

[暂行]

全球医疗保险团体健康声明
International Healthcare Plan Group Medical Declaration

请填写下列全部空格。
Please complete all sections of this form in **BLOCK CAPITALS**

公司名称:
Name of Company:
地址:
Address:
邮编:
Postcode:
所包含的子公司名称:
Name(s) of any subsidiary Company (ies) to be included:

投保时间:
Date of Entry:
投保人数:
Number of employee to be insured:
投保员工范围 (如, 全部员工、一定级别/工资水准/服务年限的员工等):
Staff eligibility (e.g. all staff, staff attaining a certain grade/salary level/length of service, etc.)

经纪公司:
Your intermediary/agent:

声明:

Declaration:

基于我/我们所知, 我/我们在此声明, 在最近 3 个月内没有被保险人接受任何住院治疗, 也没有被保险或准被保险人在正在或准备接受任何住院治疗。

I/We hereby declare to the best of my/Our knowledge that no Insured person has received In-patient treatment of any kind within the last three months, and that no Insured person or potential Insured person has any ongoing or planned In-patient treatment of any kind.

并且, 基于我/我们所知, 我/我们声明没有被保险或准被保险人在正在或准备接受癌症、心、肺、骨伤或精神疾病的治疗。

Furthermore, I/We declare that to the best of my/Our knowledge, no Insured person or potential Insured person has any on-going or planned Treatment in respect of cancer, heart, lung, orthopedic or psychiatric related conditions.

我/我们接受中国人寿对于某一被保险或准被保险现有人保障的责任免除/限制。

I/We accept that any personal exclusions/limitations relating to an Insured person's or potential Insured person's existing cover will be maintained by China Life.

为了保护您所提供的信息，本公司仅将您的个人数据用于保险管理。这些信息，仅会透露给必要的第三方及再保险人。
For Data Protection Act purposes China Life will hold and process Your personal data for insurance administration. The information may only be passed to selected third parties and re-insurers.

您同意我们处理一些敏感数据，包括您和本保单下的其他被保险人及准被保险人。您理解，您所提供的所有数据必须是真实的，并且您已取得其他被保险人的同意，透露他们的个人信息。电话将有可能被监听和/或纪录。

You consent to our processing sensitive data about You and other Insured persons or potential Insured persons who may be included in the Policy. You understand that all personal data You supply must be accurate and You have the specific consent of those Insured persons or potential Insured persons to disclose their personal data. Telephone calls may be monitored and/or recorded.

投保人签字: _____ 日期 Date: _____ 日 day _____ 月 month _____ 年 year

Signature of Applicant:

公司职位: _____

Position of Company: