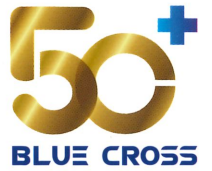


Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員



超卓醫療保險系列 Super Medical Insurance Series



2019年1月生效
With effect from Jan 2019

保證終身續保¹
*Guaranteed
Lifetime Renewal¹*



藍十字 (亞太) 保險有限公司

Blue Cross (Asia-Pacific) Insurance Limited

藍十字 (亞太) 保險有限公司 (「藍十字」) 乃東亞銀行集團成員，於香港經營保險業務50年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字屢獲殊榮，保險產品及服務均獲廣泛認同：

- ◆ 商界展關懷公司 (2005-06 及 2008-18)
- ◆ 香港傑出企業公民獎 — 「企業組別」及「義工隊組別」嘉許標誌 (2016 及 2018)
- ◆ 積金好僱主 (2016-2018)、推動積金管理獎 (2017-2018) 及積金供款電子化獎 (2018)
- ◆ 好僱主約章 (2018)
- ◆ 《晴報》Banking & Finance Awards 2018 — 傑出網上營銷旅遊 (保險) 大獎
- ◆ 《新城電台》香港傑出數碼品牌大獎 — 傑出網上旅遊保險服務 (2017)
- ◆ 《親子王》家庭最愛品牌選舉 — 家居保險大獎 (2017)
- ◆ 《新假期》最受歡迎旅遊保險公司大獎 (2005-2017)
- ◆ 《社區投資共享基金》社會資本企業義工大賞 — 最具溫情獎 (2015)
- ◆ 《資本雜誌》資本傑出企業成就獎 — 傑出醫療及一般保險 (2012-2015)
- ◆ 《新城財經台及新城數碼財經台》香港企業領袖品牌 — 卓越旅遊保險品牌 (2015)
- ◆ 《指標》財富管理大獎 — 傑出表現獎 (2014)
 - 醫療保險產品 (保險)
 - 產品及服務創新 (保險)
 - 網上功能 (保險)
- ◆ 《e-zone》e-世代品牌大獎 — 最佳網上保險服務 (2014)

藍十字在2018年獲得金融服務業國際信用評級機構 A.M. Best 授予財務實力評級及長期發行人信用評級分別為A(優秀)及「a」級別。有關最新評級，請瀏覽 www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a member of The Bank of East Asia Group. With 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross' success in insurance products and services is reaffirmed by numerous awards and accolades:

- ◆ Caring Company (2005-06 & 2008-18)
- ◆ The Corporate Citizenship Logo in the Enterprise and Volunteer Categories of The Hong Kong Corporate Citizenships Awards (2016 & 2018)
- ◆ Good MPF Employer Award (2016-2018), Support for MPF Management Award (2017-2018) & e-Contribution Award (2018)
- ◆ Good Employer Charter (2018)
- ◆ Sky Post Banking & Finance Awards 2018 – Excellence Award for Online Marketing of Travel Insurance Product
- ◆ Metro Radio Hong Kong Digital Brand Awards – Outstanding Online Travel Insurance Services (2017)
- ◆ Smart Parents' Choice Brand Awards – Home Insurance (2017)
- ◆ Weekend Weekly The Most Favorite Travel Insurance Company Award (2005-2017)
- ◆ Community Investment and Inclusion Fund Social Capital Corporate Volunteer Challenge – Most Caring Award (2015)
- ◆ Capital Magazine Capital Outstanding Enterprise Awards – Medical and General Insurance (2012-2015)
- ◆ Metro Finance & Metro Finance Digital Radio Hong Kong Leaders' Choice – Excellent Brand of Travel Insurance (2015)
- ◆ Benchmark Wealth Management Awards 2014 – Outstanding Achiever
 - Healthcare Product (Insurance)
 - Product and Service Innovation (Insurance)
 - Online Usability (Insurance)
- ◆ e-zone e-brand awards – The Best of Online Insurance Service Provider (2014)

In 2018, Blue Cross was assigned a financial strength rating of A (Excellent) and the long-term issuer credit rating of "a" by A.M. Best, a global full-service credit rating firm specialising in the financial service industry. For the latest rating, please access www.ambest.com.

超卓醫療保險系列 Super Medical Insurance Series

您的全面終身醫療保障

面對人口老化、不斷變種的傳染疾病、以及日漸高昂的醫療費用，您需要一份全面的醫療保障，助您應付將來的醫療開支。

超卓醫療保險系列針對不同年齡和性別，分別提供「超卓子女」、「超卓女性」、「超卓男性」及「超卓長者」4種計劃，全面照顧人生不同階段的醫療保障需要。

Your All-round Whole Life Medical Protection

To deal with aging population, mutating infectious diseases and ever-escalating medical costs, an all-round medical insurance product helps alleviate your future financial burden on medical care in the long run.

Super Medical Insurance Series provides 4 plans tailored for specific age and gender groups, namely Super Junior, Super Lady, Super Man and Super Senior, to fulfill medical protection needs in different stages of life.

計劃特點

不設等候期，保單生效即獲保障

投保手續簡單，無須驗身

「出院免找數」服務—入院免繳費，出院免索償²

全球醫療保障，保障額不會因身處外地時間長久而遞減

Plan Highlights

No waiting period – Medical protection starts once the policy takes effect

Easy enrolment with no medical examination is required

"No Hospital Bills to Pay" Service – no pre-payment for admission, no claims upon discharge²

Worldwide coverage with benefit amounts remain unchanged regardless of the duration of overseas stay

保障概覽

基本計劃	基本住院及手術保障
額外免費保障	免費新生嬰兒保障 24小時全球緊急援助 免費週年保健計劃
附加保障	附加額外醫療保障 附加門診保障 伸延體檢計劃

Coverage at a Glance

Basic Plan	Basic Hospital and Surgical Benefits
Extra Free Benefits	Free Coverage for Newborn Infant 24-hour Worldwide Emergency Aid Free Annual Checkup Programme
Optional Benefits	Optional Supplementary Medical Benefits Optional Outpatient Benefits Extended Health Checkup Programmes

無索償折扣³

於續保時，若受保人並沒有在下表所述的無索償期內提出任何基本住院及手術保障的索償，基本住院及手術保障的保費可獲相應之無索償折扣。

緊接續保前之無索償期	折扣率
1年	5%
連續2年	5%
連續3年	10%
連續4年	10%
連續5年或以上	15%

任何就緊急門診治療或門診手術現金津貼（如適用）作出的索償將不會影響受保人獲得無索償折扣的資格。

No Claim Discount³

Upon renewal, the insured will receive No Claim Discount on the premium payable for the Basic Hospital and Surgical Benefits, if no claim under Basic Hospital and Surgical Benefits has been made during the respective no claim period as specified in the table below.

No Claim Period Immediately Preceding Renewal	Discount Rate
1 year	5%
2 consecutive years	5%
3 consecutive years	10%
4 consecutive years	10%
5 consecutive years or more	15%

Any claim made under Emergency Outpatient Treatment or Outpatient Surgery Cash Allowance (if applicable) will not affect the insured's eligibility for the No Claim Discount.

4 種計劃照顧您一生 4 Plans Giving You Lifetime Protection

計劃名稱 Plan Name	超卓子女 Super Junior	超卓女性 Super Lady	超卓男性 Super Man	超卓長者 Super Senior
投保年齡 Enrolment Age*	0**-18	19-55		56-70
保障範圍 Coverage	<p>全面住院醫療保障，包括兒童常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in children such as:</p> <ul style="list-style-type: none"> ▪ 哮喘 Asthma ▪ 手足口病 Hand-foot-and-mouth disease ▪ 德國麻疹 Rubella (German measles) ▪ 細菌性腦膜炎 Bacterial meningitis ▪ 川崎病 Kawasaki disease 	<p>全面住院醫療保障，包括女性常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in women such as:</p> <ul style="list-style-type: none"> ▪ 乳癌 Breast cancer ▪ 子宮頸癌 Cervix cancer ▪ 心臟病 Heart disease ▪ 肺癌 Lung cancer ▪ 直腸癌 Colon cancer ▪ 腦血管病 Cerebrovascular diseases 	<p>全面住院醫療保障，包括男性常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in men such as:</p> <ul style="list-style-type: none"> ▪ 前列腺癌 Prostate cancer ▪ 心臟病 Heart disease ▪ 鼻咽癌 Nasopharyngeal cancer ▪ 肝硬化 Cirrhosis of the liver ▪ 高血壓 Hypertension 	<p>全面住院醫療保障，包括長者常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in elderly such as:</p> <ul style="list-style-type: none"> ▪ 中風 Stroke ▪ 骨質疏鬆症 Osteoporosis ▪ 冠心病 Coronary heart disease ▪ 糖尿病 Diabetes mellitus ▪ 前列腺癌 Prostate cancer

* 保證終身續保（不適用於附加額外醫療保障）。Guaranteed lifetime renewal (not applicable to Optional Supplementary Medical Benefits).

** 「0」歲指出生滿12日。「0」year old means the age of 12 days.

全面住院保障

「超卓醫療保險系列」為您提供全面的保障，以應付各種因疾病或受傷引致的住院開支。

- 病房費用
- 醫院雜項費用
- 外科醫生費用
- 麻醉科醫生費用
- 手術室費用
- 醫生巡房費用
- 專科醫生費用
- 深切治療費用
- 癌症治療、腎透析及中風復康保障
- 每天住院現金津貼
- 緊急門診治療
- 門診手術現金津貼
- 網絡門診手術保障

Comprehensive Inpatient Coverage

Super Medical Insurance Series provides a wide range of benefits to cover your expenses during hospitalisation due to sickness or injuries.

- Room and board
- Miscellaneous hospital charges
- Surgeon's fees
- Anaesthetist's fees
- Operating theatre charges
- Physician's visit fees
- Specialist's fees
- Charges for intensive care
- Cancer therapy, kidney dialysis and stroke rehabilitation benefit
- Daily hospital cash allowance
- Emergency outpatient treatment
- Outpatient surgery cash allowance
- Network outpatient surgery benefit

8種門診手術免結賬安排

您只須憑電子門診手術卡，即可於指定藍十字網絡診所預約以下日症手術療程，我們會為您直接支付賬單，您無須為日後索償程序而操心。

1. 胃鏡檢查
2. 腸鏡檢查
3. 膀胱鏡檢查
4. 喉鏡檢查
5. 鼻咽鏡檢查
6. 痔瘡結紮
7. 鼻淚管探通術
8. 視網膜脫離激光凝固術
(糖尿病視網膜病變除外)

Cashless Arrangement for 8 Outpatient Surgeries

You can use the electronic Outpatient Surgery Card to book the following day case procedures at designated Blue Cross network clinics. The bills will be settled directly by us and you don't have to worry about making a subsequent claim.

1. Gastroscopy
2. Colonoscopy
3. Cystoscopy
4. Laryngoscopy
5. Nasopharyngoscopy
6. Hemorrhoid Ligation or Banding
7. Probing of Naso-Lacrimal Duct
8. Laser coagulation for Retinal Detachment (exclude Diabetic Retinopathy)



續保時不因索償記錄而加收保費

在您續保時，我們將不會根據您過往的索償記錄或健康狀況而徵收額外保費。

No Additional Premium on Claim History upon Renewal

Regardless of your claim history or health status, no additional premium will be imposed upon policy renewal.

保證終身續保¹

成功投保後，不論您的健康狀況或索償記錄，我們都承諾為您提供終身續保，您的保單更可自動續保至下一個受保期。「超卓子女」計劃的受保人，在年滿19歲時，保證受保於「超卓男性」計劃或「超卓女性」計劃。同樣地，當您年滿56歲時，亦保證受保於「超卓長者」計劃。

Guaranteed Lifetime Renewal¹

After enrolment, we guarantee your policy will be renewable for lifetime, regardless of your health status or claim history. Your policy will also be automatically renewed for another period of insurance. We guarantee the insured under the Super Junior can enrol in the Super Lady or Super Man at age 19. An insured adult can also join the Super Senior at age 56.

24小時全球緊急援助

若您身處外地而需要緊急支援，可隨時致電「24小時全球緊急援助」熱線，由專人安排代繳入院按金、醫療運送、或提供當地資訊、醫療及法律轉介等服務，以確保您於緊急情況下得到所需協助。

24-hour Worldwide Emergency Aid

If you need assistance in an emergency condition while travelling overseas, simply make a call to our 24-hour Worldwide Emergency Aid Hotline at any time, our dedicated officers will provide you with appropriate assistance such as hospital admission deposit guarantee service, medical repatriation, local information, and medical or legal referral service. In case of emergency, you can be sure help is just a call away.

中國緊急醫療支援

倘於中國境內遭遇突發緊急事故，需要入院接受治療，只須憑此計劃提供的「任中橫」醫療卡，便可於全國超過200間網絡醫院或醫療單位接受治療，無須繳付入院保證金。

長期病患和先進技術治療保障

長期治療往往為病患者帶來沉重的財政負擔。此計劃為長期病患者紓緩接受長期治療的經濟壓力，保障項目包括腎透析治療、癌症治療、器官移植、腫瘤治療，及植入心臟起搏器等。

此外，因應癌症、洗腎及中風病人的需要，我們特別增設「癌症治療、腎透析及中風復康保障[▲]」，額外提供每保單年度高達HK\$120,000的保障額予癌症治療（化學治療、標靶治療、放射治療、荷爾蒙治療、免疫治療、伽瑪刀或數碼導航刀）、腎透析及因中風而需入住康復中心的費用。

[▲] 需經主診醫生建議，並於住院期間、醫院日症房或診所進行的癌症或腎透析治療，及於康復中心進行的中風復康治療。

手術前後治療保障

保障手術前及手術後有關同一傷患或疾病的治療費用，包括1次手術前的診所診症、手術後6星期內所有診所診症，及最多5次的中醫治療費用。

免費新生嬰兒保障[#]

如父母2人均受保於「超卓醫療保險系列」，初生嬰兒可由出生後第12天起至下一個保單續保日，獲基本住院及手術保障。

[#] 受保父母需於新生嬰兒出生日期後90天內以書面形式通知藍十字，新生嬰兒方可享基本住院及手術保障（如父母於「超卓醫療保險系列」之基本住院及手術保障下所享的利益水平不同時，新生嬰兒將受兩者利益水平中較低者之保障）。

免費週年保健計劃

我們關注您的健康，因此特別為您安排免費身體健康檢查服務，包括多種檢查項目，並由我們的醫療顧問就化驗報告提供專業意見，讓您瞭解自己的身體狀況，從而採取合適的保健措施。

Emergency Medical Assistance in China

In case of emergency requiring hospitalisation in China, simply present the "Medpass Card" and you can receive medical treatments in over 200 network hospitals or medical units without paying any deposits.

Coverage for Prolonged and Advanced Treatments

Chronic treatments always impose heavy financial burdens to patients. We offer coverage for chronic treatments to relieve patients' financial burden due to prolonged recovery such as kidney dialysis, cancer therapy, organ transplantation, tumour related treatment, and pacemaker implantation, etc.

In response to the needs of cancer, kidney dialysis and stroke patients, we provide "Cancer Therapy, Kidney Dialysis and Stroke Rehabilitation Benefit[▲]" with up to extra HK\$120,000 per policy year to cover the medical expenses incurred by chemotherapy, targeted therapy, radiotherapy, hormonal therapy, immunotherapy, gamma knife or cyberknife for cancer treatment, kidney dialysis as well as charges incurred for any stay in a rehabilitation centre as a result of stroke.

[▲] Recommendation by the attending physician is required for cancer or kidney dialysis treatment during confinement, in day-case unit of hospital or clinic, and for stroke rehabilitation treatment during the stay in a rehabilitation centre.

Coverage for Pre- and Post-Surgical Treatments

Covering the expenses of both pre- and post-surgical treatments related to the same injury or illness. The coverage includes one pre-surgical consultation, all follow-up clinic consultations within 6 weeks after surgical operation and Chinese medicine practitioner treatments of up to 5 visits.

Free Coverage for Newborn Infant[#]

If both parents are covered under Super Medical Insurance Series, their newborn infant will be covered under the Basic Hospital and Surgical Benefits from the age of 12 days until the next policy renewal date.

[#] The newborn infant will be covered under the Basic Hospital and Surgical Benefits if the insured parents notify Blue Cross in writing within 90 days from the date of birth of the newborn infant. (If the insured parents are covered by different levels of benefits under Basic Hospital and Surgical Benefits of Super Medical Insurance Series, the newborn infant will be covered by the lower of the two levels.)

Free Annual Checkup Programme

Your health is our utmost concern. We have specially arranged a free annual checkup programme includes health screening profiles and professional advice on laboratory reports from our medical consultants, enabling you to stay on top of your health conditions with preventive treatment in place.

伸延體檢計劃

您亦可以優惠價選擇伸延體檢計劃，按個人需要挑選更詳盡的檢查服務，讓您及早發現初期病徵，助您掌握自己的身體狀況。

附加保障滿足您的特定需要

除了基本保障外，您可因應個人需要，選擇附加額外醫療及/或附加門診保障以進一步提升保障範圍。而附加門診保障更設有多項計劃級別以供選擇，配合您的特定需要。

Extended Health Checkup Programmes

Our Extended Health Checkup Programmes offer more comprehensive checkup services at your choice at preferential rates, enabling you to monitor your health conditions and detect early symptoms.

Optional Benefits to Cater Your Specific Needs

Based on your own needs, you may choose to enhance the basic coverage by selecting the Optional Supplementary Medical Benefits and/or the Optional Outpatient Benefits. Moreover, the Optional Outpatient Benefits also provide a number of plan levels to cater your specific needs.



基本計劃 Basic Plan

1) 基本住院及手術保障

此保障支付100%可償醫療費用，最高賠償額如下：

Basic Hospital and Surgical Benefits

The benefits cover 100% of eligible expenses up to the following maximum benefit limit:

計劃級別 Plan Level	最高賠償額 Maximum Benefit Limit (HK\$)		
	超凡 Supreme	超越 Superb	超卓 Super
	私家房 Private	半私家房 Semi-private	普通房 Ward
保障項目 Benefit Items	病房級別 Level of Accommodation		
1. 病房費用 (每天) Room and Board (Per day) 每保單年度最長180天 Max. 180 days per policy year	3,400	2,040	860
2. 醫院雜項費用 (每保單年度) Miscellaneous Hospital Charges (Per policy year)	35,000	25,000	20,000
3. 外科醫生費用* (每宗手術) Surgeon's Fees* (Per operation)			
■ 複雜手術 Complex	147,000	114,000	90,000
■ 大型手術 Major	49,000	38,000	30,000
■ 中型手術 Intermediate	25,000	20,000	15,000
■ 小型手術 Minor	10,000	8,000	6,000
包括中醫治療，每宗手術最多5次，每天1次，每次限額 Including Chinese Medicine Practitioner Treatment, 5 visits per operation, 1 visit per day, limit per visit	180	150	120
4. 麻醉科醫生費用^ (每宗手術) Anaesthetist's Fees^ (Per operation)			
■ 複雜手術 Complex	51,450	39,900	31,500
■ 大型手術 Major	17,150	13,300	10,500
■ 中型手術 Intermediate	8,750	7,000	5,250
■ 小型手術 Minor	3,500	2,800	2,100
5. 手術室費用^ (每宗手術) Operating Theatre Charges^ (Per operation)			
■ 複雜手術 Complex	51,450	39,900	31,500
■ 大型手術 Major	17,150	13,300	10,500
■ 中型手術 Intermediate	8,750	7,000	5,250
■ 小型手術 Minor	3,500	2,800	2,100
6. 醫生巡房費用 (每天) Physician's Visit Fees (Per day) 每保單年度最長180天 Max. 180 days per policy year	3,400	2,040	860
7. 專科醫生費用 (每保單年度) Specialist's Fees (Per policy year) 需具書面轉介 Referral letter is required	10,000	7,400	6,300
8. 深切治療費用 (每天) Charges for Intensive Care (Per day) 每保單年度最長30天 Max. 30 days per policy year	8,600	6,600	5,600
9. 癌症治療、腎透析及中風復康保障 (每保單年度) Cancer Therapy, Kidney Dialysis and Stroke Rehabilitation Benefit (Per policy year) 需具書面轉介 Referral letter is required	120,000	100,000	80,000
10. 每天住院現金津貼^ (每天) Daily Hospital Cash Allowance^ (Per day) 每保單年度最長45天 Max. 45 days per policy year	1,700	1,010	425
11. 緊急門診治療 (每保單年度) Emergency Outpatient Treatment (Per policy year)	3,000	3,000	2,500
12. 門診手術現金津貼^ (每宗日症手術療程^) Outpatient Surgery Cash Allowance^ (Per surgical Day Case Procedure^)	1,000	1,000	1,000
13. 網絡門診手術保障^ (每保單年度) Network Outpatient Surgery Benefit^ (Per policy year)	全數賠償 Full Cover		
14. 先進診斷掃描 (在門診進行) (每保單年度) Advanced Diagnostic Imaging (Performed in outpatient facility) (Per policy year)	10,000	8,000	5,000
15. 精神病治療 (每保單年度) Psychiatric Treatments (Per policy year)	30,000	30,000	30,000
只適用於「超卓子女」計劃 Applicable to Super Junior Plan Only			
16. 受保子女住院陪床費用 (每天) Companion Bed for Insured Child (Per day) 每保單年度最長90天 Max. 90 days per policy year	3,400	2,040	860

最高賠償額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	超凡 Supreme	超越 Superb	超卓 Super
病房級別 Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward
保障項目 Benefit Items			
只適用於「超卓長者」計劃 Applicable to Super Senior Plan Only			
17. 受保長者住院陪床費用 (每天) Companion Bed for Insured Senior (Per day) 每保單年度最長90天 Max. 90 days per policy year	3,400	2,040	860
18. 註冊私家看護費用 (每天) Registered Private Nurse's Fees (Per day) 每保單年度最長90天 Max. 90 days per policy year	1,260	830	425
每保單年度綜合最高賠償額 Overall Maximum Benefit Limit Per Policy Year (年齡76歲或以上人士 for aged 76 or above)	650,000	420,000	420,000

註：[†]「外科醫生費用」根據外科手術表計算，包括按其主診醫生書面建議，於住院期間接受由外科醫生進行之外科程序或手術，或接受日症手術*。
[^]藍十字在須支付「外科醫生費用」的情況下，方可賠償此保障所招致的費用。
[▲]每天住院現金津貼只適用於入住香港公立醫院普通病房。
[‡]只適用於以下指定日症手術療程：胃鏡（包括食道、胃、十二指腸鏡）檢查、腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡檢查、支氣管鏡檢查、視網膜脫落修補及子宮鏡檢查。
^{*}「日症手術」指於門診設施由醫生進行屬醫療必要之醫療或外科程序。門診設施包括醫生診所，或醫院設立及營運之日症中心、日間護理中心、門診部或相等之門診設施。
[‡]只適用於年繳保單及以下指定日症手術療程：胃鏡檢查、腸鏡檢查、膀胱鏡檢查、關節鏡檢查、鼻咽鏡檢查、痔瘡結紮、鼻淚管探通術及視網膜脫離激光凝固術（糖尿病視網膜病變除外）。網絡診所提供之日症手術療程或會更改。

Remarks：[†] Surgeon's Fees will be calculated in accordance with the Surgical Schedule, including operation performed by a surgeon during a confinement or Day Case Procedure^{*} upon the written recommendation of the attending physician.
[^] Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.
[▲] Daily Hospital Cash Allowance applies to general ward of public hospital in Hong Kong only.
[‡] Only applicable to the following day case procedures: gastroscopy (including esophagogastroduodenoscopy), colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, detached retina repair and hysteroscopy.
^{*} "Day Case Procedure" means a medically necessary medical or surgical procedure which is performed by a physician in an outpatient facility. An outpatient facility may refer to a physician's clinic, a day case centre, a day care centre, or an outpatient department or equivalent facility established and operated by a hospital.
[‡] Only applicable to annual payment mode and the following day case procedures: gastroscopy, colonoscopy, cystoscopy, laryngoscopy, nasopharyngoscopy, hemorrhoid ligation or banding, probing of naso-lacrimal duct and laser coagulation for retinal detachment (exclude diabetic retinopathy). The day case procedures provided by network clinics are subject to change.

附加保障 Optional Benefits

2) 附加額外醫療保障

您可自選附加額外醫療保障，以支付超出基本住院及手術保障項目第1至8項及16至17項之保障額以外的可償醫療費用的80%或100%，惟所選計劃級別需與基本住院及手術保障的級別相同。每保單年度綜合最高賠償額如下：

Optional Supplementary Medical Benefits

You can opt for Optional Supplementary Medical Benefits corresponding to the plan level of your Basic Hospital and Surgical Benefits. The benefits cover either 80% or 100% of the eligible expenses in excess of items 1-8 and 16-17 under Basic Hospital and Surgical Benefits up to the following overall maximum benefit limit per policy year:

計劃級別 Plan Level	超凡 Supreme	超越 Superb	超卓 Super
病房級別 Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward
賠償百分比 Reimbursement Percentage	80% 或 or 100%		
每保單年度綜合最高賠償額 (HK\$) Overall Maximum Benefit Limit Per Policy Year (HK\$)	600,000	450,000	300,000

如受保人實際入住之病房和所用服務的級別高於可享有級別，可獲的賠償金額將採用下列賠償基準計算：

If the insured is confined to a level of hospital facilities and services higher than the entitled level, the eligible claims will be calculated based on below scale of reimbursement:

可享有的病房級別 Entitled Level of Accommodation	實際入住的病房級別 Actual Level of Accommodation	可獲賠償百分比 [†] Reimbursement Percentage of All Eligible Claims [†]
普通房 Ward	半私家房 Semi-private	50%
普通房 Ward	私家房 Private	25%
普通房 Ward	豪華房 Deluxe	12.5%
半私家房 Semi-private	私家房 Private	50%
半私家房 Semi-private	豪華房 Deluxe	25%
私家房 Private	豪華房 Deluxe	50%

[†] 只適用於附加額外醫療保障。

註：所有費用必須為「合理慣例」⁴及「醫療必要」⁵的開支。

[†] Applicable to Optional Supplementary Medical Benefits only.

Remark: All expenses incurred must be Reasonable and Customary⁴ and Medically Necessary⁵.

3) 附加門診保障 (計劃3A或3B)

附加門診保障提供兩個賠償額以供選擇，分別是
可償門診費用的80%或100%。您可選擇於任何診所
接受治療，而最高賠償額詳列於下表。

如選擇年繳保費，您將獲發藍十字醫療卡，於任
何網絡診所接受普通科醫生診症、中醫治療或專
科醫生診症。如選擇賠償門診費用80%的計劃，
每次診症須自付HK\$30；如選擇賠償門診費用
100%的計劃，則無須自付費用。

Optional Outpatient Benefits (Plan 3A or 3B)

Optional Outpatient Benefits offer two reimbursement
options either 80% or 100% of eligible outpatient
expenses. You may visit any clinic of your own choice and
subject to the maximum benefit limit listed in the table
below.

If premium is paid annually, you are entitled to use Blue
Cross Healthcare Card in any network clinic for general
practitioner's consultations, Chinese medicine practitioner
treatments or specialist's consultations. Consultations in
network clinics are subject to a co-payment of HK\$30 for
the 80% reimbursement option and no co-payment is
required for the 100% reimbursement option.

計劃級別 Plan Level (3A)	最高賠償額 Maximum Benefit Limit (HK\$)		
	超凡 A Supreme A	超越 A Superb A	超卓 A Super A
賠償百分比 Reimbursement Percentage	80% 或 or 100%		
保障項目 Benefit Items			
普通科醫生診症* General Practitioner's Consultation* 每天1次，每次限額 1 visit per day, limit per visit	350	260	200
中醫治療* Chinese Medicine Practitioner Treatment* 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度15次，每天1次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	180	150	120
*此兩項保障項目每保單年度合共最多35次 *Max. 35 visits per policy year in total for these two benefit items			
專科醫生診症 Specialist's Consultation 需具書面轉介# Referral letter is required# 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
處方藥物 Prescribed Medicines and Drugs 只適用於醫院或診所以外之註冊藥房購買，並需提 供處方信件 Applicable to purchase from a registered pharmacy outside hospital or clinic only and prescription letter is required 每保單年度限額 Limit per policy year	7,800	5,800	4,300
X光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	2,500	1,900	1,500
物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200

婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。
註：所有費用必須為「合理慣例」⁴及「醫療必要」⁵的開支。

Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology,
oncology, urology, nephrology and paediatrics.
Remark: All expenses incurred must be Reasonable and Customary⁴ and Medically
Necessary⁵.

最高賠償額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level (3B)	超凡 B Supreme B	超越 B Superb B	超卓 B Super B
保障項目 Benefit Items	賠償百分比 Reimbursement Percentage		
	80% 或 or 100%		
普通科醫生診症* General Practitioner's Consultation* 每天1次，每次限額 1 visit per day, limit per visit	350	260	200
中醫治療* Chinese Medicine Practitioner Treatment* 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	180	150	120
*此兩項保障項目每保單年度合共最多30次 *Max. 30 visits per policy year in total for these two benefit items			
專科醫生診症 Specialist's Consultation 需具書面轉介# Referral letter is required# 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200

#婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology, oncology, urology, nephrology and paediatrics.

註：所有費用必須為「合理慣例」⁴及「醫療必要」⁵的開支。

Remark: All expenses incurred must be Reasonable and Customary⁴ and Medically Necessary⁵.

體檢計劃 Health Checkup Programmes

A) 免費週年保健計劃 Free Annual Checkup Programme

計劃名稱 Plan Name	綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)	脊骨健康評估 (S1) Spinal Health Assessment (S1)	足部檢查護理服務 (F1) Foot Orthotic Services (F1)	視力檢查 (VS) Vision Examination (VS)
超卓子女 Super Junior			✓	✓
超卓女性 Super Lady	✓		✓	
超卓男性 Super Man	✓	✓		
超卓長者 Super Senior	✓			

檢查項目 Profile	詳情 Description
綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)	貧血及血病檢查 Anaemia and Blood Diseases Screening i) 全血計算 Complete blood count ii) 血小板量 Platelet 糖尿病檢查 Diabetic Screening i) 血糖 Glucose 血脂肪檢查 Lipids Pattern Screening i) 總膽固醇 Cholesterol total ii) 三酸甘油脂 Triglycerides
脊骨健康評估 (S1) Spinal Health Assessment (S1)	i) 評估脊骨關節活動及健康情況 Evaluation of spinal mobility and wellness ii) 診斷腰背酸痛，脊骨疾患 Diagnosis of backache and lumbar spine
足部檢查護理服務 (F1) Foot Orthotic Services (F1)	i) 檢查足部結構及幫助診斷腳跟痛及腳筋膜炎 Complete foot care and the pre-assessment of heel pain and plantar fasciitis ii) 由註冊義肢矯形師負責該項服務 Service provided by prosthetists and orthotists
視力檢查 (VS) Vision Examination (VS)	i) 視力檢查 Vision examination ii) 色覺測試 Colour vision test iii) 由專業視光師檢查 Examination by optometrist

身體檢查服務由藍十字指定的醫療服務機構提供，並須符合有關條款及細則，而受保人可於保單生效後及每年續保後享有此免費檢查服務。

The health checkup service is provided by designated service provider(s) of Blue Cross and subject to relevant terms and conditions. The insured(s) will be entitled to the free checkup service after policy issuance and each subsequent renewal.

B) 伸延體檢計劃

您可以優惠價選擇以下的伸延體檢計劃：

Extended Health Checkup Programmes

The following extension of the health checkup programmes are available at preferential rates:

伸延健康檢查計劃 (EX) Extended Profile (EX)

貧血及血病檢查 Anaemia and blood disease screening	▪ 紅血球沉降率 ESR
血型及血因子類別 Blood grouping	▪ 血型及血因子 ABO blood group and Rh factor
痛風症檢查 Gout screening	▪ 尿酸 Uric acid
心肺病檢查 Heart and lung disease screening	▪ 胸部X光檢查及報告 Chest X-ray with report ▪ 心電圖及報告 Electrocardiogram (ECG) with report
心臟病及中風檢查 Heart disease and stroke risk factors screening	▪ 高低密度膽固醇 HDL, LDL
腸病檢查 Intestinal disease screening	▪ 大便常規檢查 Stool (routine examination)
肝功能試驗 Liver function tests	▪ 谷草轉氨酶 SGOT (AST) ▪ 谷丙轉氨酶 SGPT (ALT)
腎功能試驗 Renal function tests	▪ 肌肝酸 Creatinine ▪ 尿素 Urea ▪ 小便常規檢查 Urine (routine examination)
甲狀腺功能試驗 Thyroid function test	▪ 甲狀腺素 Thyroxine (T4)

癌病檢查 (CA) Cancer Screening (CA)

肝癌及肝硬化檢查 Screening for liver cancer and cirrhosis	▪ 甲胎蛋白 AFP
直腸癌檢查 Colorectal cancer screening	▪ 癌胚抗原 CEA
鼻咽癌檢查 Nasopharyngeal carcinoma screening	▪ 鼻咽癌過濾性病毒 EBV

婦女健康檢查計劃 A (35歲以下) (FA) Female - Plan A (for age below 35) (FA)

婦產科檢查 Gynaecological examination	▪ 盆腔及乳房檢查 Physical pelvic and breast examination
子宮頸癌檢查 Cervix cancer screening	▪ 子宮頸抹片檢查 Pap smear

婦女健康檢查計劃 B (35-49歲) (FB) Female - Plan B (for age 35-49) (FB)

婦產科檢查 Gynaecological examination	▪ 盆腔及乳房檢查 Physical pelvic and breast examination
子宮頸癌檢查 Cervix cancer screening	▪ 子宮頸抹片檢查 Pap smear
乳癌檢查 Breast cancer screening	▪ 乳房造影及超聲波檢查 Mammography and ultrasound of breasts

婦女健康檢查計劃 C (50歲或以上) (FC) Female - Plan C (for age 50 or above) (FC)

婦產科檢查 Gynaecological examination	▪ 盆腔及乳房檢查 Physical pelvic and breast examination
子宮頸癌檢查 Cervix cancer screening	▪ 子宮頸抹片檢查 Pap smear
乳癌檢查 Breast cancer screening	▪ 乳房造影及超聲波檢查 Mammography and ultrasound of breasts
骨質疏鬆症檢查 Osteoporosis screening	▪ 超聲波骨質密度檢查 Bone density by ultrasound

男士健康檢查計劃 (MP) Male Plan (MP)

前列腺癌檢查 Prostate cancer screening	▪ 前列腺特异性抗原 Prostate specific antigen
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保費表 Premium Table (HK\$)

1) 基本住院及手術保障 Basic Hospital and Surgical Benefits

計劃級別 Plan Level						
超凡 Supreme		超越 Superb		超卓 Super		
超卓子女 Super Junior						
年齡 Age	年繳 Annual		年繳 Annual		年繳 Annual	
0-4	7,701		4,705		2,816	
5-9	7,281		4,312		2,573	
10-18	6,770		3,837		2,291	
超卓女性/超卓男性 Super Lady/Super Man						
年齡 Age	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
19-25	8,889	8,415	4,913	4,644	2,885	2,631
26-30	9,380	8,911	5,303	4,970	3,031	2,870
31-35	12,252	12,139	7,135	6,735	3,728	3,529
36-40	13,110	12,744	7,920	7,207	4,558	4,288
41-45	16,272	14,710	10,452	9,512	6,173	5,601
46-50	20,657	18,671	13,267	12,073	7,857	7,136
51-55	26,194	23,680	17,152	15,612	10,142	9,208
超卓長者 Super Senior						
年齡 Age	年繳 Annual		年繳 Annual		年繳 Annual	
56-60	32,909		21,080		12,799	
61-65	38,097		24,403		14,716	
66-70	49,528		31,724		18,839	
71-75*	59,874		36,747		22,389	
76或以上* or above*	59,874		36,747		22,389	

*只適用於續保。Applicable to renewal only.

2) 附加額外醫療保障 Optional Supplementary Medical Benefits

計劃級別 Plan Level												
賠償百分比 Reimbursement Percentage	超凡 Supreme		超越 Superb		超卓 Super							
	80%	100%	80%	100%	80%		100%		80%		100%	
超卓子女 Super Junior												
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0-18	2,170	2,895	1,278	1,704	800	800	1,067	1,067	800	800	1,067	1,067
超卓女性/超卓男性 Super Lady/Super Man												
年齡 Age	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
19-25	2,170	2,170	2,895	2,895	1,278	1,278	1,704	1,704	800	800	1,067	1,067
26-30	2,605	2,387	3,474	3,183	1,535	1,406	2,046	1,877	960	871	1,280	1,162
31-35	3,042	2,793	4,056	3,723	1,781	1,632	2,374	2,175	1,117	1,021	1,489	1,362
36-40	3,775	3,529	5,034	4,706	2,210	2,052	2,945	2,735	1,363	1,255	1,817	1,672
41-45	4,984	4,589	6,646	6,117	2,918	2,666	3,889	3,554	1,758	1,616	2,343	2,154
46-50	6,323	5,822	8,428	7,763	3,678	3,382	4,904	4,511	2,238	2,056	2,984	2,743
51-55	8,093	7,452	10,790	9,935	4,741	4,327	6,324	5,771	2,907	2,631	3,877	3,508
超卓長者 Super Senior												
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
56-60	9,278	12,371	5,390	7,188	3,276	4,368	3,276	4,368	3,276	4,368	3,276	4,368
61-65	10,671	14,228	6,241	8,321	3,769	5,026	3,769	5,026	3,769	5,026	3,769	5,026
66-70	14,194	18,926	8,425	11,233	5,201	6,936	5,201	6,936	5,201	6,936	5,201	6,936
71-75*	19,870	26,493	11,375	15,166	7,021	9,360	7,021	9,360	7,021	9,360	7,021	9,360

*只適用於續保。Applicable to renewal only.

3A) 附加門診保障 Optional Outpatient Benefits

賠償百分比 Reimbursement Percentage		計劃級別 Plan Level											
		超凡 A Supreme A				超越 A Superb A				超卓 A Super A			
		80%		100%		80%		100%		80%		100%	
超卓子女 Super Junior													
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0-18	15,578	20,252	11,798	15,336	8,969	11,658							
超卓女性/超卓男性 Super Lady/Super Man													
年齡 Age	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	
19-25	11,372	10,125	14,779	13,159	8,374	7,411	10,889	9,640	6,555	5,802	8,523	7,545	
26-30	11,655	10,378	15,153	13,492	8,553	7,573	11,123	9,845	6,700	5,928	8,705	7,705	
31-35	12,160	10,826	15,805	14,069	8,928	7,900	11,605	10,271	6,986	6,182	9,080	8,038	
36-40	12,527	11,151	16,280	14,493	9,200	8,141	11,962	10,588	7,207	6,378	9,367	8,289	
41-45	13,778	12,267	17,908	15,943	10,339	9,149	13,439	11,892	8,098	7,164	10,527	9,310	
46-50	15,036	13,385	19,540	17,395	11,279	9,981	14,663	12,974	8,829	7,812	11,475	10,156	
51-55	16,539	14,723	21,496	19,134	12,474	11,039	16,216	14,352	9,767	8,639	12,694	11,237	
超卓長者 Super Senior													
年齡 Age	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	
56-60	17,695	15,753	22,999	20,473	13,433	11,887	17,464	15,453	10,519	9,308	13,674	12,103	
61-65	19,466	17,328	25,299	22,519	15,178	13,431	19,732	17,462	11,881	10,512	15,443	13,667	
66-70	24,333	22,524	31,622	29,275	17,909	16,117	23,285	20,953	14,419	12,196	18,748	15,854	
71-75*	29,283	29,283	36,595	36,595	20,146	20,146	26,190	26,190	15,246	15,246	19,814	19,814	
76 或以上* or above*	29,283	29,283	36,595	36,595	20,146	20,146	26,190	26,190	15,246	15,246	19,814	19,814	

*只適用於續保。Applicable to renewal only.

3B) 附加門診保障 Optional Outpatient Benefits

賠償百分比 Reimbursement Percentage	計劃級別 Plan Level											
	超凡 B Supreme B				超越 B Superb B				超卓 B Super B			
	80%		100%		80%		100%		80%		100%	
超卓子女 Super Junior												
年齡 Age	年繳 Annual		年繳 Annual		年繳 Annual		年繳 Annual		年繳 Annual		年繳 Annual	
0-18	10,484		13,631		7,940		10,321		6,037		7,847	
超卓女性/超卓男性 Super Lady/Super Man												
年齡 Age	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
19-25	7,654	6,816	9,950	8,859	5,636	4,988	7,327	6,489	4,413	3,907	5,738	5,078
26-30	7,846	6,985	10,200	9,080	5,758	5,097	7,488	6,627	4,508	3,989	5,859	5,188
31-35	8,185	7,286	10,639	9,471	6,009	5,318	7,810	6,914	4,702	4,161	6,112	5,410
36-40	8,432	7,508	10,958	9,754	6,193	5,481	8,053	7,128	4,851	4,291	6,307	5,580
41-45	9,276	8,256	12,052	10,732	6,960	6,159	9,046	8,005	5,452	4,821	7,081	6,269
46-50	10,120	9,010	13,152	11,706	7,592	6,718	9,872	8,733	5,943	5,258	7,725	6,835
51-55	11,131	9,909	14,467	12,878	8,397	7,431	10,915	9,660	6,573	5,815	8,545	7,562
超卓長者 Super Senior												
年齡 Age	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
56-60	11,910	10,602	15,481	13,779	9,042	8,001	11,754	10,402	7,079	6,268	9,204	8,146
61-65	13,104	11,664	17,028	15,156	10,215	9,040	13,281	11,751	7,997	7,076	10,396	9,198
66-70	16,377	15,160	21,285	19,706	12,054	10,848	15,672	14,103	9,704	8,209	12,618	10,670
71-75*	19,710	19,710	24,630	24,630	13,561	13,561	17,629	17,629	10,264	10,264	13,339	13,339
76 或以上* or above*	19,710	19,710	24,630	24,630	13,561	13,561	17,629	17,629	10,264	10,264	13,339	13,339

*只適用於續保。Applicable to renewal only.

註：

- 如選擇年繳附加門診保障，您將獲發藍十字醫療卡。
- 年齡以最近生日日期計算。如您下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
- 「0」歲指出生滿12日。
- 以月繳或半年繳的保費會被徵收分別5%及2.5%的附加費。月繳保費金額及附加費 = 年繳保費金額 × 0.0875。半年繳保費金額及附加費 = 年繳保費金額 × 0.5125。應付總金額以收款票據所示為準。
- 藍十字保留調整保費率及其後續保費的權利。
- 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。

Remarks:

- If premium is paid annually for Optional Outpatient Benefits, you will be issued with a Blue Cross Healthcare Card.
- Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to your next age attained. Otherwise, it will be charged based on your current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- "0" year old means the age of 12 days.
- Premiums to be paid by monthly or semi-annual payment modes are subject to a surcharge of 5% and 2.5% respectively. Premium amount with surcharge for monthly payment mode = annual premium amount × 0.0875. Premium amount with surcharge for semi-annual payment mode = annual premium amount × 0.5125. Please refer to the debit note for the total amount payable.
- Blue Cross reserves the right to adjust the premium rate and the subsequent renewal premium.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.

重要事項

1. 「保證終身續保」不適用於附加額外醫療保障。本計劃保證續保（視乎續保時本公司仍否提供本計劃），藍十字將不會根據個別受保人於續保時的健康狀況或索償記錄，向其額外收取保費或附加不保事項至個別保單。然而，藍十字將保留在續保時調整保費及更改條款及細則的權利，例如：因應受保人年齡組別的調整、特定風險級別或風險級別的轉變作出保費調整。
2. 「出院免找數」只適用於入住本港私家醫院。需於入院前至少4個工作天填妥及交回「入院前登記表格」以進行登記及確認手續。藍十字承保的責任只限於符合「超卓醫療保險系列」規定的合資格醫療費用，並會向受保人收取一切已繳付但不屬保單承保範圍的醫療費用（如有）。
3. 如在保單持有人就該受保人之保障以無索償折扣續保後，藍十字才支付或須支付該受保人於上一個受保期就基本住院及手術保障條款項下產生的索償，保單持有人必須在藍十字發出繳費通知後21天內向藍十字償還折扣差額。除非藍十字收到該折扣差額，否則藍十字不會向受保人支付任何保單下的保障利益。
4. 「合理慣例」指治療、服務或物料收費不超過在當地由具相若水平的相關服務或物料供應者，為同一性別和年齡的人士針對類似疾病或傷患提供的相類似的治療、服務或物料所收取的收費水平。「合理慣例」的收費在任何情況下均不應高於所招致的實際收費。藍十字會參照以下資料（如適用）以釐定「合理慣例」的醫療費用：a) 載列於由香港政府發佈之憲報中香港公立醫院向自費病人收取私家住院醫療服務的費用；b) 由業界進行的治療或服務費用調查；c) 內部索償數據；d) 受保程度或水平；及/或 e) 於提供治療、服務或物料當地之其他適當相關參考資料。
5. 「醫療必要」指需要就傷病接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：a) 需要合資格醫療人士的專業知識；b) 與診斷一致，並對醫治該狀況而言屬必需；c) 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診的合資格醫療人士帶來方便或感到舒適而提供；及d) 在該情況下以最具有成本效益的方式和設定提供。

Important Notes

1. Guaranteed Lifetime Renewal is not applicable to Optional Supplementary Medical Benefits. Renewal is guaranteed (subject to the availability of the Plan at the time of renewal) and Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured's health status or claim history at the time of renewal. However, Blue Cross reserves the right to revise the terms and conditions of the policy and adjust the premium upon policy renewal due to, for example, age-related adjustment, a particular risk class or change of risk class.
2. No Hospital Bills to Pay is only applicable to admission to private hospitals in Hong Kong. A Hospitalisation Pre-registration Form is required to be completed and returned to Blue Cross for registration and authorisation process at least 4 working days prior to admission. The liability of Blue Cross under the policy is limited to indemnify the insured for the eligible medical expenses payable in accordance with the Super Medical Insurance Series. Blue Cross shall recover from the insured the medical expenses settled on behalf of the insured which fall outside coverage of the policy (if any).
3. In the event that after the insurance coverage for that insured is renewed at a No Claim Discount, a claim by that insured for any benefit under the Basic Hospital and Surgical Benefits section, which has accrued in the previous period of insurance, is paid or becomes payable by Blue Cross, the policyholder shall reimburse the discounted amount to Blue Cross within 21 days from the date of the invoice. No benefits shall be payable to the insured under this policy unless the discounted amount is received by Blue Cross.
4. Reasonable and Customary refers to a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatments, services or supplies to individuals of the same sex and age, for a similar disease or injury. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether an expense is Reasonable and Customary, Blue Cross may make reference to the following (if applicable): a) the gazette issued by the Hong Kong Government which sets out the fees for the private patient services in public hospitals in Hong Kong; b) industrial treatment or service fee survey; c) internal claim statistics; d) extent or level of benefit insured; and/or e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
5. Medically Necessary refers to the need to have treatment or service for the purpose of treating a disability in accordance with the generally accepted standards of medical practice and such treatment or service must: a) require the expertise of a qualified medical practitioner; b) be consistent with the diagnosis and necessary for the treatment of the condition; c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the Insured, his/her family members, caretaker or attending qualified medical practitioner; and d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.

主要不保事項

1. 並非屬醫療必要的治療或測試，或並非經醫生處方購買的藥物。
2. 純粹因接受一般身體檢查、X光診斷、先進造影、化驗或物理治療而住院。
3. 任何先天性疾患（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。
4. 已存在的狀況。
5. 直接或間接因後天免疫力缺乏症病毒（「HIV病毒」）及其有關的傷病而引致的費用，包括愛滋病及／或因愛滋病而引發的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染HIV病毒所引致。
6. 直接或間接因以下事項所引致的治療或傷病：濫用藥物或酒精、自我毀傷或企圖自殺、進行不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。
7. 以美容或整形為目的或並非與醫療有關的狀況之任何服務費用；聽力測試、例行血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射等之費用。
8. 因牙科狀況接受之牙科治療及口腔外科手術（受保人因意外而需在住院期間接受的緊急牙科治療及手術除外），及因牙科狀況或於口腔外科手術後不論是以住院病人或門診病人身分接受的覆診治療。
9. 與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括驗孕或其後的分娩、墮胎或流產；節育或恢復生育；兩性結紮或變性；不育治療等。
10. 除保單條款及細則內有關「精神科治療」項目所訂明外，直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的治療。
11. 直接或間接因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義或軍事政變或奪權；或因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。

注意：

- 此小冊子只供參考之用，中英文版本如有差異，以英文版本為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。如有查詢或欲索取保單條款及細則，請致電藍十字客戶服務熱線3608 2988。
- 此小冊子僅在香港派發。派發此小冊子並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。
- 「超卓醫療保險系列」由香港獲授權之保險商 - 藍十字（亞太）保險有限公司承保。
- 藍十字（亞太）保險有限公司乃東亞銀行有限公司之子公司及東亞銀行集團成員，與 Blue Cross and Blue Shield Association 及其任何相關聯機構或許可證持有人並無任何關係。

Major Exclusions

1. Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a physician.
2. Confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging, laboratory test or physiotherapy.
3. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
4. Pre-existing Conditions.
5. Expenses directly or indirectly arising from Human Immunodeficiency Virus ("HIV") and its related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date.
6. Treatment or disability directly or indirectly arising from or consequent upon: the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
7. Any charges in respect of services for beautification, cosmetic purposes or non-medically related conditions; expenses for hearing tests, routine blood tests, general checkups, prophylaxis treatment, vaccinations or inoculations, etc.
8. Treatment of a dental condition and oral surgery (except treatment of an emergency and surgery arising from an accident received by an insured during confinement) as well as follow up treatment of the dental condition or oral surgery whether as an inpatient or outpatient.
9. All investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility, etc.
10. Except as otherwise provided in the Terms and Conditions for "Psychiatric Treatments" in the policy, treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
11. Treatment or Disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

Notes:

- This brochure is for reference only. Should there be any discrepancy between the English and the Chinese versions of this brochure, the English version shall apply and prevail. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions. For more information or a copy of the policy terms and conditions, please call Blue Cross Customer Service Hotline on 3608 2988.
- This brochure is for distribution in Hong Kong only. The distribution of this brochure is not and shall not be construed as an offer to sell or a solicitation to buy or a provision of any insurance product outside Hong Kong.
- Super Medical Insurance Series is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
- Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of The Bank of East Asia, Limited and a member of the BEA Group. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

藍十字給您的服務承諾 Blue Cross Service Commitment to You

我們竭誠迅速處理您的醫療索償，
現承諾門診和住院賠償將在收妥所需文件後，
分別於 7 個及 10 個工作天內支付。

We are committed to processing your medical claims promptly. Our promise is to settle outpatient and inpatient claims within 7 and 10 working days respectively after full documentation is received.

一經投保後，您可隨時登入 www.bluecross.com.hk/supercare 下載電子版醫療卡及查閱您的保單資料。

Once enrolled, you can download e-Medical card and check your policy information anytime via www.bluecross.com.hk/supercare.



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員



客戶服務熱線
Customer Service Hotline
3608 2988

Blue Cross (Asia-Pacific) Insurance Limited
藍十字(亞太)保險有限公司

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Website 網址: www.bluecross.com.hk

**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

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電話 Tel: 3608 2988 傳真 Fax: 3608 2938
www.bluecross.com.hk

超卓醫療保險系列投保書**Super Medical Insurance Series Application Form**

請以英文正楷填寫此份投保書，並連同抬頭為「藍十字（亞太）保險有限公司」之劃線支票寄回（如適用）或填寫第九部分的付款方法。Please complete this form in BLOCK letters and if applicable, return it together with a crossed cheque payable to **Blue Cross (Asia-Pacific) Insurance Limited** or complete the Payment Method in part (IX).

(I) 投保人資料 Details of Applicant

投保人姓名（以香港身份證／護照為準）（姓／名） Name of Applicant (as shown on HKID Card/Passport) (Surname/First Name)					香港身份證／護照號碼 HKID Card/Passport No.
<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.					
出生日期（日／月／年） Date of Birth (dd/mm/yy)	聯絡電話 Contact Telephone No.	手提 Mobile	公司 Office	住宅 Home	個人電郵地址 Personal E-mail Address
通訊地址 Correspondence Address（郵政信箱及酒店地址恕不接納 P.O. Box and hotel address are not acceptable）					
室 Flat <input type="text"/> 樓 Floor <input type="text"/> 座 Block <input type="text"/> 大廈 Building <input type="text"/>					
屋苑 Estate <input type="text"/> 期 Phase <input type="text"/>					
街道號數 Street No. <input type="text"/> 街道名稱／地段 Street Name/Lot <input type="text"/>					
地區 District <input type="text"/> <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界／離島 NT/Outlying Islands					
選擇接收保單文件及續保資訊之途徑（只適用於直接或經由東亞銀行分行向藍十字投保的客戶） Delivery of Policy Documents and Renewal Information (applicable only to policyholders who make applications directly or through branches of The Bank of East Asia, Limited to the Company)					
<input type="checkbox"/> 電郵 by email <input type="checkbox"/> 郵寄 by post（如無指明，電郵（如有提供）將被指定為接收之途徑 If not specified, email (if provided) will be the defaulted delivery channel.）					
香港銀行戶口號碼* Hong Kong Bank Account No.*			銀行戶口持有人姓名 Name of Bank Account Holder	銀行名稱 Bank Name	分行名稱 Branch Name
<input type="text"/> 銀行編號 Bank Code	<input type="text"/> 分行編號 Branch Code	<input type="text"/> 戶口號碼 Account No.			

* 有關所有準受保人的合資格醫療賠償將會存入此指定銀行戶口；只接受15位數字或以下之銀行戶口。Eligible medical claims payment relevant to all Proposed Insured(s) will be credited to this designated bank account; only bank account with 15 digits or below is acceptable.

(II) 準受保人資料 Details of Proposed Insured(s)

	準受保人姓名（姓／名） Name of Proposed Insured(s) (Surname/First Name)	香港身份證／ 護照號碼 HKID Card/ Passport No.	性別 Sex	出生日期 （日／月／年） Date of Birth (dd/mm/yy)	身高 （厘米） Height (cm)	體重 （千克） Weight (kg)	準受保人與 投保人之關係* Relationship with the Applicant*	職業／職責 Occupation/ Job Duties	居住地方及每年平均居港時間（月） Place of Residence and average stay in HK per year (month(s))
1				/ /					<input type="checkbox"/> 香港 HK _____（月month(s)） <input type="checkbox"/> 其他 Others _____ _____（月month(s)）
2				/ /					<input type="checkbox"/> 香港 HK _____（月month(s)） <input type="checkbox"/> 其他 Others _____ _____（月month(s)）
3				/ /					<input type="checkbox"/> 香港 HK _____（月month(s)） <input type="checkbox"/> 其他 Others _____ _____（月month(s)）
4				/ /					<input type="checkbox"/> 香港 HK _____（月month(s)） <input type="checkbox"/> 其他 Others _____ _____（月month(s)）
5				/ /					<input type="checkbox"/> 香港 HK _____（月month(s)） <input type="checkbox"/> 其他 Others _____ _____（月month(s)）

* 適用於個人客戶 For individual customer:
 只接受投保人之直屬家庭成員。直屬家庭成員指投保人之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶的父母。Only Immediate Family Member of the applicant is acceptable. Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the applicant.

適用於公司客戶 For entity customer:
 只接受投保人之僱員及其配偶與子女。Only employee of the applicant and his/her spouse and child(ren) are acceptable.

(III) 保障計劃 Plan Details

(附加保障只限於參與基本住院及手術保障的人士參加。Optional Benefits can be chosen only if Basic Hospital and Surgical Benefits have been applied for.)

準受保人 Proposed Insured(s)	基本住院及手術保障 Basic Hospital and Surgical Benefits			附加額外醫療保障 Optional Supplementary Medical Benefits			附加門診保障 Optional Outpatient Benefits					
	超凡 Supreme	超越 Superb	超卓 Super	賠償額 Reimbursement □100% □80%			賠償額 Reimbursement □100% □80%					
				超凡 Supreme	超越 Superb	超卓 Super	超凡 Supreme OP350		超越 Superb OP260		超卓 Super OP200	
A	B	A	B	A	B							
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"/>
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"/>
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"/>
4	<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"/>
5	<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"/>

繳費期 Payment Mode : 年繳 Annual 半年繳 Semi-annual 月繳 Monthly

註：如您下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。本公司將根據此計劃之保費表計算應繳金額。
如選擇每半年繳款，半年應繳金額等於年繳保費乘0.5125。
如選擇按月繳款，每月應繳金額等於年繳保費乘0.0875。

Note: If your next birthday falls within the coming 6 months from the application date, the premium rate will be based on your next age attained. Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date. The total amount payable will be calculated according to the premium table of this plan.
If semi-annual payment mode is chosen, the semi-annual amount payable is equal to annual premium times 0.5125.
If monthly payment mode is chosen, the monthly amount payable is equal to annual premium times 0.0875.

(IV) 體檢服務 Subscription for Health Checkup Programmes

(a) 免費週年保健計劃 Free Annual Checkup Programme

準受保人 Proposed Insured(s)	超卓子女 Super Junior	超卓男性 Super Man	超卓女性 Super Lady	超卓長者 Super Senior
	視力檢查及足部檢查護理服務 Profile VS and F1 Vision Examination and Foot Orthotic Services	綜合體檢計劃及脊骨健康評估 Profile B1 and S1 Basic Health Checkup Profile and Spinal Health Assessment	綜合體檢計劃及足部檢查護理服務 Profile B1 & F1 Basic Health Checkup Profile and Foot Orthotic Services	綜合體檢計劃 Profile B1 Basic Health Checkup Profile

(b) 伸延體檢服務 Extended Health Checkup Programmes

準受保人 Proposed Insured(s)	超卓男性/超卓女性/超卓長者 Super Man/Super Lady/Super Senior		超卓男性/ 超卓長者 Super Man/ Super Senior	超卓女性 Super Lady		超卓女性/ 超卓長者 Super Lady/ Super Senior	費用 Subtotal
	伸延健康 檢查計劃 Extended Profile (EX) HK\$1,180	癌症檢查 Cancer Screening (CA) HK\$1,210	男士健康 檢查計劃 Male Plan (MP) HK\$500	婦女健康檢查 計劃 A Female Plan A (FA) HK\$820	婦女健康檢查 計劃 B Female Plan B (FB) HK\$2,850	婦女健康檢查 計劃 C Female Plan C (FC) HK\$3,800	
1							HK\$
2							HK\$
3							HK\$
4							HK\$
5							HK\$
總費 Total :							HK\$
第三及第四部分的總金額 Grand Total Amount for part (III) & (IV) :							HK\$

註：
1. 有關伸延體檢服務之所有費用將不獲退回。
2. 所有健康檢查必須於健康檢查服務券所述的到期日前完成。
3. 所有伸延體檢服務之全數費用，必須與首次應付保費一併繳交。
4. 健康檢查服務由指定醫療服務機構提供，藍十字（亞太）保險有限公司（「本公司」）不會對服務機構提供的產品和服務之質素和供應量，及/或其提供的資料作出任何陳述或保證。本公司在任何情況下無須就有關產品、服務及/或資料引起或與其有關的事宜負上任何責任。

Note:
1. All subscription fees for the extended health checkup programmes are non-refundable.
2. All checkups must be completed before the expiry date specified on the checkup coupon.
3. The subscription fees for all extended health checkup programmes must be paid in full together with the first premium.
4. The checkup service is provided by designated healthcare service provider(s). Blue Cross (Asia-Pacific) Insurance Limited ("the Company") makes no representation or guarantee as to the quality and availability of the products, services, and/or information provided by the service provider(s). The Company shall not be liable for any matters arising from or in connection with the products, services, and/or information.

(V) 所有準受保人必須回答下列問題：

All Proposed Insured(s) included in this application must answer the following questions:

1. 在過去5年內，任何準受保人是否曾患上下列疾病或就有關疾病曾接受治療？若「是」，請於下列適當空格內劃上「✓」號。 During the last 5 years, has (have) any Proposed Insured(s) ever had or been told to have or been treated for any of the following disorders/diseases? If "Yes", please tick the appropriate items below.		<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
<input type="checkbox"/> 腎石或腎病 Stone or kidney diseases <input type="checkbox"/> 各類潰瘍症 Ulcer of any kind <input type="checkbox"/> 各類癌症或腫瘤 Cancer or tumour of any kind <input type="checkbox"/> 氣喘病或呼吸疾病 Asthma or respiratory diseases <input type="checkbox"/> 精神病 Mental disorder or psychiatric problems/diseases <input type="checkbox"/> 性病 Venereal diseases <input type="checkbox"/> 關節炎 Arthritis <input type="checkbox"/> 瘧疾 Malaria	<input type="checkbox"/> 痔瘡 Hemorrhoids <input type="checkbox"/> 靜脈曲張 Varicose Veins <input type="checkbox"/> 疝氣 Hernia <input type="checkbox"/> 鼻中隔或鼻甲骨骨偏側 Deviated nasal septum (or turbinates) <input type="checkbox"/> 姆趾外翻 Hallux Valgus <input type="checkbox"/> 糖尿病 Diabetes <input type="checkbox"/> 高血壓 Hypertension <input type="checkbox"/> 心臟血管或循環系統疾病 Cardiovascular or circulatory diseases <input type="checkbox"/> 甲狀腺病 Thyroid Diseases	<input type="checkbox"/> 脊椎或肌肉及骨骼病 Spinal or muscular skeletal conditions/diseases <input type="checkbox"/> 風濕熱 Rheumatic Fever <input type="checkbox"/> 腦癇症 Epilepsy <input type="checkbox"/> 後天免疫力缺乏症病毒感染 Infection by Human Immunodeficiency Virus (HIV) <input type="checkbox"/> 痛風 Gout <input type="checkbox"/> 肛瘻 Anal Fistulae <input type="checkbox"/> 酗酒或藥癮 Alcoholism or drug addiction <input type="checkbox"/> 乙型肝炎 Hepatitis B <input type="checkbox"/> 其他 Others	只適用於女性 For Female Only <input type="checkbox"/> 婦科疾病 Gynecological conditions <input type="checkbox"/> 與妊娠有關之疾病或其併發症 Diseases/complications or conditions associated with pregnancy 任何以上未提及之其他疾病，請附上詳細資料。 Please attach complete details for any other disorders/diseases not listed here.
2. 在過去5年內，任何準受保人是否曾在醫院或療養院內接受手術、診察或治療？ Has(Have) any Proposed Insured(s) ever been in a hospital or sanitorium for surgery, observation or treatment within the last 5 years?		<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
3. 任何準受保人是否現正接受診察、治療或服用藥物？ Is(Are) any Proposed Insured(s) currently under observation or taking any treatment or medication?		<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
4. 任何準受保人是否曾在投保醫療、住院、意外、人壽或危疾保險時被拒絕，或有關係單曾被取消、增加保費或附加限制？ 如答案為「是」者，請說明原因。 Has(Have) any Proposed Insured(s) ever had any medical, hospitalisation, accident, life or critical illness insurance application rejected or policy cancelled, rated or restricted? If "Yes", please provide the reason(s). _____ _____ _____		<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

若上述1至3項問題的答案為「是」者，請詳述於下列空格內（若空位不足，請以另頁詳加說明）及呈遞有關檢驗報告（如有）。
 If the answer to any of the above questions 1 to 3 is "Yes", please provide full details in the following table (If the space provided is insufficient, please use a separate sheet) and furnish the relevant medical report (if any).

問題 Question	準受保人姓名 Name of Proposed Insured(s)	過往之健康狀況／發生日期 Medical History/ Date of Occurrence	病症名稱 Diagnosis	所接受之護理及治療 Care and Treatment Received	現在的情況 Present Conditions	最近一次求診日期 Date of Last Consultation

(VI) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

藍十字（亞太）保險有限公司（「本公司」）可能會使用您的個人資料作直接促銷，但在未經您同意的情况下，本公司不能就此目的使用您的個人資料。若您不希望本公司在直接促銷中使用您的個人資料，請在下列空格內劃上「✓」號。

我不同意使用我的個人資料作直接促銷

以上代表您目前就是否希望接受本公司直接促銷的聯繫或資訊的選擇，並取代您在本申請前可能曾給予本公司的任何選擇。

請注意，您以上的選擇將適用於列在本公司的「收集個人資料聲明」（「該聲明」）內作直接促銷的產品、服務及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish the Company to use your personal data for direct marketing.

I do not agree to the use of my personal data for direct marketing

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in the Company's Personal Information Collection Statement (the "Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

(VII) 聲明及授權 Declaration and Authorisation

本人／我們，謹此聲明並同意：

- 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此投保書之內容及聲明將成為此項保險合約之承保根據。本人／我們在確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
- 本人／我們確切貴公司有權要求本人／我們提供更多有關本人／我們之健康狀況，一切費用由本人／我們支付。本人／我們現授權任何知悉或持有本人／我們健康情況資料之註冊醫生、醫療從業員、醫院、診所或其他與醫療有關的機構、保險公司、組織、機構或人士提供本人／我們的健康或個人資料予貴公司及其授權代表／再保險公司，作為審核此投保書或處理根據此投保書所簽發之保單的相關索償之用。此授權書不可撤銷。本授權書之副本與正本具同等效力。
- 一概保險賠償必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始可生效。
- 投保人將有權就一切有關於受保人的索償或按本申請所簽發之保單的相關事宜，與貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人／我們並同意所有由貴公司給予保單持有人或受保人之賠償款項將會存入本投保書第一部分所指定之戶口內或於該戶口不存在時以支票支付，並完全解除貴公司就該些索償之一切承保責任。
- 接受貴公司醫療卡之條款，並於要求下即時償還任何不在承保範圍內的醫療費用及超出保障之外的醫療費用（賠償差額）。
- 本人／我們明白及確認貴公司會就本人／我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
- 本人／我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。
- 適用於個人客戶
#在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
適用於公司客戶
投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體/#根據《商業登記條例》（香港法例第310章）登記的法人團體、合類業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
- I/We acknowledge that the Company reserves the right to ask for submission of more details of health status of me/us at my/our own cost. I/We hereby authorise any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organisation, institution or person, that has any records, knowledge or health information of me/us, to give to the Company, its authorised representatives/reinsurers any such information for the purpose of assessment of this application or subsequent assessment of any insurance claim under the insurance policy that may be issued pursuant to this application, such authorisation shall be irrevocable. A photographic copy of this authorisation shall be as valid as the original.
- The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
- The Applicant shall have the authority to deal with, receive or request for information from the Company concerning the Insured(s) in relation to any claims or matters arising from the policy issued pursuant to this application. I/We further agree that payment of any benefits hereunder to the Policyholder or Insured(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
- To accept the terms and conditions for the usage of the medical card and reimburse the Company for non-eligible medical expenses or expenses exceeding the benefit limit (claim charge back) immediately upon demand.
- I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
- For individual customer
#The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
For entity customer
The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

日期（日／月／年） Date at Hong Kong (dd/mm/yy)	投保人簽署 Signature of Applicant	所有受保人簽署 Signature of all Insured(s)
		1. _____ 2. _____ 3. _____ 4. _____ 5. _____

* 本投保書的中文譯本只供參考之用，如有爭議，應以英文原義為準。
The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail.

(VIII) 代理人／經紀專用 For Agent/Broker Use Only

代理人／經紀姓名 Agent/Broker Name		代理人／經紀編號 Agent/Broker Code	代理人／經紀電話 Agent/Broker Tel	代理人／經紀傳真 Agent/Broker Fax
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(IX) 付款方法 Payment Method

請選擇付款方法並填寫適當部分。Please select a payment method and complete the appropriate section accordingly.

- 支票付款 (劃線支票抬頭「藍十字(亞太)保險有限公司」) (不適用於月繳)
By cheque (please make your crossed cheque payable to Blue Cross (Asia-Pacific) Insurance Limited) (Not applicable to monthly payment)
信用卡付款 (請填寫以下(a)部分) By credit card (please complete section (a) below)
銀行戶口自動轉賬 (請填寫以下(b)部分) By bank account auto-transfer (please complete section (b) below)

(a) 信用卡付款指示及授權書 Credit Card Payment Instruction and Authorisation

(建議使用投保人信用卡。只接受港幣信用卡戶口。Payment by the Applicant's credit card is recommended. Accept credit card in HK currency only.)

Form for Credit Card Payment Instruction and Authorisation. Includes fields for Visa/MasterCard, Cardholder Name, Expiry Date, Relationship, Signature, and Date. Contains a declaration section with 4 numbered points.

* 直屬家庭成員指投保人配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶之父母。
Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the Applicant.

(b) 直接付款授權書 Direct Debit Authorisation

Form for Direct Debit Authorisation. Includes fields for收款人名稱 (Name of Party to be credited) as Blue Cross (Asia-Pacific) Insurance Limited, 銀行編號 (Bank Code) 015, 分行編號 (Branch Code) 521, and 貨方戶口號碼 (Account No. to be credited) 40050124.

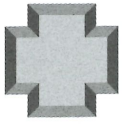
Declaration section for Direct Debit Authorisation. Contains 6 numbered points in Chinese and English regarding authorization, responsibility, and cancellation.

Form for Account Holder Information. Includes fields for 銀行名稱 (Bank Name), 分行名稱 (Branch Name), 戶口持有人姓名 (Name of Account Holder(s)), 戶口持有人簽署 (Signature of Account Holder(s)), and 日期 (Date).

Please note section for Direct Debit Authorisation. Contains 3 numbered points in Chinese and English regarding currency conversion, signature requirements, and payment mode.

Debtor Reference (For Office Use Only) and For Bank Use Only section. Includes fields for 1, 2, 3, 4.

本公司專用 For Office Use Only section. Includes fields for Policy No., Policyholder, Agent Code, and Reason of Submission (New Business, Replacement, Others).



個人資料（私隱）條例 - 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／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收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

閣下的個人資料可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定保險索償及就索償抗辯，包括進行任何附帶調查；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
 - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導；或
 - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益及活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於東亞銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承辦人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應者（如公證行、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或

適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；
 - (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
 - (vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；及
 - (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）。
- 該等資料可能被轉移至香港境外。

(4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
 - (a) 保險、財務、銀行及相關服務及產品；
 - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
 - (c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供的服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
 - (a) 東亞銀行集團任何成員公司；
 - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
 - (c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

(5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
藍十字（亞太）保險有限公司
個人資料保障主任
傳真：(852) 3608 2938

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

2013年4月

由東亞銀行集團成員-藍十字（亞太）保險有限公司發出



The Personal Data (Privacy) Ordinance - Personal Information Collection Statement (the "Statement")

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the "BEA Group".

In compliance with the Personal Data (Privacy) Ordinance (the "Ordinance"), the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company's service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
 - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future;
 - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant 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
- (xii) any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be); and
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement.

Such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
 - (a) insurance, financial, banking and related services and products;
 - (b) reward, loyalty or privileges programs and related services and products; and
 - (c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
 - (a) any member of the BEA Group;
 - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
 - (c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer
Blue Cross (Asia-Pacific) Insurance Limited
29th Floor, BEA Tower, Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon
Hong Kong
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

April 2013

Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group