

Broker Name 經紀名稱:

Broker Code 經紀編號:

**(A) COMPANY INFORMATION 公司資料** (only applicable if the application is through your Company 若是經公司申請, 請填寫此欄)

Company Name and Policy No.(if any) :

公司名稱及保單號碼 (如有) :

Company Address :

公司地址 :

Contact Person :

聯絡人姓名 :

Mr/Ms\*

先生/女士\*

Contact Tel. No.

聯絡電話 :

**(B) PERSONAL PARTICULARS 個人資料** (please use one form for one participant 每位參加者請各自填寫一張表格)

Name of Participant 參加者姓名	(In English) (英文)	(In Chinese) (中文)	Reference No. (if any) 參考號碼 (如有)
Identity Card/Passport Number 身份證/護照號碼		Sex 性別	Date of Birth 出生日期 M 月 D 日 Y 年
Contact Telephone Number 聯絡電話號碼	(Mobile Phone) (手提電話)	(Office) (辦公室)	(Home) (住宅)
Correspondence Address 通訊地址			

All participants must provide a copy of identity card. 所有參加者必須遞交身份證明文件副本。

**(C) CHECK-UP ITEMS 檢驗項目** (Please “√” as appropriate 請於適當方格加上“√”號)

<b>Health Check-Ups 健康檢查計劃</b>			
Basic Profile 基本檢查計劃 <input type="checkbox"/> HK\$250	Standard Profile 標準檢查計劃 <input type="checkbox"/> HK\$780	Premier Profile 優越檢查計劃 <input type="checkbox"/> HK\$1,150	Supreme Profile 尊貴檢查計劃 <input type="checkbox"/> HK\$2,680
Additional Items 自選項目			
Cancer Marker 腫瘤指標測試 <input type="checkbox"/> HK\$830	Well-Men Program 男士健康檢查 <input type="checkbox"/> HK\$240	Well-Women Program 女士健康檢查 <input type="checkbox"/> HK\$400	
Mammogram & USG Breast 乳房 X 光造影及乳房超聲波掃描 (recommended for Female over aged 40) (建議適用於年齡超過四十歲之女性) <input type="checkbox"/> HK\$1,200	DEXA Spine & Hip 骨質密度 - 腰椎及股骨 (recommended for Female over aged 50) (建議適用於年齡超過五十歲之女性) <input type="checkbox"/> HK\$460		
Fibroscan of Liver 肝臟纖維化掃描 (recommended for those who are suffering from fatty liver or Hepatitis B carrier) (建議適用於脂肪肝患者或乙型肝炎帶菌者) <input type="checkbox"/> HK\$720	Treadmill 運動心電圖 <input type="checkbox"/> HK\$1,320		
<b>Immunization Programs 預防疫苗注射計劃</b>			
Hepatitis A 甲型肝炎	Hepatitis A Virus Antibody IgG 甲型肝炎抗體 <input type="checkbox"/> HK\$ 130	Hepatitis A Vaccination (2 doses) 甲型肝炎疫苗注射(2 次注射) <input type="checkbox"/> HK\$980	
Hepatitis B 乙型肝炎	Hepatitis B Antigen 乙型肝炎表面抗原 <input type="checkbox"/> HK\$110	Hepatitis B Antibody 乙型肝炎表面抗體 <input type="checkbox"/> HK\$130	
	Hepatitis B Antigen & Antibody 乙型肝炎表面抗原及抗體 <input type="checkbox"/> HK\$220	Hepatitis B Vaccination (3 doses) 乙型肝炎疫苗注射(3 次注射) <input type="checkbox"/> HK\$590	
Hepatitis A+B 甲型及乙型肝炎	Hepatitis A Virus Antibody IgG + Hepatitis B Antigen & Antibody 甲型肝炎抗體 + 乙型肝炎表面抗原及抗體 <input type="checkbox"/> HK\$330	Hepatitis A & B Vaccination (3 doses) 甲型 + 乙型肝炎疫苗注射(3 次注射) <input type="checkbox"/> HK\$1,470	
Others 其他	Influenza Vaccination 流行性感冒疫苗注射 <input type="checkbox"/> HK\$160	Cervical Cancer Vaccination (3 doses) 子宮頸癌疫苗注射(3 次注射) <input type="checkbox"/> HK\$3,830	

Total 總數

HK\$ 港幣:

**(D) PAYMENT METHOD 付款方式**
☐

By Cheque 支票付款

 Please send this form together with your cheque payment (*cheque payable to "MassMutual Asia Ltd."*) to us for registration.

請連同支票(支票抬頭請寫上「美國萬通保險亞洲有限公司」)與參加表格一併交回本公司。

☐

By Credit Card 信用卡付款

Please complete the following authorization form. 請填妥以下授權書。

Upon receipt your enrollment will then issue a Certificate of Eligibility to you for enjoying this program.

收妥閣下之申請後, 本公司將會簽發保障證明書予閣下以享用此計劃。

**Declaration & Authorization 聲明及授權:**

**Personal Information Collection Statement (“PICS”) 個人資料收集聲明**

**Purposes of Personal Information Collection 收集個人資料的目的**

Your personal information collected by or held by MassMutual Asia Limited (“MMA”) may be used for the purposes of: 美國萬通保險亞洲有限公司(下稱「美國萬通亞洲」)所收集或持有的閣下的個人資料可能會被用於下列目的:

- approving, evaluating or processing your application/program service request; 批核、評審及處理閣下之計劃申請／計劃服務要求；
- administering or maintaining your program; 就閣下之計劃提供行政或持續的服務；
- adjudicating your claims, or conducting any investigation or analysis of your claims; or 評核閣下索償，或就閣下之索償進行調查或分析；或
- data matching 資料核對

Please note that failure to provide any information requested by MMA may result in MMA not being able to process your application/program service request. 請注意，閣下必須提供美國萬通亞洲所需的個人資料，否則，美國萬通亞洲將不能處理閣下之申請或就閣下之計劃提供服務。

**Transfer of Personal Information 轉移個人資料**

Your personal information collected by or held by MMA may be transferred or disclosed by MMA to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental/regulatory functions: 美國萬通亞洲可能為達到上述目的或讓政府／監管機構（不論在香港或海外）執行其職務而向以下任何一方（不論在香港或海外）轉移或透露由美國萬通亞洲收集或持有關於閣下的個人資料：

- MassMutual group companies and their associated/affiliated companies; MassMutual 集團成員公司及其關聯或相關公司；
- financial institutions, insurance companies, intermediaries and reinsurers; 金融機構、保險公司、中介人或再保險公司；
- claims investigation companies or any companies/persons necessary for claims assessment/ investigation; 賠償調查公司及所需有關評核索償之公司及／或人士；
- industry associations/federations and their members; 行業組織／聯會及其成員；
- governmental/regulatory bodies and law enforcement agencies; and 政府部門或監管機構和執法機構；及
- service providers and selected persons which are under a duty of confidentiality to MMA 與美國萬通亞洲有保密協議的服務提供者及其他人士

**Access to or Correction of Personal Information 查閱或更改個人資料**

You have the right to access to, and to correct, any of your personal information held by MMA by writing to our EB Personal Data Protection Officer, Employee Benefits Department, at 27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong. MMA may charge a reasonable fee for the processing of such request. 閣下有權查閱和更改任何由美國萬通亞洲持有屬於閣下的個人資料。如有需要，閣下可與美國萬通亞洲僱員福利部的資料保護主任提出有關要求，並以書面方式呈交至香港灣仔駱克道 33 號美國萬通大廈 27 樓。處理上述要求時，美國萬通亞洲可能會收取合理費用。

1. I declare that I have read the above PICS and confirm that I fully understand and consent to the terms above. 本人聲明本人已閱讀個人資料收集聲明的內容，並確認本人明白及接受其條款。
2. I authorize MassMutual Asia Ltd. to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry. 本人在此授權美國萬通保險亞洲有限公司由「聯會」從保險業內收集的資料中查閱及/或核對本人的任何資料。
3. I understand that Certificate of Eligibility will be issued with a six-month validity from the date of issue. This is not refundable or transferable, and any lost certificate will not be replaced. 本人明白保障證明書會於簽發日起計六個月內生效。保障證明書不可轉讓，亦不設退款安排。如有遺失，將不獲補發。
4. I have read the product's Important Information and/or product brochure (if applicable) before signing this application form and I fully understood the contents thereof including the key product risks, key exclusions (if applicable), premium adjustment (if applicable) of the insurance plan(s) that I am applying in this application. 本人在簽署本投保申請書前已詳細閱讀有關產品的「重要資料」及／或產品冊子(如適用)及完全明白其內容，包括適用於本投保計劃的主要產品風險、主要不保事項(如適用)、保費調整(如適用)。
5. I declare that I understand, acknowledge and agree that the Insurer will pay the authorized insurance broker commission during the continuance of the program including renewals, for arranging the said program (including completion of any of its program services which results in increase in coverage and/or adjusted premium payment). The authorized person who signs on behalf of myself further confirms to the Insurer that he or she is authorized to do so. I further understand that this declaration is necessary for the Insurer to proceed with the application. 本人聲明本人明白、確知及同意，保險公司會就本人於計劃有效期內（包括續保期），向負責安排有關計劃獲授權的保險經紀支付佣金(包括完成其任何計劃服務而引致增加保障及／或支付調整保費)。代表本人簽署的獲授權人須向保險公司確認他/她已獲法人團體授權簽署。本人亦明白保險公司必須取得本人同意上述事項後，才可處理有關申請。

**Disclaimer 免責聲明**

You should always consult your family doctor before you decide to take the vaccination programme, MassMutual Asia Ltd. shall not be responsible for any complications arising out of your receiving the health check up/injection services or any direct, indirect, incidental, consequential or other damages you have or may have suffered whether based on contract, tort (in particular, negligence or malpractice by the appointed panel providing the health check up/vaccination services) or any other legal theory. 我們建議閣下於決定接受疫苗注射前應徵詢您的家庭醫生。美國萬通保險亞洲有限公司概不會承擔由體檢/疫苗注射服務所引致的併發症或任何基於合約、非侵權行為（尤其以提供有關服務的指定體檢中心的疏忽或醫療過失）或其他法規定理所直接的、間接的、偶發的、相因而生的損失或可能產生的損失。

Participant's Signature : \_\_\_\_\_

參加者簽署

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

日期 MM 月 DD 日 YY 年

**Credit Card Payment Authorization Form 信用卡付款授權書**

I authorize MassMutual Asia Limited to debit the following credit card account for all payments payable to MassMutual Asia Limited in relation to the Healthy-Life Check Up Program.

本人授權美國萬通保險亞洲有限公司在以下信用卡戶口扣除有關「健康人生」驗身計劃之所有費用。

**Credit Card Account Details 信用卡戶口資料 (PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫)**

☐ VISA ☐ MasterCard Name of Credit Card Issuing Bank 發卡銀行名稱 : \_\_\_\_\_

**Credit Card Number :**

信用卡號碼

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**Credit Card Valid Thru**

信用卡有效期至

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Name of Participant 參加者姓名 (In English 英文): \_\_\_\_\_

Credit Cardholder's Name 信用卡持有人姓名 (In English 英文): \_\_\_\_\_

Credit Cardholder's Relationship with Participant 信用卡持有人與參加者的關係 : \_\_\_\_\_

(If Cardholder is not the Participant 若信用卡持有人並非參加者必須申報)

Hong Kong Identity Card/Passport No. of Credit Cardholder 信用卡持有人的香港身份證/護照號碼 : \_\_\_\_\_

Contact Telephone Number 聯絡電話: \_\_\_\_\_

In consideration of MassMutual Asia Limited agreeing to the above, I acknowledge and agree that(notwithstanding any terms to the contrary in the relevant cardholder agreement governing the use of my above Credit Card) in the event of any dispute regarding charges aforesaid, I will raise it within 30 days from the program effective date, failing which I hereby waive all my rights against MassMutual Asia Limited or any person in respect of such charges or payments. 有鑑於美國萬通保險亞洲有限公司同意上述安排，本人了解及同意(縱然抵觸「信用卡使用守則」)若本人對上述信用卡賬戶支取費用有任何不滿，本人必須在計劃生效後 30 天內提出；否則，本人將放棄向美國萬通保險亞洲有限公司或有關人士追究的權利。

Signature 簽名 : \_\_\_\_\_ Date 日期: \_\_\_\_\_

Signature of Credit Card Holder 信用卡持有人簽名 (MM/DD/YY) (月/日/年)  
(same as Credit Card A/C Signature 與信用卡戶口之簽名相同)

MMA Reference No. 美國萬通參考編號: \_\_\_\_\_ (Internal use only 內部使用)

MassMutual Asia Ltd. 美國萬通保險亞洲有限公司

Hong Kong Head Office-27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong  
Macau Branch Office-Avenida Praia Grande No. 517, Edificio Comercial Nam Tung 16-E2, Macau

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**MassMutual**  
FINANCIAL GROUP<sup>SM</sup>

## 重要通告

### 美國萬通保險亞洲有限公司控股股東更改

於 2018 年 11 月 16 日，美國萬通保險亞洲有限公司（「萬通保險」）之控股股東，已由美國萬通國際（MassMutual International LLC）更改為雲鋒金融集團有限公司（「雲鋒金融」，HKSE:376.HK）和其他幾家亞洲投資者。現時，萬通保險的第一大股東為雲鋒金融旗下的雲鋒金融國際控股有限公司，擁有 60% 股權，餘下之股權則由新加坡政府投資公司（GIC），以及多家戰略投資者持有；而美國萬通國際通過成為雲鋒金融第二大股東，繼續擁有萬通保險的間接權益。

交易完成後，萬通保險的管理層、員工以及代理團隊保持完整，日常管理及運作不變，而保單持有人的權益亦不會受任何影響。有關交易之公告可瀏覽本公司網頁中的新聞發佈版面（<http://corp.massmutualasia.com/tc/Whats-New/Newsroom.aspx>）。

註： 美國萬通 及  MassMutual FINANCIAL GROUP<sup>SM</sup> 為美國萬通人壽保險公司及旗下各附屬公司的註冊商標。此商標已獲得許可下使用。美國萬通保險亞洲有限公司並非美國萬通人壽保險公司之附屬公司或集團成員。

MassMutual Asia Ltd.

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Website: [www.massmutualasia.com](http://www.massmutualasia.com)

美國萬通保險亞洲有限公司

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網址: [www.massmutualasia.com](http://www.massmutualasia.com)

## IMPORTANT NOTICE

### Change of Controlling Shareholders in MassMutual Asia Limited

Effective November 16, 2018, the controlling shareholders of MassMutual Asia Limited (MMA) have been changed from MassMutual International LLC to Yunfeng Financial Group Limited (YFGL, HKSE:376.HK) and several Asia-based investors. Yunfeng Financial International Holdings Limited, a wholly owned subsidiary of YFGL, is now the major shareholder in MMA, holding 60% of its issued shares, while the remaining interest in MMA is held by other investors, including GIC, Singapore's sovereign wealth fund; and several other strategic investors. At the same time, MassMutual International LLC continues to have an indirect interest in MMA by holding shares in YFGL.

After the completion of the transaction, the company's management team, staff and agencies will remain intact. The day-to-day management and business operations of the company remain unchanged. Policyholder benefits are not affected by the change. For the announcement regarding the deal, please visit the Newsroom page of MMA's website (<http://corp.massmutualasia.com/en/Whats-New/Newsroom.aspx>).

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