

Policyowner Name 保單持有人: _____ (Group Name 團體名稱)

Name of Agent and Agent code 營業員姓名及編號: _____

MEMBER'S PARTICULARS 成員資料

PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫

English Name : 英文姓名 :	Chinese Name : 中文姓名 :	Sex : 性別 :	ID Card No.: 身份證號碼 : ()
Nationality 國籍	Department 部門名稱	Date of Birth : 出生日期 : M 月 D 日 Y 年	
Phone No. : (Home) 電話號碼 : (住宅)	(Office) (辦公室)	(Mobile) (手提電話)	Email Address 電郵地址 :
Residential Address : (English) 居住地址 : (英文)			Permanent Address (If it is different from the Residential Address) : (English) 永久地址 (如跟居住地址不同) : (英文)

BENEFIT OPTIONS 保障範圍

Dental Care Plan 牙科保健計劃	Eligible Age : 6 – 70 years old 合資格投保年齡為 6 至 70 歲	Annual Premium 年費
Option 1 計劃 1 : Scaling and polishing once per year 每年 1 次洗牙		HK\$458
Option 2 計劃 2 : Scaling and polishing twice per year 每年 2 次洗牙		HK\$588

Proposed Insured's Particulars 投保人個人資料 Please list family members to be covered (if applicable) 請列明同時受保之家庭成員 (如適用)

English Name of Proposed Insured 投保人英文姓名	Relationship with the above member 與上述成員的關係	Date of Birth 出生日期			Sex 性別	Nationality 國籍	ID Card No. / Birth Cert. No. 身分證號碼/ 出世紙號碼	Dental 牙科保健		每年保費 (港元\$) Annual Premium (HK\$)
		M 月	D 日	Y 年				Option1 計劃 1	Option2 計劃 2	
	Member 成員	As above 同上						<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
All proposed insured must provide a copy of identity card 所有投保人必須遞交身份證明文件副本										Total Premium (HK\$) 保費總額 (港元\$)
If space is insufficient, please fill in the required information on a separate enrolment form and counter sign. 如空位不足, 請填寫另一份參加表格並在表格上加簽。										

Premium Payment Method 繳付保費方法:

☐ **By Cheque 支票** (Please attach a cheque made payable to “MassMutual Asia Ltd”. 請連同支票抬頭寫上「美國萬通保險亞洲有限公司」。)

☐ **By Credit Card 信用卡** (Please complete the overleaf “Credit Card Payment Authorization Form” 請填寫背頁之「信用卡付款授權書」。)

Premium Payment Mode 繳付保費方式: Annually 年繳

Declaration & Agreement 聲明及同意:

- I confirm that all of the above information is complete and correct.
本人證實以上資料完全真確無誤。
- I agree that the benefits provided by MassMutual Asia Ltd. (“the Company”) are subject to the Limitations & Exclusions, and the terms and conditions as stated in the Policy.
本人同意由美國萬通保險亞洲有限公司(貴公司)所提供的保障是受保單所列明的限制及不保事項及條款限制。
- I understand that this Plan is a non-refundable program and it will be automatically renewed on an annual basis subject to the payment of renewal premium in advance. The Company reserves the right not to renew the benefits upon Policy Anniversary at its sole discretion. I also understand that a full description of network medical services will be provided in the Policy Schedule.
本人明白此計劃已繳付的保費將不予退還, 保障並將按年自動續保, 續保保費須於續保前繳付。本公司亦保留權利於保單週年不予續保。本人同時明白本計劃所提供的網絡醫療服務是根據已列明於本保單的保單計劃表內。
- I agree that the Company shall not be held responsible for any damages incurred through tort, negligence, breach of contract or malpractice by the Appointed Panel of Medical Practitioners, or which result from any defective or dangerous condition in or about the medical facility premises. I also agree that the Company does not undertake any obligation with regard to the Appointed Panel of Medical Practitioner's practice or services except to warrant that the Appointed Panel of Medical Practitioners are currently the General Dental Practitioners for the purposes of rendering dental services in Hong Kong under the laws of Hong Kong.
本人同意貴公司不需承擔因委任網絡醫生之疏忽、失職、違約、侵權行為、使用不符合標準的診療設施或提供不安全之診療場所等而導致任何人有所損失的一切責任; 本人並同意貴公司不會保證委任網絡醫生之專業操守, 但可保證委任網絡醫生確為現時在香港法律下可在香港執業的牙科醫生。
- I understand that I am required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I fail or refuse to do so, the Company shall have the right to disapprove the application.
本人明白本人必須提供符合貴公司要求之有效證明文件(例如身份證明及地址證明)予貴公司, 讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第 615 章所載, 對本人、保單之最終實益擁有人(如有)及本人之授權簽署人士(如適用)進行客戶盡職審查。如本人未符合此要求, 貴公司有權不批核上述申請。
- I undertake to inform the Company forthwith of any changes to my information provided to it under this application and shall provide documentary proofs of such changes to the satisfaction of the Company forthwith upon its request.
本人保證會立即通知貴公司本人根據這申請所提供的資料之更新, 及於貴公司的要求下, 立刻向貴公司提供與更新有關的及符合貴公司要求之證明文件。
- I, being the ultimate beneficial owner of the Policy, am acting on my behalf to own and control all the rights of the Policy. If this is not the case, I shall put down the relationship and the personal particulars of the ultimate beneficial owner of the Policy in the “Others” of this application and provide valid documentation proofs (such as his/her identity document and address proof) to the satisfaction of the Company.
本人作為按本保單之實益擁有人, 是為本人擁有及控制本保單所賦與的所有權益。若非如此, 本人會於本申請書「其他個人資料」項目內提供本保單的實益擁有人的個人資料及與本人之關係, 並向貴公司提供其有效的身份證明文件、住址和永久地址證明。
- 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)。

MassMutual Asia Ltd. 美國萬通保險亞洲有限公司

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Others 其他個人資料

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 insurance application/policy service request; 批核、評審及處理閣下之投保計劃申請／保單服務要求；
- administering, maintaining or reinsuring your policies; 就閣下之保單提供行政、持續或再保險的服務；
- 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 insurance application/policy 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投保申請或就閣下之保單提供服務。

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屬於閣下的個人資料：

- 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; 賠償調查公司及所有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。

9. 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。

Note : If the duly completed enrolment form and the required premium are received by MassMutual Asia Ltd. on or before 20th of the month, the benefits will come into effect on the first day of the following month, otherwise the benefits will come into effect on the first day of the month after the following month. 若本公司於每月 20 號或之前收到填妥的參加表格及應繳保費，保障將由下月首日生效，否則保障將於隨後第 2 個月的首日生效。

Signature of Member : _____
成員簽署

Date : _____
日期 M 月 D 日 Y 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 annual payments payable to MassMutual Asia Limited in relation to the MassMutual Voluntary Group Assurance Plan until further notice. 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美國萬通自選福利計劃之年費直至另行通知。

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

Credit Card Valid Thru 信用卡有效期至

M M

Y Y Y Y

Name of Member 成員姓名 (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 Member 信用卡持有人與成員的關係 : _____

(If Cardholder is neither the Member nor Insured 若信用卡持有人並非成員或受保人必須申報)

Hong Kong Identity Card No./ Passport No. 信用卡持有人的香港身份證號碼 / 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 benefit 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，本人必須在保障生效後 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

M 月 / D 日 / Y 年

(same as Credit Card A/C Signature 與信用卡戶口之簽名相同)

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MassMutual
FINANCIAL GROUPSM

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 GROUPSM 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。

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網址: 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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