30,000	50,000	100,000
		(daily Room and Board charge, doctor fee will be reimbursed after 90 days in hospital) 每日住院及膳食費、住院醫生巡房費於住院日數 90 天後始賠償		

NB:

All expenses must be reasonable and customary.

Overseas cover is limited to 90 consecutive days per trip, outside Hong Kong SAR.

Policy is subject to annual renewal and Generali reserves its right to amend premium rates, benefits, terms and conditions.

\* If the Insured stays in a room exceeding the daily room & board limit, the relevant medical expenses will be adjusted subject to the applicable terms and conditions of the policy.

+ Recommended or referred by the attending physician.

@ Not applicable for Outpatient Kidney Dialysis, Outpatient Cancer Treatment, Post-hospitalisation Treatment, Home Nursing and Emergency Outpatient Treatment

The minimum premium per policy is HK\$500.

10% discount is offered to family application.

註:

所有費用必須合理及慣常。

海外保障只限每次離港後的連續九十日內。

忠利保險有限公司保留修定每年續保的保費率、保障及條款細則的權利。

\* 投保人如入住超過住房費用最高限額的病房，有關醫療費用將會按比例作出賠償。有關細則請參閱保單條款。

+ 由主診醫生推薦或配方。

@ 不適用於非住院洗腎及癌病治療、離院後治療、家庭看護及緊急門診治療。

每份保單的最低保費為 HK\$500。

家庭成員同時投保可享九折優惠。

#### **Eligibility:**

- This plan is available for Civil Servants &/or Non-Civil Servants and their family members including spouse, parents, grandparents, mother-in-law, father-in-law, son, son-in-law, daughter-in-law, sibling & grandchild(ren).
- Civil Servants or Non-Civil Servants aged between 18 and below 61 can apply
- You can also include your legal spouse aged between 18 and below 61 and any unmarried child(ren) aged over 14 days to 17 years (or below 23 if in full time education) in the application
- The plan is renewable up to age 70. The Insured can opt for our GenHealth Individual Health Insurance plan at age 70.
- Insured can apply renewal for the policy even if he/she is not a Civil Servant at the time of renewal.

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### **投保條款**

- 本計劃適用於公務員/非公務員及其家屬(包括配偶、父母、外父母、祖父母、子女、女婿、媳婦、兄弟姊妹、孫)。
- 初次投保年齡必須為 18 至未滿 61 歲的全職/合約公務員或非公務員合約僱員。
- 你亦可以同時為你的家庭成員投保,包括年齡為 18 至 60 歲合法配偶、出生超過 14 天至 17 歲的未婚子女(或未滿 23 歲但現正接受全日制教育的未婚子女)。
- 此計劃可續保至 70 歲。投保人於 70 歲後可選擇「智康健」個人醫療保險計劃。
- 若投保人於續保期間,已不屬公務員或非公務員合約僱員,仍可申請續保。

### **Major Exclusions:**

Some of the exclusions under this Plan are :

- ✧ The following conditions that require treatment within the first six months of the policy :  
Tumours of any kind, anal fistulae, cholecystitis, calculi of kidney, urethra or bladder, diabetes mellitus, gastric or duodenal ulcer, hallux valgus, hypertension or cardio-vascular disease, tuberculosis, cataracts, endometriosis, diseased tonsils requiring surgery, hemorrhoids, hyperthyroidism, pathological abnormalities of nasal septum or turbinates, sinus conditions requiring surgery.
- ✧ Pre-existing conditions
- ✧ Congenital anomalies
- ✧ Drug addiction or alcoholism
- ✧ Dental treatment (except caused by accident)
- ✧ Suicide or self-inflicted injury
- ✧ Cosmetic or plastic surgery
- ✧ Pregnancy childbirth, birth control and treatment for infertility
- ✧ Sexually transmitted diseases, AIDS or HIV-related conditions
- ✧ Routine health checks, rest cure
- ✧ Professional and hazardous sports
- ✧ War or warlike operation, strike , riot and civil revolution
- ✧ Other exclusions as per our underwriting decisions

### **主要不受保項目**

本計劃的不受保項目包括：

- ✧ 下列疾病在本保單首 6 個月內需接受治療：  
任何種類腫瘤、肛門瘻管膽囊炎、腎結石、尿道結石或膀胱結石、糖尿病、胃潰瘍、十二指腸潰瘍、拇趾外翻、高血壓或心血管疾病、肺結核、白內障、子宮內膜異位、須接受手術的扁桃腺病、痔瘡、甲狀腺機能亢進、鼻中隔或鼻甲骨病變、須接受手術的竇症
- ✧ 受保前已存在的疾病
- ✧ 先天性的疾病
- ✧ 吸毒及酗酒
- ✧ 牙科治療(意外引致除外)
- ✧ 自殺或蓄意自殘
- ✧ 美容及整容手術
- ✧ 懷孕及分娩、節育及醫治不育
- ✧ 性病、愛滋病及其他併發症
- ✧ 例行健康檢查/療養
- ✧ 專業及危險運動
- ✧ 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂
- ✧ 其他不受保項目以本公司的承保決定為準

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**Annual Premium rate table (in Hong Kong dollars) 年繳保費表〔港幣〕：**

**(A) Hospital & Surgical plan 住院及手術保障**

Age band	Plan A		Plan B		Plan C	
	M	F	M	F	M	F
14 days – 5	1,428	1,532	2,641	3,039	4,529	5,474
6 – 10	1,007	1,123	1,587	2,341	2,740	4,309
11 – 17	958	1,111	1,617	2,339	2,783	4,233
18 – 25	1,038	1,234	1,779	2,691	3,087	4,838
26 – 30	1,132	1,471	1,955	3,321	3,396	5,785
31 – 35	1,305	1,705	2,266	3,887	3,825	6,875
36 – 40	1,410	1,978	2,451	4,448	4,368	8,051
41 – 45	1,601	2,380	2,864	5,255	5,161	9,256
46 – 50	1,889	2,630	3,490	5,898	6,297	10,545
51 – 55	2,393	2,829	4,296	6,419	7,706	11,916
56 – 60	3,081	3,397	5,539	7,526	9,828	14,042
61 – 65*	3,996	4,327	7,145	9,579	12,344	17,776
66- 70*	5,095	5,496	8,827	12,037	15,172	22,705

**(B) Optional SMM benefit 附加嚴重醫療保障一自選**

Age band	Plan A		Plan B		Plan C	
	M	F	M	F	M	F
14 days – 5	276	349	489	646	812	1,208
6 – 10	271	371	445	641	750	1,200
11 – 17	330	351	490	638	954	1,148
18 – 25	322	427	564	756	1,053	1,444
26 – 30	361	557	626	1,004	1,240	1,877
31 – 35	383	626	666	1,100	1,306	2,003
36 – 40	429	728	751	1,195	1,434	2,121
41 – 45	484	867	849	1,353	1,616	2,347
46 – 50	594	983	1,006	1,528	1,888	2,834
51 – 55	762	1,137	1,190	1,919	2,217	3,644
56 – 60	985	1,468	1,577	2,614	2,860	4,887
61 – 65*	1,247	1,847	2,059	2,826	3,565	5,706
66- 70*	1,726	2,355	2,681	3,506	4,673	6,907

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## Hospital Cash Plan 住院現金計劃

### Benefit schedule (in HK\$) 保障範圍〔港幣〕

	計劃 Plan A	計劃 Plan B
<b>Daily Hospital cash - 1,000 days per disability</b> <b>每日住院現金(每項病症最高賠償 1,000 日)</b>	<b>500</b>	<b>1,000</b>
<b>Double hospital cash if</b> <b>額外每日住院現金:</b> - ICU hospitalization (up to 90 days) 入住醫院深切治療(每項病症最高日數 90 日) - the insured and insured spouse have confined in hospital due to same accident 受保人及受保配偶因同一意外而需住院 - major organ transplant (heart, lung, liver, pancreas, kidney or bone marrow) 接受心臟、肺、肝臟、胰臟、腎臟或骨髓移植手術而需住院	<b>1,000</b>	<b>2,000</b>
* hospitalization in mainland China is subject to 50% benefit limit 若受保人在中國內地住院，則所得賠償額將為所選擇的保障額的一半。 Child's benefit is 50% of the benefit limit of adult. 子女的保障額為成人的一半。		

NB:

- This plan is available for Civil Servants &/or Non-Civil Servants and their family members including spouse, parents, grandparents, mother-in-law, father-in-law, son, son-in-law, daughter-in-law, sibling & grandchild(ren).
- Overseas cover is limited to 90 consecutive days per trip, outside Hong Kong SAR.
- Policy is subject to annual renewal and Generali reserves its right to amend premium rates, benefits, terms and conditions.
- 10% discount is offered to family application.
- Minimum premium per policy is HK\$500.

註:

- 本計劃適用於公務員/非公務員及其家屬(包括配偶、父母、外父母、祖父母、子女、女婿、媳婦、兄弟姊妹、孫)。
- 海外保障只限每次離港後的連續九十日內。
- 忠利保險有限公司保留修定每年續保的保費率、保障及條款細則的權利。
- 家庭成員同時投保可享九折優惠。
- 每份保單的最低保費為 HK\$500。

#### Eligibility:

- Civil Servants or Non-Civil Servants aged between 18 and below 61 can apply
- You can also include your legal spouse aged between 18 and below 61 and any unmarried child(ren) aged over 14 days to 17 years (or below 23 if in full time education) in the application
- The plan is renewable up to age 60.
- Insured can apply renewal for the policy even if he/she is not a Civil Servant at the time of renewal.

#### 投保條款

- 初次投保年齡必須為 18 至未滿 61 歲的全職/合約公務員或非公務員合約僱員。
- 你亦可以同時為你的家庭成員投保，包括年齡為 18 至未滿 61 歲合法配偶、出生超過 14 天至 17 歲的未婚子女(或未滿 23 歲但現正接受全日制教育的未婚子女)。
- 此計劃可續保至 60 歲。
- 若投保人於續保期間，已不屬公務員或非公務員合約僱員，仍可申請續保。

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### **Major Exclusions:**

Some of the exclusions under this Plan are :

- ✧ The following conditions that require treatment within the first six months of the policy :  
Tumors of any kind, anal fistulae, cholecystitis, calculi of kidney, urethra or bladder, diabetes mellitus, gastric or duodenal ulcer, hallux valgus, hypertension or cardio-vascular disease, tuberculosis, cataracts, endometriosis, diseased tonsils requiring surgery, hemorrhoids, hyperthyroidism, pathological abnormalities of nasal septum or turbinates, sinus conditions requiring surgery.
- ✧ Pre-existing conditions
- ✧ Congenital anomalies
- ✧ Drug addiction or alcoholism
- ✧ Dental treatment (except caused by accident)
- ✧ Suicide or self-inflicted injury
- ✧ Cosmetic or plastic surgery
- ✧ Pregnancy childbirth, birth control and treatment for infertility
- ✧ Sexually transmitted diseases, AIDS or HIV-related conditions
- ✧ Routine health checks, rest cure
- ✧ Professional and hazardous sports
- ✧ War or warlike operation, strike , riot and civil revolution
- ✧ Other exclusions as per our underwriting decisions

### **主要不受保項目**

本計劃的不受保項目包括：

- ✧ 下列疾病在本保單首 6 個月內需接受治療：  
任何種類腫瘤、肛門瘻管膽囊炎、腎結石、尿道結石或膀胱結石、糖尿病、胃潰瘍、十二指腸潰瘍、拇趾外翻、高血壓或心血管疾病、肺結核、白內障、子宮內膜異位、須接受手術的扁桃腺病、痔瘡、甲狀腺機能亢進、鼻中隔或鼻甲骨病變、須接受手術的竇症
- ✧ 受保前已存在的疾病
- ✧ 先天性的疾病
- ✧ 吸毒及酗酒
- ✧ 牙科治療(意外引致除外)
- ✧ 自殺或蓄意自殘
- ✧ 美容及整容手術
- ✧ 懷孕及分娩、節育及醫治不育
- ✧ 性病、愛滋病及其他併發症
- ✧ 例行健康檢查/療養
- ✧ 專業及危險運動
- ✧ 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂
- ✧ 其他不受保項目以本公司的承保決定為準

### **Annual Premium rate table (in Hong Kong dollars) 年繳保費表〔港幣〕：**

#### **Hospital Cash plan 住院現金計劃**

Age band	Plan A		Plan B	
	M	F	M	F
18 - 25	727	970	1,454	1,939
26 - 30	788	1,030	1,576	2,060
31 - 35	835	1,114	1,670	2,227
36 - 40	905	1,183	1,810	2,366
41 - 45	1,181	1,574	2,369	3,158
46 - 50	1,279	1,673	2,566	3,356
51 - 55	2,002	2,669	4,010	5,347
56 - 60	2,168	2,836	4,345	5,681
Child rate	374	499	749	998

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### Generali Overview (2012)

- One of the largest insurer in Europe
- Biggest European life insurer
- Total Premium Income Euro 70 billion
- Euro 460 billion asset under management
- 65 million clients in over 60 countries
- 80,000 employees
- S&P Rating : A
- A Fortune 500 Company – Top 50

### 忠利集團 (2012)

- 歐洲最大保險集團之一
- 歐洲最大人壽保險公司
- 全年保費收入 700 億歐元
- 管理資產總值 4,600 億歐元
- 6,500 萬客戶遍佈超過 60 個國家
- 全球超過 80,000 員工
- 標準普爾評級 : A
- 《財富》世界 500 強的前 50 名

**Hotline for enquiry 查詢熱線 : 3187-6880**

**Website address 網址 : [www.generali.com.hk](http://www.generali.com.hk)**

The information shown above is intended as a general summary. You should refer to the insurance policy for the detailed terms and conditions.

以上資料乃一摘要，有關詳盡條款及規定概以保單為準。

Assicurazioni Generali S.p.A. reserves its right to amend premium rates, benefits, terms and conditions

忠利保險有限公司保留修訂保費率、保障及條款細則的權利。

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**GENERALI**  
Assicurazioni Generali S.p.A.

忠 利 保 險 有 限 公 司

This leaflet is descriptive only. All terms and conditions are subject to the policy issued. Should any discrepancy occur within this document, the English version shall prevail. The Company reserves its right to accept the risk or to amend the terms. 此單張僅屬簡介，一切保障細則之內容、條款及不承保事項概以保單條文為準。中文譯本只供參考之用，如有歧異，概以英文本為準。本公司保留最終接受投保或更改條款之權利。



Important Note 重要指示:

- Please complete in English BLOCK LETTERS.  
請以英文正楷填妥本申請表。
- Please also make sure you have enclosed the premium and a copy of your HKID with your application. All applications are subject to underwriting.  
請將填妥的申請表連同正確的保費及申請人香港身分證副本寄回忠利保險。所有申請表必須經過忠利保險核保始能生效。
- Any amendments to this form should be endorsed. A copy of the application form will be sent to you together with membership pack for your record.  
本申請表上如有任何更改，請於更正資料旁邊的空白位置簽署作實。本申請表副本將會連同會員證書等資料一併寄出供閣下保留。
- Failure to disclose all material facts known to you may render the policy issued void. A material fact is one which may influence the assessment or acceptance of the risk to be insured by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). In case of doubt as to whether a fact is material, that fact should be disclosed.  
閣下如未能披露閣下所知之所有重要資料，所出之保單將告無效。重要資料指任何可能影響忠利保險有限公司香港分公司（「忠利保險」）評估及受保風險之資料。閣下如不清楚資料是否重要資料，應披露該等資料。
- The effective date of policy is 1st of each month. If the application is received on or before 26th of the month then the policy will be effective on 1st of the following month.  
保單生效日期為每月一號，若投保書於該月二十六號或之前收妥則該保單生效日期為下一月份的一號。

Effective Date 生效日期

Policy No. 保單編號

(A) Personal Details of Applicant 申請人個人資料				Civil Servant 公務員		Non-Civil Servant 非公務員	
1. Name (as shown in HKID Card) 姓名 (以香港身分證為準)		Surname 姓		Given Name 名		Chinese Name 中文姓名	
2. Gender 性別		<input type="radio"/> Male 男 <input type="radio"/> Female 女		3. Date of Birth 出生日期		Day 日 Month 月 Year 年	
4. HKID Card No. 香港身分證號碼				5. Nationality 國籍			
6. Marital Status 婚姻狀況				<input type="radio"/> Single 未婚 <input type="radio"/> Married 已婚 <input type="radio"/> Widowed 鰥寡 <input type="radio"/> Divorced 離婚			
7. Residential Address in English 英文住宅地址				8. Correspondence Address in English (Please complete if different from residential address) 英文通訊地址 (若與住宅地址不同，請填寫此欄)			
Room/Flat 室		Floor 樓		Block 座		Room/Flat 室	
Building/Estate 大廈/屋苑				Building/Estate 大廈/屋苑			
Street/Road 街道名稱				Street/Road 街道名稱			
District 地區				<input type="radio"/> HK 香港 <input type="radio"/> Kln 九龍 <input type="radio"/> N.T. 新界			
9. Email Address 電郵地址							
10. Contact Telephone No. 聯絡電話號碼		Home 住宅		Office 公司		Mobile 手提	
11. Occupation 職業				Business Nature 業務性質			
12. Height 身高		<input type="radio"/> cm 厘米 <input type="radio"/> in 吋		Weight 體重		<input type="radio"/> kg 公斤 <input type="radio"/> lb 磅	
13. Smoker 吸煙者				<input type="radio"/> Yes 是 <input type="radio"/> No 否			

(B) Choice of Cover 投保項目 (Please tick as appropriate 請選擇並加✓號)		
Core Benefit 主要保障	Benefit Level 保障等級(choose one 任選其一)	Optional benefit (plan level is same as the core benefit) 自選額外保障
<input type="radio"/> Hospital and Surgical Plan 住院及手術保障計劃	<input type="radio"/> Plan A 計劃 (Ward 大房) <input type="radio"/> Plan B 計劃 (Semi-private 半私家房) <input type="radio"/> Plan C 計劃 (Private 私家房)	<input type="radio"/> Supplementary Major Medical Benefit 附加嚴重醫療保障
<input type="radio"/> Hospital Cash plan 住院現金計劃	<input type="radio"/> Plan A 計劃 <input type="radio"/> Plan B 計劃	

(C) Other Proposed Insured Persons Details 其他準受保人資料								
	Surname 姓	Given Name 名	Gender 性別	Date of Birth 出生日期 (dd/mm/yyyy 日/月/年)	HKID No. 香港身分證號碼	Height 身高 <input type="radio"/> cm 厘米 <input type="radio"/> in 吋	Weight 體重 <input type="radio"/> kg 公斤 <input type="radio"/> lb 磅	Annual premium 年繳保費 (HK\$ 港幣)
Applicant 申請人	same as above							
Spouse 配偶								
Child 子女								
Child 子女								
Total annual premium attach with Application Form 連同投保書繳付之年繳保費								



Generali Civil Servants and Non-civil Servants Medical Insurance Plan  
公務員及非公務員合約僱員醫療保障計劃

Application Form  
計劃投保書

(D) Method of Payment 繳付保費方法

☐ Cheque payable to "Assicurazioni Generali S.p.A." 支票抬頭請填寫「忠利保險有限公司」

☐ VISA咭 ☐ MasterCard萬事達咭 Name of Card Issuer 發卡銀行名稱: \_\_\_\_\_

Credit Card No. 信用咭號碼: | | | | | - | | | | | - | | | | | Credit Card Expiry Date 信用咭有效期至: | | 月 | | 年

Cardholder's Name 持咭人姓名: \_\_\_\_\_

I hereby authorize Assicurazioni Generali S.p.A. to charge my above credit card for the insurance premiums of this insurance policy.

本人授權忠利保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。

Cardholder's Signature 持咭人簽署

Date (dd/mm/yyyy) 日期(日/月/年)

(E) Claims Reimbursement Details 賠償申請資料

Claims payment will be reimbursed to the applicant and by autopay only. 賠償款項只以自動轉賬方式進行予申請人。

Applicant hereby agree and authorise Generali to reimburse claims payment to the account below. 申請人同意及授權忠利保險轉賬賠償款項於以下戶口。

Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 戶口號碼

(F) Health Declaration 健康聲明

Please ensure you have completed all the details in the Proposed Insured person(s) information section before signing this Health Declaration. Please note that Insured person(s) will not be eligible for claims resulting from the non-disclosure of health information.

簽署本健康聲明前，請填妥準受保人資料部分。請注意，任何因未經填報之健康狀況而引致之索償申請，將不獲接納。

At any time in the past, have / has the Proposed Insured person(s): 由申請計劃之前的過去，準受保人是否：

1. Any weight change in excess of 7 lbs / 3.2 kg in the last 12 months? If 'Yes', please give exact amount and reason, if known.

Yes No  
是 否  
1. ☐ ☐

過去十二個月內，體重是否曾增加或減少7磅/3.2公斤或以上？倘「是」，請註明原因(若知道)及磅數/公斤。

2. Suffered from or received treatment for any of the following? If 'Yes', please provide full details of condition, dates and any treatment (whether prescribed or otherwise).  
是否曾患有或因下列各種疾病而接受治療？倘「是」，請填寫有關病情、日期和所有治療(醫生處方與否)的詳細資料。

- |    |   |     |   |
|----|---|-----|---|
| a. | Any chest or breathing complaint (e.g. asthma, bronchitis, tuberculosis or other respiratory problem including nasal bleeding)?<br>任何胸部或呼吸問題(例如：哮喘、支氣管炎、肺結核或其他呼吸器官問題，包括流鼻血)?  | 2a. | <input type="radio"/> <input type="radio"/> |
| b. | Any heart problem or chest pain (e.g. rheumatic fever, raised blood pressure, angina, murmur, heart attack) or other problem of the blood or blood vessels?<br>任何心臟的疾病或胸口疼痛(例如：風濕性發熱、高血壓、心絞痛、心臟雜音、心臟驟停)，或其他血液或血管疾病？   | 2b. | <input type="radio"/> <input type="radio"/> |
| c. | Any complaint of digestive system, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or urinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem?<br>任何消化系統問題，肝(包括肝炎或肝炎帶菌者)、胃、腸或直腸出血；任何腎、膀胱或泌尿系統疾病，包括腎石、內分泌疾病、糖尿病或甲狀腺疾病？ | 2c. | <input type="radio"/> <input type="radio"/> |
| d. | Any mental or brain disorder or problem affecting the nervous system including epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits?<br>任何精神或腦部失常或影響神經系統問題，包括癲癇、癱瘓、癱瘓、頭暈、長期頭痛、身體失去平衡或抽搐？   | 2d. | <input type="radio"/> <input type="radio"/> |
| e. | Cancer or tumour, cyst, lump or other growths of any kind?<br>癌症或腫瘤、囊腫、腫塊或其他任何贅生物？  | 2e. | <input type="radio"/> <input type="radio"/> |
| f. | Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing?<br>背部、脊椎、肌肉、關節疼痛或其他疾病、痛風或其他身體殘疾或任何影響視力、說話能力或聽覺的疾病？   | 2f. | <input type="radio"/> <input type="radio"/> |

3. Ever received, or do expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do/did have any symptoms of fatigue, persistent diarrhoea or unusual skin lesions?  
曾否接受、或打算接受與愛滋病、HIV抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗；或曾出現疲倦、長期腹瀉或不尋常之皮膚潰瘍的癰狀？

3. ☐ ☐

4. Taken any regular medications?  
曾定期服用藥物？

4. ☐ ☐

5. Been declined, postponed or accepted with restricted benefits or additional conditions in medical insurance?  
投保醫療保險曾被拒、延遲受保或被限制受保範圍或增加受保條款？

5. ☐ ☐

6. Any plan to attend, or is/are currently attending or have attended in the last 5 years any hospital, clinic or doctor for:  
打算或現正、或曾於過去五年內在任任何醫院、診所或醫務所接受：

- |    |  |     |   |
|----|--|-----|---|
| a. | Diagnostic tests such as X-ray, ultrasonogram, blood tests, C T scan, biopsy, ECG, urine or other investigations other than for routine employment purpose?<br>一些診斷性之檢查如照X光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查(因受聘而進行之例行身體檢查除外)？ | 6a. | <input type="radio"/> <input type="radio"/> |
| b. | Illness, operation or other medical advice or treatment not stated under any previous questions?<br>以上各題沒有提及的疾病、手術或其他醫療諮詢或治療？  | 6b. | <input type="radio"/> <input type="radio"/> |

If your answer is YES to any of the above questions, please give details of the medical condition in the space provided below, and provide a copy of the relevant medical report(s).  
如果您就以上任何問題的回答為「是」，請列出有關詳情，並提供相關的醫療報告副本：

Question no. 問題	Name of Proposed Insured person(s) 準受保人姓名	Symptom / Diagnosis 病癰 / 診斷	Treatment / Operation / Medication 治療 / 手術 / 藥物	Date of Onset / Recovery 病發日期 / 痊癒日期	Degree of Recovery 痊癒程度	Name, Address and Tel. No. of Doctor 醫生姓名、地址及電話號碼

With attachment 另加附頁 ☐

Generali Civil Servants and Non-civil Servants Medical Insurance Plan  
公務員及非公務員合約僱員醫療保障計劃

Application Form  
計劃投保書

(G) Personal Information Collection Statement 收集個人資料聲明

(a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourselves, policyholders(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.

(b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquiries or complaints from you.

(c) The purposes for which the Personal Data may be used are as follows: (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services; (ii) administering insurance policies issued and/or arranged by the Company; (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company; (iv) exercising rights of subrogation, if applicable; (v) collection of amounts outstanding (if any) from customers; (vi) arranging co-insurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company; (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing (including, but not limited to, direct marketing), and other related activities; (ix) conducting data matching procedures; (x) designing insurance and/or related products and services for customers' use; (xi) marketing insurance and/or other related products and services of the Company, its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies") and/or third parties selected by the Company; (xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority; (xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and (xiv) any purposes relating thereto.

(d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related: (i) agents, intermediaries, claims investigation companies, co-insurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations; (iii) overseas locations or branches, as appropriate, of the Company, its Affiliated Companies and/or third parties selected by the Company; (iv) persons to whom the Company and/or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with; (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/or its Affiliated Companies; (vi) lawful successors or assigns of the Company; and (vii) persons who owe a duty of confidentiality to the Company and/or its Affiliated Companies.

(e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.

(f) In accordance with the Personal Data (Privacy) Ordinance: (i) any individual has the right to: (A) check whether the Company holds data about him/her and, if so, obtain a copy of such data; (B) require the Company to correct any data relating to him/her that is inaccurate; and (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and (ii) the Company has the right to charge a reasonable fee for the processing of any data access request.

(g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:

**Personal Data Protection Officer, Assicurazioni Generali S.p.A. Hong Kong Branch, 5/F, Generali Tower, 8 Queen's Road East, Hong Kong**

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

(a) 閣下須要不時向忠利保險有限公司香港分公司(「本公司」)提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料(「個人資料」),以讓本公司為閣下提供保險及/或相關產品與服務,處理經由本公司發出及/或安排的保單之下的索償事宜;及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

(b) 閣下是自願向本公司提供個人資料的。然而,若閣下未能提供個人資料,可能導致本公司不能為閣下提供保險及/或相關產品與服務,處理經由本公司發出及/或安排的保單之下的索償事宜;及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

(c) 個人資料可被用於以下用途: (i) 處理(包括但不限於承保)及/或審批保險及/或相關產品與服務的申請,以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效; (ii) 管理經由本公司發出及/或安排的保單; (iii) 處理(包括但不限於調查、分析、評估和裁定)及/或理賠經由本公司發出及/或安排的保單之下的索償事宜; (iv) 如適用的話,行使代位權; (v) 向客戶追收尚未金額(如有); (vi) 經由本公司發出及/或安排的保單之下審判共同保險及/或再保險; (vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊; (viii) 客戶服務(包括但不限於處理查詢和投訴、推銷(包括但不限於直銷),以及其他相關活動); (ix) 進行資料核對程序; (x) 設計保險及/或相關產品與服務供客戶使用; (xi) 推銷本公司、本公司的關聯公司(包括但不限於本集團的公司、母公司、本母公司的信託公司(該等關聯公司在下文合稱為「關聯公司」))及/或本公司所選定的第三方的保險及/或其他相關產品與服務; (xii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究; (xiii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,以及本公司及/或關聯公司應要遵守的任何其他有關規定,包括但不限於披露有關資料;及(xiv) 與之有關的任何用途。

(d) 由本公司持有的個人資料將受到保密,但本公司可依據以上(c)段所列的用途向以下各方(不論在香港特種行政區境內還是境外)提供個人資料,事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士: (i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或其他任何有關各方,以適用者為準; (ii) 相關的保險業協會或聯會,及/或該等協會或聯會的成員; (iii) 本公司、關聯公司及/或本公司所選定的第三方的海外辦事處或分行,以適用者為準; (iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,以及應要遵守的任何其他有關規定之下,本公司及/或關聯公司負有義務須向其作出披露的人士; (v) 根據對本公司及/或關聯公司有約束力的任何法律之下,本公司及/或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構(包括但不限於稅務局); (vi) 本公司的合法繼承人或受讓人;及(vii) 對本公司及/或關聯公司負有保密責任的人士。

(e) 本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料,來核實任何或所有個人資料。

(f) 根據《個人資料(私隱)條例》: (i) 任何人上均有權: (A) 查詢本公司有沒有持有其資料,如有的話,可取得一份該等資料; (B) 要求本公司改正其任何不正確的個人資料;及(C) 查明關於本公司的個人資料政策和處理常規,並可獲通知有關本公司所持個人資料的種類;及(ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。

(g) 如欲查閱及/或改正個人資料及/或查詢關於本公司的政策和處理常規及所持個人資料的種類,請向以下人員提出要求: 個人資料保護主任

忠利保險有限公司香港分公司

香港皇后大道東8號忠利集團大廈5樓

附註:本收集個人資料聲明的英文及中文版本之間如有任何歧義,概以英文版本為準。



(H) Declaration and Authorization 聲明及授權書

I, the applicant, hereby declare and agree on behalf of myself and/or anyone who may have any interest in any insurance on this application that all statements and information provided in this Application Form are to the best of my/our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I/We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Generali's assessment and acceptance of this application has been withheld and understand that if I/we am/are uncertain as to whether or not a particular information is material, the information should be disclosed.

I, the applicant, on behalf of myself and other persons to be insured, hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who/which has any records or knowledge of me/us or my/our health, to divulge to Generali or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me/us for the purpose of evaluating this application and any claim arising from the policy.

I, the applicant, confirm that I have read and understood the Personal Information Collection Statement ("Statement"). I agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I further confirm that I have obtained the express consent of the relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

I, the applicant, confirm that I have full authority from each of the persons to be insured to provide information, make the above declarations and give the authorisation set out in this application form on behalf of each of the persons to be insured.

I, the applicant, understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.

I, the applicant, further understands that the above agreement is necessary for Generali to proceed with the application.

本人，謹代表自己及/或可能擁有此申請表所列保險權益的任何人士作出聲明及同意，此投保書內所提供之一切陳述及資料，就本人/吾等所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部份，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人/吾等在此聲明，並無隱瞞任何足以影響忠利保險應否接受此投保書的事實(不論是否已包括在此投保書的問題內)及假如未能確定某些資料是否重要，則應將有關事實予以披露。

本人，(申請人)謹此代表本人及各受保人，授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人/吾等或本人/吾等健康狀況之資料者，均可將該等資料提供給忠利保險或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。

本人(申請人)確認，已經閱讀並且明白由忠利保險發出的收集個人資料聲明(「該聲明」)。本人同意忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人的個人資料。

本人進一步確認，本人已獲得受保人和任何其他有關人士(如適用的話)的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠利保險，並允許忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

本人(申請人)明白、確知及同意，忠利保險會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向忠利保險確認他/她已獲該法人團體授權。

本人(申請人)亦明白忠利保險必須取得本人的同意，才可以處理其保險申請。

Applicant's Signature 申請人簽署

Date 日期(dd/mm/yyyy 日/月/年)

X

Agent's / Broker's Name (if applicable)  
代理人/顧問姓名(如適用)

Agent's / Broker's Code  
代理人/顧問編號

Agent's / Broker's Contact Tel. No.  
代理人/顧問聯絡電話號碼

Remarks: 註明:

For Office use only

Approved by:

Date:

L: N/Y

E: N/Y

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**GENERALI**  
Assicurazioni Generali S.p.A.  
忠利保險有限公司