

ADDITION FORM

參加員工資料表格

EMPLOYEE BENEFITS SCHEME 僱員福利計劃

Company Name: _____

公司名稱

Subsidiary Company Name: _____

附屬公司名稱

Policy No.: ^1 _____

保單號碼

(Life)(人壽) _____

(Medical)(醫療) _____

Benefits Class ^2 福利 類別 ^2	Identity Document Type ^3 身份證明 文件類別 ^3	Identity Document Number ^4 身份證明 文件號碼 ^4	Name of Proposed Insured (As shown in Bank Account) 準受保人姓名 (請依照銀行戶口姓名填寫)	Proposed Insured Type ^5 準受保人 類別 ^5	Sex 性別	Nationality ^6 國籍 ^6	Date of Birth (MM/DD/YY) 出生日期 (月 / 日 / 年)	Date of Employment* (MM/DD/YY) 入職日期* (月 / 日 / 年)	Effective Date (MM/DD/YY) 生效日期 (月 / 日 / 年)	Basic Monthly Salary* 每月基本 薪金*	Date of Marriage (MM/DD/YY) 結婚日期 (月 / 日 / 年)	Name of Employee** 僱員姓名**	Relationship with Employee** 準受保人與 僱員之關係**	Employee's Bank Account No* 僱員之銀行戶口號碼*			
															Bank 銀行	Branch 分行	Account 戶口號碼
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CHANGES & TERMINATION FORM

員工資料更改及離職表格

EMPLOYEE BENEFITS SCHEME 僱員福利計劃

Company Name: _____

公司名稱

Subsidiary Company Name: _____

附屬公司名稱

Policy No.^{^1}: _____

保單號碼

(Life)(人壽) _____

(Medical)(醫療) _____

Report of Changes 資料更改報告									
Identity Document / Certificate Number 身份證明文件/ 証書號碼	Name of Insured Member 受保人姓名	New Benefits Class ^2 新福利 類別 ^2	New Basic Monthly Salary* 新每月基本 薪金*	New Subsidiary Company* 新附屬公司*	New Nationality ^3 新國籍 ^3	Employee's New Bank Account No* 僱員之新銀行戶口號碼*			Effective Date (MM/DD/YY) 生效日期 (月 / 日 / 年)
						Bank 銀行	Branch 分行	Account 戶口號碼	
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New Country of Residence 新原居地:** _____				New Email Address 新電郵信箱: * # _____					
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New Country of Residence 新原居地:** _____				New Email Address 新電郵信箱: * # _____					

Report of Termination 離職報告		
Note: Please return and attach the MassMutual Asia Medical Cards of the terminated employees and their dependent to this form. 注意：請退回即將離職之員工及其家屬之美國萬通保險醫療卡並連同此表格一併交回本公司。		
Identification/ Certificate No. 身份證明文件/ 証書號碼	Name of Employee / Dependents 僱員 / 家屬姓名	Last day of Employment (MM/DD/YY) 最後受僱日期 (月 / 日 / 年)

Declaration 聲明:

The Company/Subsidiary Company confirms that its employees/their dependent have been informed and agreed to the release of the above completed personal information to MassMutual Asia Ltd. ("MMA") and vice versa from MMA to the Company/Subsidiary Company. It is agreed that the information provided may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary for a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. The Company/Subsidiary Company has verified the identification documents and address proofs of all its employees and their dependent enrolled or to be enrolled whether under this form or otherwise, it undertakes to keep such information up to date and shall inform MMA of any changes to such information and provide documentary proofs of such changes to the satisfaction of MMA forthwith upon its request.

本公司 / 附屬公司證明已通知並獲申報員工及其家屬的同意，將其個人資料提供予美國萬通保險亞洲有限公司（「美國萬通」），反之亦然。所提供的資料將可轉交予其他有關公司或任何其他進行保險或再保業務的公司；或中間人作賠償及調查之用；或
其他提供保險服務的提供者；或任何現存及將來成立的保險公司協會或聯會。本公司/附屬公司已核對所有僱員及其家屬之身份證明文件及住址證明，包括以此或其他表格作出登記或將會登記，並保證會保存最新的資料及通知美國萬通有關那些資料之更新。

本公司/附屬公司保證會在美國萬通的要求下，立刻向其提交與該更改有關及令其滿意的文件。

* To be completed by Employee 只供僱員填寫

** To be completed only for Medical Policy 只供醫療保單填寫

Only applicable to a policy which has selected to use E-claims Advice service 只適用於已選用電子賠償通知書服務之保單

Authorized Signature
& Company Chop
負責人簽署及公司印章: _____

Date
日期: _____

^1 Please provide both life & medical policy number if the enrolment is for both products. 如需要同時加入人壽及醫療保險計劃, 請填寫人壽及醫療保單號碼

^2 Please follow the classification defined in the policy provision 請根據保單上訂立之福利計劃類別填寫

^3 No need to fill in if the proposed insured is a HK permanent resident 如準受保人為香港永久居民，請不用填寫