

Lost Medical Card Declaration 遺失醫療咭聲明書

I, _____ (HKID/Passport Number: _____) hereby declare that my Medical Card (Certificate Number: _____) is no longer in my possession and should be considered as void. I further declare that should I recover the reported lost card it will be returned to MassMutual Asia Ltd. immediately.

本人 _____ (香港身分證/護照號碼: _____) 謹此聲明, 本人之醫療咭 (証書號碼為: _____) 經已遺失, 請予註銷。如本人及後發現上述已遺失的醫療咭, 本人必定將其退還予美國萬通保險亞洲有限公司。

Declared by Cardholder 持咭人聲明	Certified by Employer 僱主證明	For Office use only 美國萬通保險亞洲專用				
Signature 簽署	Authorized Signature with Company chop 公司蓋章及授權簽署	Received on 收件日 (M月/D日/Y年)	Input 輸入		Card Re-issued 補發醫療咭	
			Date 日期	By 經手人	Date 日期	By 經手人
Date 日期: (M月/D日/Y年)	Date 日期: (M月/D日/Y年)					

PLEASE INDICATE WHETHER YOU WOULD LIKE TO HAVE A REPLACEMENT CARD.

閣下需否美國萬通保險亞洲有限公司補發醫療咭?

Yes 是 No 否

☐ ☐

(PLEASE TICK 請選擇)

NOTE: A SERVICE FEE OF HK\$50 WILL BE CHARGED FOR CARD REPLACEMENT. PLEASE ATTACH A CHEQUE MADE PAYABLE TO "MASSMUTUAL ASIA LTD."

備註: 補發醫療咭費用為每張咭港幣50元。請連同劃線支票一併交回本公司, 支票抬頭請填寫「美國萬通保險亞洲有限公司」。

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