



**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員



## 大班醫療保險計劃 Taipan Medical Insurance Plan



2019年1月生效  
With effect from Jan 2019

保證終身續保<sup>1</sup>  
*Guaranteed  
Lifetime Renewal<sup>1</sup>*



至醒  
醫Claim  
專線 3608 2988  
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# 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](http://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 Citizenship 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](http://www.ambest.com).

## 大班醫療保險計劃 Taipan Medical Insurance Plan

### 我們以您健康為首

生命無常，意外或疾病往往難以預料。長期或嚴重疾病或會帶給您難以預料的財政負擔。「大班醫療保險計劃」為您提供周全的醫療保障，讓您安心治療，重拾健康而無後顧之憂。

### Your Health Always Comes First

Life is full of uncertainties, no one knows for sure when accidents or illnesses will strike. Long-term or serious illnesses may cause you unexpected financial burden. Taipan Medical Insurance Plan provides you with a secured safety net and comprehensive medical protection, allowing you to concentrate on your treatment for a speedy, worry-free recovery.

### 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<sup>2</sup>

全球醫療保障，保障額不會因身處外地時間長久而遞減

\* 不適用於產科保障及附加牙科保障。

### 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 discharge<sup>2</sup>

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

\* Not applicable to Maternity Benefits and Optional Dental Benefits.

### 保障概覽

<b>基本保障</b>	基本住院及手術保障 產科保障
<b>額外免費保障</b>	個人責任保障 個人財物保障 24小時全球緊急援助 預防計劃
<b>附加保障</b>	附加門診保障 附加牙科保障 附加一百萬元保障 附加人身意外保障

### Coverage at a Glance

<b>Basic Benefits</b>	Basic Hospital and Surgical Benefits Maternity Benefits
<b>Extra Free Benefits</b>	Personal Liability Benefits Personal Effects Benefits 24-hour Worldwide Emergency Aid Preventive Care
<b>Optional Benefits</b>	Optional Outpatient Benefits Optional Dental Benefits Optional One Million Coverage Benefits Optional Personal Accident Benefits

## 周全保障讓您安枕無憂 Comprehensive Protection Makes You Worry-free

### 全面的環球醫療保障

無論您身處何地及接受哪種醫療服務，所有合理的醫療開支均會獲得賠償，以計劃最高賠償額為限。

### 續保時不因索償記錄而加收保費

當您續保時，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。

### 保證終身續保<sup>1</sup>

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。

### 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。本計劃為長期病患者舒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，保障更伸延至包括多種先進醫療技術或程序，如數碼導航刀、伽瑪刀及導航螺旋刀放射治療的醫療費用。

### 非住院或日症手術保障

我們一直致力為您提供所需保障，保障包括無須入院而在診所或醫院日症病房進行的治療或手術，如放射治療、化學治療、內窺鏡程序、白內障手術，及體外電震波碎石術等。

### 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及手術後6星期內所有診所診症。

### Comprehensive Worldwide Medical Plan

No matter where you are and what medical services you received, all your reasonable medical expenses are covered up to the maximum benefit limit of the plan.

### No Additional Premium on Claim History upon Renewal

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

### Guaranteed Lifetime Renewal<sup>1</sup>

After enrolment, we guarantee your policy will be renewable for lifetime, regardless of your health status or claim history. Moreover, your policy will be automatically renewed for another period of insurance.

### 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.

What's more, we also extend to cover the medical expenses incurred by advanced medical technologies or procedures like cyberknife, gamma knife and tomotherapy.

### Coverage for Non-hospital Admission or Day Case Surgery

We always strive to give you the protection in your moments of need. Our coverage also includes treatments or surgeries such as radiotherapy, chemotherapy, endoscopic procedures, cataract operations, extracorporeal shockwave lithotripsy, etc. which do not require inpatient admission and are undertaken in the clinics or day case units of hospitals.

### Coverage for Pre- and Post-Surgical Treatments

Covering both pre- and post-surgical treatments related to the same injury or illness. The coverage includes one pre-surgical consultation and all follow-up clinic consultations within 6 weeks after surgical operation.

### 免費新生嬰兒保障\*

如父母2人均受保於「大班醫療保險計劃」，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「大班醫療保險計劃」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）。

### Free Coverage for Newborn Infant\*

If both parents are covered under Taipan Medical Insurance Plan, 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 Taipan Medical Insurance Plan, the newborn infant will be covered by the lower of the two levels.)

## 額外免費保障 Extra Protection for Free

### 個人責任保障

為您提供因意外導致第三者身體受傷或財物損毀而須承擔的法律責任賠償。

### Personal Liability Benefits

Covers legal liability that you may have to pay for compensation due to bodily injury or damage to property of third parties arising from accident.

### 個人財物保障

保障您於外遊時香港住所在空置的情況下被爆竊所導致的個人財物損失、重置或修理費用。

### Personal Effects Benefits

Covers loss of, replacement or repair cost of your personal effects as a result of burglary to your unoccupied home in Hong Kong whilst you are travelling abroad.

### 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，只須憑本計劃提供的「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。

### 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.

### 免費預防計劃

我們關注您的健康，因此特別為您安排免費身體檢查服務，讓您及早發現初期病徵，助您掌握自己的健康狀況。

### Preventive Care for Free

Your health is our utmost concern. We have specially arranged free checkup programmes to help you detect early diseases and monitor your health conditions.

### 週年身體健康檢查

▪ 包括多種健康檢查項目，並由我們的醫療顧問就化驗報告提供專業意見，讓您更瞭解自己的健康狀況，從而採取合適的保健措施。

### Annual Health Checkup

▪ Includes health screening profiles and professional advice on laboratory reports from our medical consultants, enabling you to understand your health conditions better to ensure preventive treatment in place.

### 週年牙齒保健

- 包括口腔檢查、洗牙及牙齒打磨服務以確保牙齒的健康狀況，並及早發現牙齒病徵。

### Annual Dental Checkup

- Includes oral examination, scaling and polishing to keep your teeth in good shape and detect early dental diseases.

## 更多保障由您選擇

## More Benefit Options at Your Choice

### 附加保障滿足您的特定需要

為配合您的個人需要，我們有多項基本保障以外的附加保障可供選擇：

- 附加門診保障
- 附加牙科保障
- 附加一百萬元保障
- 附加人身意外保障

### Optional Benefits to Cater Your Specific Needs

We offer a wide selection of optional benefits in addition to the basic coverage to meet your needs:

- Optional Outpatient Benefits
- Optional Dental Benefits
- Optional One Million Coverage Benefits
- Optional Personal Accident Benefits

### 免費兒童人身意外保障

若選擇附加人身意外保障，您的子女可同時免費享有此項保障。子女年齡須為6歲或以下，並受保於基本住院及手術保障。

### Free Personal Accident Coverage for Children

If you select Optional Personal Accident Benefits, your children aged 6 or below will be entitled to the same benefit for free provided that they are covered under the Basic Hospital and Surgical Benefits.

### 自選「自付額」及「賠償額」

為配合您的保費預算，計劃設有不同的住院保障自付額及門診保障賠償額可供選擇。

### Flexible Deductible and Level of Reimbursement for Selection

Choices of deductible for inpatient benefits and level of reimbursement for outpatient benefits are available to offer flexibility in your budget planning.

### 無索償折扣<sup>3</sup>

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保障的索償，基本保障的保費可獲相應之無索償折扣。

### No Claim Discount<sup>3</sup>

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

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 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.

### 投保年齡

所有70歲或以下人士。

### Enrolment Age

All aged 70 or below.

## 基本保障 Basic Benefits

### 基本住院及手術保障

此保障支付100%可償醫療費用，每宗傷病在扣除自付額（如選擇）後，最高賠償額如下：

### Basic Hospital and Surgical Benefits

The benefits cover 100% of eligible expenses in excess of a deductible (if chosen) of the applicable benefit for each disability, subject to the following maximum benefit limit per disability:

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit Per Disability (US\$)
<b>病房費用 Room and Board</b> 住院日數不限 Unlimited days of confinement	全數賠償 Full Cover
<b>醫院雜項費用 Miscellaneous Hospital Charges</b>	全數賠償 Full Cover
<b>外科醫生費用 Surgeon's Fees</b>	全數賠償 Full Cover
<b>麻醉科醫生費用 Anaesthetist's Fees<sup>#</sup></b>	全數賠償 Full Cover
<b>手術室費用 Operating Theatre Charges<sup>#</sup></b>	全數賠償 Full Cover
<b>受保子女住院陪床費用 Companion Bed for Insured Child</b> 適用於19歲以下受保人 Applicable to insured aged below 19 (住院日數不限 Unlimited days of confinement)	全數賠償 Full Cover
<b>醫生巡房費用、專科醫生費用、病理學家和放射學家費用 Physician's Visit Fees, Specialist's Fees, Pathologist's Fees and Radiologist's Fees</b>	全數賠償 Full Cover
<b>註冊私家看護費用及物理治療服務 Registered Private Nurse's Fees and Physiotherapy Services</b>	全數賠償 Full Cover
<b>特別費用 Special Charges</b> 1. 血液及血漿 Blood and blood plasma      2. 人造義體/義肢 Prosthetic devices	全數賠償 Full Cover
<b>精神病或心理治療 Mental or Psychological Treatment</b> 每天限額 Limit per day 每年限額 Limit per year	150 4,000
<b>緊急門診治療 Emergency Outpatient Treatment</b>	全數賠償 Full Cover
<b>門診手術現金津貼* Outpatient Surgery Cash Allowance*</b> 每宗日症手術療程 <sup>^</sup> Per surgical Day Case Procedure <sup>^</sup>	300

<sup>#</sup> 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。

\* 只適用於以下指定日症手術療程：胃鏡（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。

<sup>^</sup> 「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、門診部或相等等之門診設施。

<sup>#</sup> Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.

\* Only applicable to the following day case procedures: Gastroscopy (including Esophagogastroduodenoscopy), Colonoscopy, Cystoscopy, Arthroscopy, Colposcopy, Bronchoscopy, Detached Retina Repair and Hysteroscopy.

<sup>^</sup> "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.

以下自付額可供選擇，讓您可以較低保費投保基本住院及手術保障：

Below choices of deductible are offered for your enrolment to enjoy Basic Hospital and Surgical Benefits with lower premium:

以每宗傷病計算的自付額  
Deductible Per Disability

US\$1,000 / 2,000 / 3,000

請參閱保費表 Please refer to the premium tables

### 產科保障

此保障賠償住院費、外科醫生費用及特別費用（包括產前、產後診所護理及不多於7天的育嬰護理）的100%，最高賠償額如下：

### Maternity Benefits

The benefits cover 100% of hospital inpatient charges, surgeon's fees and special charges (including pre- and post-natal care clinical consultations and up to 7 days of nursing care), subject to the following maximum benefit limit:

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (US\$)
<b>剖腹生產 Caesarean Section</b> （等候期：1年）(Waiting period: 1 year)	5,000
<b>自然分娩 Normal Delivery</b> （等候期：1年）(Waiting period: 1 year)	4,200
<b>流產或治療性墮胎 Miscarriage or Therapeutic Abortion</b> （等候期：90日）(Waiting period: 90 days)	3,600

註：■ 基本住院及手術、產科及附加門診保障之綜合最高賠償額為每宗傷病 US\$280,000，並以每項保障所列之賠償額為限。76歲或以上受保人士的綜合最高賠償額為US\$145,000。  
■ 所有費用必須為「合理慣例」<sup>4</sup>及「醫療必要」<sup>5</sup>的開支。

Remarks: ■ The overall maximum benefit limit for Basic Hospital and Surgical, Maternity and Optional Outpatient Benefits is US\$280,000 per disability, subject to the limit of each benefit item. For insured aged 76 or above, such overall maximum benefit limit is US\$145,000.  
■ All expenses incurred must be Reasonable and Customary<sup>4</sup> and Medically Necessary<sup>5</sup>.

## 額外免費保障 Extra Free Benefits

除基本保障外，我們更為您提供額外的免費保障，讓您享有更全面的醫療保障：

In addition to the Basic Benefits, we offer you extra free benefits that provide you with holistic medical protection:

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (US\$)
<p><b>個人責任保障 Personal Liability Benefits</b> 保障受保人因意外而導致第三者受傷或造成財物損毀，並須承擔的法律責任 Protects the insured against legal liabilities towards third parties for bodily injury or damage to property arising from accidents</p> <p>任何一次意外及/或每一受保期的賠償額 Limit for any one accident and/or in any one period of insurance</p>	<b>625,000</b>
<p><b>個人財物保障 Personal Effects Benefits</b> 保障受保人外遊時香港的主要住所在空置的情況下被爆竊所導致的個人財物損失 (手提電話及手提電腦等除外) Protects valuables and personal effects of the insured against loss or damage as a result of burglary whilst his/her principal home in Hong Kong is unoccupied during the period of a journey (except mobile phones and laptops, etc.)</p> <p>每項物品限額 Limit per article 每年限額 Limit per year</p> <p>* 受保人須自行負責每項物品 US\$38 的自付額 Claims are subject to an excess of US\$38 per article</p>	<b>380</b> <b>1,900</b>

### 24小時全球緊急援助

萬一遇上緊急事故，24小時全球緊急援助為您提供多項服務，包括：

- 24小時熱線提供諮詢服務
- 電話醫療諮詢及評估服務，以及醫生和專科醫生轉介服務
- 醫療撤離
- 一經批准入院，代為墊付所需保證金
- 安排恩恤探訪
- 安排缺乏照顧的受供養子女送返原居地
- 安排運返遺體/骨灰
- 提供法律援助及保釋援助
- 其他援助包括安排運送當地未能提供的必需藥物及醫療儀器及提供一般旅遊資訊等

### 24-hour Worldwide Emergency Aid

In the event of emergency, 24-hour Worldwide Emergency Aid offers you a wide range of services including:

- 24-hour hotline for enquiry service
- Medical advice and evaluation via telephone, referral to physicians and specialists
- Medical evacuation
- Deposit guarantee for any approved hospital admission
- Arrangement of compassionate visit
- Arrangement for the return of unattended dependant children to place of residence
- Arrangement for the repatriation of mortal remains/ashes
- Legal assistance and bail bonds assistance
- Other assistance such as arranging dispatch of any essential medicine and medical equipment which is not locally available and providing general travel information, etc.



## 預防計劃

特別為「大班醫療保險計劃」而設的免費身體健康檢查，詳情如下：

## Preventive Care

A free annual checkup programme is designed exclusively for Taipan Medical Insurance Plan with details below:

週年身體健康檢查 Annual Health Checkup		
檢查項目 Profile	詳情	Description
P1	1. 醫療顧問分析化驗報告及普通體格評估	1. Medical advice on laboratory reports and general physical measurements
	2. 貧血及血病檢查 (i) 全血計算 (ii) 紅血球沉降率 (iii) 血小板量	2. Anaemia and blood diseases screening (i) Complete blood count (ii) ESR (iii) Platelet
	3. 血型及血因子類別 (i) 血型及血因子	3. Blood grouping (i) ABO blood group and Rh factor
	4. 糖尿病檢查 (i) 血糖	4. Diabetic screening (i) Glucose
	5. 痛風症檢查 (i) 尿酸	5. Gout screening (i) Uric acid
	6. 心肺病檢查 (i) 胸部X光檢查及報告 (ii) 心電圖及報告	6. Heart and lung diseases screening (i) Chest X-ray with report (ii) Electrocardiogram (ECG) with report
	7. 心臟病及中風檢查 (i) 高低密度膽固醇	7. Heart disease and stroke risk factors screening (i) HDL, LDL
	8. 腸病檢查 (i) 大便常規檢查	8. Intestinal diseases screening (i) Stool (routine examination)
	9. 血脂肪檢查 (i) 總膽固醇 (ii) 三酸甘油脂	9. Lipids pattern screening (i) Cholesterol total (ii) Triglycerides
	10. 肝功能試驗 (i) 谷草轉氨酶 (ii) 谷丙轉氨酶	10. Liver function tests (i) SGOT (AST) (ii) SGPT (ALT)
	11. 腎功能試驗 (i) 肌肝酸 (ii) 尿素 (iii) 小便常規檢查	11. Renal function tests (i) Creatinine (ii) Urea (iii) Urine (routine examination)
	12. 甲狀腺功能試驗 (i) 甲狀腺素 (T4)	12. Thyroid function test (i) Thyroxine (T4)

週年牙齒保健 Annual Dental Checkup		
DT	1. 洗牙石及牙漬 (1次) 2. 全景 X 光照片或 4 張口腔內 X 光片 3. 全面性口腔檢查 (1次)	1. Scaling and prophylaxis massage polishing (1 time) 2. Panoramic radiography or 4 intra-oral X-rays 3. Complete oral examination (1 time)

註：

- 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。
- 在符合有關之條款及細則，和不涉及不保事項的情況下，受保人可獲得以上額外免費保障。

Remarks:

- The checkup service is provided by the 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.
- The above Extra Free Benefits will be offered to the insured subject to the respective terms and conditions and policy exclusions.

## 附加健康檢查計劃 Optional Checkup Programme

您可以優惠價選擇以下檢查計劃：

You can choose the following checkup programmes at preferential rates:

檢查項目 Profile	詳情	Description
<b>婦女健康檢查計劃 A (35歲或以下) Female Plan A (for 35 years old or below)</b>		
FA	<ul style="list-style-type: none"> <li>▪ <b>婦產科檢查</b> 盆腔及乳房檢查</li> <li>▪ <b>子宮頸癌檢查</b> 子宮頸抹片檢查及報告</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Gynaecological examination</b> Physical pelvic and breast examination</li> <li>▪ <b>Cervix cancer screening</b> Pap smear with report</li> </ul>
<b>婦女健康檢查計劃 B (35-49歲) Female Plan B (for 35-49 years old)</b>		
FB	<ul style="list-style-type: none"> <li>▪ <b>婦產科檢查</b> 盆腔及乳房檢查</li> <li>▪ <b>子宮頸癌檢查</b> 子宮頸抹片檢查及報告</li> <li>▪ <b>乳癌檢查</b> 乳房造影及超聲波檢查及報告</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Gynaecological examination</b> Physical pelvic and breast examination</li> <li>▪ <b>Cervix cancer screening</b> Pap smear with report</li> <li>▪ <b>Breast cancer screening</b> Mammography and ultrasound of breasts with report</li> </ul>
<b>婦女健康檢查計劃 C (50歲或以上) Female Plan C (for 50 years old or above)</b>		
FC	<ul style="list-style-type: none"> <li>▪ <b>婦產科檢查</b> 盆腔及乳房檢查</li> <li>▪ <b>子宮頸癌檢查</b> 子宮頸抹片檢查及報告</li> <li>▪ <b>乳癌檢查</b> 乳房造影及超聲波檢查及報告</li> <li>▪ <b>骨質疏鬆症檢查</b> 超聲波骨質密度檢查</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Gynaecological examination</b> Physical pelvic and breast examination</li> <li>▪ <b>Cervix cancer screening</b> Pap smear with report</li> <li>▪ <b>Breast cancer screening</b> Mammography and ultrasound of breasts with report</li> <li>▪ <b>Osteoporosis screening</b> Bone density by ultrasound</li> </ul>
<b>男士健康檢查計劃 Male Plan</b>		
MP	<ul style="list-style-type: none"> <li>▪ <b>前列腺癌檢查</b> 前列腺特异性抗原</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Prostate cancer screening</b> Prostate specific antigen</li> </ul>
<b>癌病檢查 Cancer Screening</b>		
CA	<ul style="list-style-type: none"> <li>▪ <b>肝癌及肝硬化檢查</b> 甲胎蛋白</li> <li>▪ <b>直腸癌檢查</b> 癌胚抗原</li> <li>▪ <b>鼻咽癌檢查</b> 鼻咽癌過濾性病毒</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Screening for liver cancer and cirrhosis</b> AFP</li> <li>▪ <b>Colorectal cancer screening</b> CEA</li> <li>▪ <b>Nasopharyngeal carcinoma screening</b> EBV</li> </ul>

## 附加保障 Optional Benefits

### 附加門診保障

根據您所選的賠償額級別而定，此保障賠償以下各項可償門診費用的100%或80%：

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ 普通科及專科醫生診症</li> </ul>                        | <ul style="list-style-type: none"> <li>▪ General Practitioner's Consultation and Specialist's Consultation</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ 物理治療、脊椎治療、針灸及催眠診治</li> </ul>                 | <ul style="list-style-type: none"> <li>▪ Physiotherapy, Chiropractic, Acupuncture and Hypnotherapy</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ 處方藥物、包紮、X光診斷、化驗及手術工具</li> </ul>              | <ul style="list-style-type: none"> <li>▪ Prescribed Medicines and Drugs, Dressings, Diagnostic X-rays, Laboratory Tests and Surgical Appliances</li> </ul>              |
| <ul style="list-style-type: none"> <li>▪ 中醫治療 (包括跌打)<br/>每天1次，每次最高限額US\$50</li> </ul> | <ul style="list-style-type: none"> <li>▪ Chinese Medicine Practitioner Treatment (including Chinese bone-setting)<br/>1 visit per day, max. US\$50 per visit</li> </ul> |

註：▪ 基本住院及手術、產科及附加門診保障之綜合最高賠償額為每宗傷病US\$280,000，並以每項保障所列之賠償額為限。76歲或以上受保人士的綜合最高賠償額為US\$145,000。  
▪ 所有費用必須為「合理慣例」<sup>4</sup>及「醫療必要」<sup>5</sup>的開支。

### Optional Outpatient Benefits

According to the level of reimbursement you have selected, the benefits cover 100% or 80% of eligible outpatient expenses of the following:

Remarks: ▪ The overall maximum benefit limit for Basic Hospital and Surgical, Maternity and Optional Outpatient Benefits is US\$280,000 per disability, subject to the limit of each benefit item. For insured aged 76 or above, such overall maximum benefit limit is US\$145,000.  
▪ All expenses incurred must be Reasonable and Customary<sup>4</sup> and Medically Necessary<sup>5</sup>.

### 附加牙科保障

此保障支付100%可償牙齒保健費用包括口腔檢查及洗牙，最高賠償額如下：

### Optional Dental Benefits

The benefits cover 100% of eligible expenses of dental services including oral examination and scale & polish up to the following maximum benefit limit:

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (US\$)
口腔檢查及洗牙 Oral Examination and Scale & Polish	全數賠償 Full Cover (每個受保期內兩次 Twice per period of insurance)
<b>常規治療 Routine Treatments</b> (等候期：90天) (Waiting period: 90 days) 包括補牙、脫牙、X光、鑲嵌、覆蓋、膿瘡、齒根管治療、牙周病手術及藥物使用 Including tooth fillings, tooth extractions, X-ray, inlays, onlays, abscesses, root canal work, periodontal surgery and medications	2,000
<b>修復治療 Restoration Treatments</b> (等候期：90天) (Waiting period: 90 days) 包括智慧齒或阻生齒脫除手術、假牙、齒冠、齒橋、牙齒植入及矯正治療、麻醉、修復齒尖的牙冠釘、齒根尖切除術、軟組織阻生、牙骨阻生及金牙鑲嵌 Including surgeries for removal of wisdom teeth/impacted teeth, dentures, crowns, bridges, implants and orthodontic treatment, anaesthesia, pins for cusp restoration, apicoectomy, soft-tissue impaction, bony impaction and gold inlays	3,000

註：所有費用必須為「合理慣例」<sup>4</sup>及「醫療必要」<sup>5</sup>的開支。

Remark: All expenses incurred must be Reasonable and Customary<sup>4</sup> and Medically Necessary<sup>5</sup>.

## 附加一百萬元保障

如您想享有更充裕的保障，可將基本住院及手術保障、產科保障及附加門診保障的綜合最高賠償額提升至每宗傷病US\$1,000,000\*。

\*以每項保障項目的賠償額為限。

註：▪ 附加一百萬元保障不適用於75歲以上人士。在符合有關之條款及細則，和不涉及不保事項的情況下，受保人可獲提供有關保障。  
▪ 所有費用必須為「合理慣例」<sup>4</sup>及「醫療必要」<sup>5</sup>的開支。

## 附加人身意外保障

保障因意外而導致身故或傷殘，賠償將根據下列保障項目表計算：

保障項目 Benefit Items	最高賠償額百分比 Percentage of Maximum Benefit Limit
意外身故 Accidental death	100%
永久完全傷殘 Permanent total disablement	100%
喪失一肢或多肢肢體 Loss of one or more limbs	100%
永久完全喪失一肢或多肢功能 Permanent total loss of use of one or more limbs	100%
永久完全喪失單目或雙目視力 Permanent total loss of sight of one or both eyes	100%
永久完全喪失語言及聽覺能力 Permanent total loss of speech and hearing	100%
永久完全喪失兩隻耳朵聽覺能力 Permanent total loss of hearing in both ears	75%
永久完全喪失一隻耳朵聽覺能力 Permanent total loss of hearing in one ear	15%
永久完全喪失語言能力 Permanent total loss of speech	50%
永久完全喪失單目的晶狀體 Permanent total loss of lens of one eye	50%
喪失一手姆指及四指功能 Loss of use of thumb and four fingers of one hand	50%
喪失一手四指功能 Loss of use of four fingers of one hand	40%
喪失整隻姆指功能 Loss of use of whole thumb	25%
喪失整隻食指功能 Loss of use of whole index finger	10%
喪失整隻中指功能 Loss of use of whole middle finger	6%
喪失整隻無名指功能 Loss of use of whole fourth finger	5%
喪失整隻尾指功能 Loss of use of whole little finger	4%
喪失一腳全部腳趾功能 Loss of use of all toes on one foot	15%

每宗意外或每保單週年內的賠償總額將不高於保障額。

註：附加人身意外保障不適用於75歲以上人士。在符合有關之條款及細則，和不涉及不保事項的情況下，受保人可獲提供有關保障。

## Optional One Million Coverage Benefits

For those who look for a more ample-amount coverage, the overall maximum benefit limit of Basic Hospital and Surgical Benefits, Maternity Benefits, and Optional Outpatient Benefits can be increased to US\$1,000,000 per disability\*.

\* Subject to the limit of each benefit item.

Remarks: ▪ Optional One Million Coverage Benefits are not applicable to insured aged over 75, and such benefits will be offered subject to the respective terms and conditions and policy exclusions.  
▪ All expenses incurred must be Reasonable and Customary<sup>4</sup> and Medically Necessary<sup>5</sup>.

## Optional Personal Accident Benefits

Covers accidental death or disablement due to accidents according to the following table of benefits:

The total amount payable for claims relevant to any one accident or one policy year shall not in any case exceed the amount of sum insured.

Remark: Optional Personal Accident Benefits are not applicable to insured aged over 75, and such benefits will be offered subject to the respective terms and conditions and policy exclusions.

## 保費表 Premium Table (US\$)

### 1. 基本保障 Basic Benefits

年齡 Age	男性 Male	女性 Female
	年繳 Annual	年繳 Annual
0 - 4	2,647	2,647
5-17	2,647	2,647
18 - 25	3,308	4,261
26 - 30	3,396	4,663
31 - 40	4,585	5,769
41 - 42	4,677	5,884
43 - 44	5,219	6,568
45 - 46	5,833	7,442
47 - 48	6,592	7,308
49 - 50	7,633	8,462
51 - 53	8,088	8,967
54 - 55	8,902	9,865
56 - 58	9,448	10,144
59 - 60	9,731	10,447
61 - 63	10,893	11,586
64 - 65	12,677	13,526
66 - 68	14,951	14,951
69 - 70	16,613	16,613
71 - 75*	19,776	19,776
76 或以上 or above*	19,959	19,959

\*只適用於續保。Applicable to renewal only.

## 2. 基本保障（選擇自付額） Basic Benefits (with Deductible)

年齡 Age	自付額# Deductible#					
	1,000		2,000		3,000	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0 - 4	2,249	2,249	1,984	1,984	1,719	1,719
5-17	2,249	2,249	1,984	1,984	1,719	1,719
18 - 25	2,814	3,623	2,483	3,196	2,152	2,772
26 - 30	2,887	3,963	2,547	3,497	2,206	3,030
31 - 40	3,897	4,903	3,439	4,327	2,980	3,750
41 - 42	3,974	5,001	3,507	4,415	3,042	3,824
43 - 44	4,434	5,581	3,914	4,926	3,395	4,267
45 - 46	4,957	6,328	4,374	5,581	3,791	4,837
47 - 48	5,605	6,211	4,946	5,479	4,286	4,750
49 - 50	6,490	7,193	5,726	6,346	4,964	5,501
51 - 53	6,877	7,623	6,069	6,725	5,259	5,829
54 - 55	7,567	8,388	6,676	7,399	5,788	6,415
56 - 58	8,030	8,623	7,087	7,609	6,142	6,592
59 - 60	8,271	8,881	7,298	7,835	6,327	6,790
61 - 63	9,260	9,849	8,172	8,691	7,080	7,530
64 - 65	10,775	11,497	9,506	10,145	8,239	8,792
66 - 68	12,712	12,712	11,216	11,216	9,721	9,721
69 - 70	14,122	14,122	12,461	12,461	10,798	10,798
71 - 75*	16,811	16,811	14,832	14,832	12,853	12,853
76 或以上* or above*	16,964	16,964	14,971	14,971	12,974	12,974

\*只適用於續保。 Applicable to renewal only. #以每宗傷病計算。 Per disability.

### 3. 附加保障 Optional Benefits

#### a) 附加門診保障 Optional Outpatient Benefits

年齡 Age	100% 賠償額 100% Reimbursement		80% 賠償額 80% Reimbursement	
	男性 Male	女性 Female	男性 Male	女性 Female
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0 - 4	2,413	2,413	1,890	1,890
5 - 17	2,242	2,242	1,768	1,768
18 - 25	2,443	3,047	1,913	2,388
26 - 30	2,494	3,119	1,955	2,435
31 - 40	2,584	3,242	2,023	2,526
41 - 44	2,991	3,533	2,340	2,745
45 - 46	3,078	3,639	2,412	2,828
47 - 48	3,164	3,740	2,478	2,905
49 - 50	3,324	3,878	2,604	3,010
51 - 53	3,426	3,991	2,685	3,102
54 - 55	3,528	4,113	2,764	3,194
56 - 58	3,666	4,273	2,873	3,320
59 - 60	3,775	4,401	2,960	3,418
61 - 63	4,042	4,521	3,169	3,501
64 - 65	4,286	4,637	3,360	3,586
66 - 70	5,787	6,048	4,534	4,814
71 - 75*	8,932	8,932	7,003	7,003
76 或以上* or above*	8,932	8,932	7,003	7,003

\*只適用於續保。 Applicable to renewal only.

## b) 附加牙科保障 Optional Dental Benefits

年齡 Age	年繳 Annual
0 - 70	814
71 或以上 or above*	814

\*只適用於續保。Applicable to renewal only.

## c) 附加一百萬元保障 Optional One Million Coverage Benefits (保障至75歲 coverage up to the age of 75)

年齡 Age	男性 Male	女性 Female
	年繳 Annual	年繳 Annual
0 - 4	635	685
5 - 17	635	685
18 - 25	635	685
26 - 30	635	685
31 - 45	934	1,133
46 - 50	934	1,133
51 - 55	1,627	1,840
56 - 60	1,627	1,840
61 - 65	1,627	1,840
66 - 70	1,996	2,070
71 - 75*	1,996	2,070

\*只適用於續保。Applicable to renewal only.

## d) 附加人身意外保障 Optional Personal Accident Benefits (保障至75歲 coverage up to the age of 75)

年齡 Age	年繳保費 (每US\$1,000投保額) Annual Premium (Per US\$1,000 Sum Insured) (US\$)	最高賠償額 Maximum Benefit Limit (US\$)
18歲以下 Below 18 years old	1.28	10,000
18 - 75歲* 18 - 75 years old*	1.28	100,000

\*最高投保年齡為70歲，可續保至75歲。Maximum entry age is 70, renewal up to the age of 75.

註：

- 如選擇年繳附加門診保障，您將獲發E.O.S.卡。
- 年齡以最近的生日日期計算。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](http://bluecross.com.hk/document/general/levy_collection)。

Remarks:

- If premium is paid annually for Optional Outpatient Benefits, you will be issued with an Executive Outpatient Service (E.O.S.) 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](http://bluecross.com.hk/document/general/levy_collection).



## 重要事項

1. 「保證終身續保」不適用於附加一百萬元保障及附加人身意外保障。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「大班醫療保險計劃」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 One Million Coverage Benefits and Optional Personal Accident 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 Taipan Medical Insurance Plan. 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 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」）及其有關的傷傷而引致的費用，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病毒而所引致。
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。
8. 除保單條款及細則內有關「附加牙科保障」項目所訂明外，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. 除保單條款及細則內有關「自然分娩／剖腹生產」或「流產或治療性墮胎」項目所訂明外，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「精神病或心理治療」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。

\* 適用於基本保障，附加門診保障及附加牙科保障。

### 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。
- 「大班醫療保險計劃」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 check-ups, prophylaxis treatment, vaccinations or inoculations, etc.
8. Except as otherwise provided in the Terms and Conditions for "Optional Dental Benefits" in the policy, 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. Except as otherwise provided in the Terms and Conditions for "Normal Delivery/Caesarean Section" and "Miscarriage or Therapeutic Abortion" in the policy, 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 "Mental or Psychological Treatment" 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.

\* Applicable to the Basic Benefits, Optional Outpatient Benefits and Optional Dental Benefits.

### 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.
- Taipan Medical Insurance Plan 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

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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 個工作天內安排支付。

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](http://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](http://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

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,  
Kwun Tong, Kowloon, Hong Kong  
香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓  
Fax傳真：3608 2989 Email電郵：cs@bluecross.com.hk  
Website網址：www.bluecross.com.hk



## 大班醫療保險投保書

## Taipan Medical Insurance Plan 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 Email 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 _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____ 屋苑 Estate _____ 期 Phase _____ 街道號數 Street No. _____ 街道名稱/地段 Street Name/Lot _____ 地區 District _____ <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
_____ 銀行編號 Bank Code	_____ 分行編號 Branch Code	_____ 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)

准受保人姓名(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)	准受保人與 投保人之關係* Relationship with the Applicant*	職業/職責 Occupation/ Job Duties	居住地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:  
只接受投保人之直系家庭成員。直系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計劃的人士參加。Optional Benefits can be chosen only if Basic Plan has been applied for.)

準受保人 Proposed Insured(s)	基本計劃 Basic Plan	附加保障 Optional Benefits				受益人姓名 - 作人身意外 保障賠償用 Name of Beneficiary - for Personal Accident Benefits Claim
	免賠額 Deductible Amount  US\$ _____	一百萬元保障 One Million Coverage Benefits	門診保障 Outpatient Benefits  賠償額 Reimbursement <input type="checkbox"/> 100% <input type="checkbox"/> 80%	牙科保障 Dental Benefits	人身意外 保障投保額 Personal Accident Benefits (US\$)	
1	<input checked="" type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes		
2	<input checked="" type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes		
3	<input checked="" type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes		
4	<input checked="" type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes		
5	<input checked="" type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes	<input type="checkbox"/> 參加 Yes		

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 is 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) 預防計劃 Preventive Care

(a) 免費週年身體健康檢查 Free Annual Health Checkup

準受保人 Proposed Insured(s)	週年身體健康檢查 Annual Health Checkup  項目編號 P1 Profile No. P1	週年牙齒保健計劃 Annual Dental Checkup  項目編號 DT Profile No. DT

(b) 自選健康檢查計劃 Optional Checkup Programme

準受保人 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.	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	男士健康 檢查計劃 Male Plan  (MP) HK\$500	癌症檢查 Cancer Screening  (CA) HK\$1,210	費用 Subtotal
1								HK\$
2								HK\$
3								HK\$
4								HK\$
5								HK\$
總費 Total :								HK\$

註：  
1. 有關自選健康檢查計劃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. 所有自選健康檢查計劃之全數費用，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:

- All subscription fees for the optional checkup programmes are non-refundable.
- All checkups must be completed before the expiry date specified on the checkup coupon.
- The subscription fees for all optional checkup programmes must be paid in full together with the first premium.
- 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"/> 各類型癌症或腫瘤 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 sanatorium 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／我們在此確認，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／我們確認貴公司有權要求本人／我們提供更多有關本人／我們的健康狀況，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之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有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	所有準受保人簽署 Signature of all Proposed Insured(s)
		1. _____ 4. _____ 2. _____ 5. _____ 3. _____

\* 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

請選擇付款方法並且填寫適當部分。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

(建議使用投保人之信用卡。只接受港元信用卡戶口。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, Credit Card Account No., Cardholder Name, Expiry Date, Relationship, and Declaration sections.

\* 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 (Blue Cross (Asia-Pacific) Insurance Limited), 銀行編號, 分行編號, 戶方戶口號碼, and Declaration sections.

扣賬資料 (本公司專用) Debtor Reference (For Office Use Only) and 由銀行填寫 For Bank Use Only section.

本公司專用 For Office Use Only section. Includes fields for Policy No., Policyholder, Agent Code, and Reason of Submission.



## 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、業務或其他利益或活動，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、承包商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之服務及產品（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  
29<sup>th</sup> 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