

Annual Premium* 每年保費*(HK\$)(港元\$)	
Plan 1 計劃一	Plan 2 計劃二
2,450	3,400

*For aged 15 days to 65 years on last birthday.

*適用於初生 15 天至上次生日歲數為 65 歲。

NOTE 註：

If the application form and required premium are received by MassMutual Asia between 5th and 20th of the month, the coverage will start on the 1st of the following month.
若本公司於每月的 5 號至 20 號接獲投保書及所需保費，保障將由下個月的 1 號開始生效。

If the application form and required premium are received by MassMutual Asia between 21st and 4th of the following month, the coverage will start on the 15th of the following month.
若本公司於每月的 21 號至下個月的 4 號內接獲投保書及所需保費，保障將由下個月的 15 號開始生效。

Policy Number 保單號碼
Name of Broker 保險經紀姓名
Broker Code 保險經紀編號

PLEASE COMPLETE IN BLOCK LETTERS 請用正楷填寫

Policy Owner's Particulars 保單持有人資料

Name : <i>(English)</i> 姓名 : <i>(英文)</i>	Chinese Name : 中文姓名 :	Sex : 性別:	Date of Birth : 出生日期 : M 月 D 日 Y 年	Nationality: 國籍:
Residential Address : <i>(English)</i> 居住地址 : <i>(英文)</i>		Phone No. : <i>(Home)</i> 電話 : <i>(住宅)</i>	<i>(Mobile)</i> <i>(手提電話)</i>	HKID Card No.: 身份證號碼 : ()
Permanent Address (If it is different from the Residential Address) : <i>(English)</i> 永久地址 (如跟居住地址不同) : <i>(英文)</i>				E-Mail Address 電郵地址:
Education Level: 教育程度: <input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Secondary / Post-Secondary 中學				Occupation: 職業:
<input type="checkbox"/> Tertiary / University or above 大專程度或以上 <input type="checkbox"/> Vocational / Technical Institute 職業專才教育機構				

Policy Owner must provide a certified true copy of his/her identification document. For non-permanent Hong Kong resident, please also provide a certified true copy of passport.
保單持有人需提供身份證明文件的認證副本。如非香港永久居民，請另外提供護照的認證副本。

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

Name of Proposed Insured 受保人英文姓名	Relationship with Policyowner 與保單持有人的關係	Nationality 國籍	Date of Birth 出生日期			Sex 性別	HKID Card No. / Birth Cert. No. # 身分證號碼/ 出世紙號碼#	Please select appropriate Plan <input checked="" type="checkbox"/> 請選擇投保計劃 <input checked="" type="checkbox"/>		Annual Premium (HK\$) 每年保費 (港元\$)
			M 月	D 日	Y 年			Plan 1 計劃一	Plan 2 計劃二	
	Policyowner 保單持有人		As above 同上							

Child below 6 years old must insure with at least one family member aged between 18 and 65.

6 歲以下小童必須與一位或以上之 18 歲至 65 歲的家庭成員一起同時投保。

Please provide a copy of HKID card/Birth Certificate 請提供身份證明文件副本。

**Total Premium (HK\$)
保費總額 (港元\$)**

Premium Payment Method 繳付保費方法 : By Cheque 支票 (Cheque payable to "MassMutual Asia Ltd.". 支票抬頭請寫上「美國萬通保險亞洲有限公司」。)

Premium Payment Mode 繳付保費方式 : Annually 年繳

Declaration & Agreement 聲明及同意

- I verify that all of the above information is correct and that the amount of the premium will be determined by the plan type; and
本人證實以上資料完全真確無誤，並明白保費將按計劃級別來釐定；及
- I agree that MassMutual Asia Ltd ("the Company") will provide out-patient care and treatment subject to the Exclusions as listed in the Policy Provision to me or my dependents to be rendered by the Appointed Panel of Medical Practitioners, subject to the terms and conditions as stated in the Policy; and
本人同意根據保單所列明的條款由美國萬通保險亞洲有限公司(貴公司)透過委任網絡醫生所提供的門診醫療服務但不包括在保單條款中列明的不保事項予本人或本人已投保之家屬；及
- I understand and agree that any sickness or injury for which all the above insured have received medical or paramedical advice or treatment prior to the effective date of this plan will not be covered; and
本人明白及同意本計劃的保障範圍並不包括所有投保前本人或本人已投保家屬已患有並曾接受治療的疾病或損傷；及
- I understand that this Out-patient Insurance Plan is a one(1) year program. The Policy will be renewed on an annual basis and paid renewal premium will be non-refundable. The Company reserves the right not to renew the benefits upon Policy anniversary at its discretion. I also understand that a full description of services will be provided in the Certificate of Benefits; and
本人明白此個人門診保障計劃是一份為期一年的合約，保單將按年續保及已繳付的續保保費將不予退還。貴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予本人或本人已投保家屬的門診醫療服務是根據已列明於本保單的保障證明書內；及
- 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 registered doctors and listed/registered Chinese Medical Practitioners for the purposes of rendering medical services in Hong Kong; and
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、非法行為、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可在香港執業的註冊醫生及表列/註冊的中醫師；及

MassMutual Asia Ltd. 美國萬通保險亞洲有限公司

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6. I authorize any medical attendant, hospital, insurance company or other organization, institution or person, who has any records or knowledge of the Proposed Insured or his/her health or who has been or may in the future be consulted by the Proposed Insured Child, to divulge to MassMutual Asia Ltd or its reinsurers or any legal tribunal any information he or she may have acquired with regard to the Proposed Insured Child for the purpose of evaluating the insurance risk of his/her application. The photostatic copies of this authorization shall be as effective and valid as the original.

本人謹此授權任何醫生、醫院、診所或保險公司，凡知道或擁有有關受保兒童資料者，均可將任何資料提供給美國萬通保險亞洲有限公司，以作為評核此保險申請之用。本授權書的影印本與正本有同等效力。

7. I understand that I am required to provide valid documentation proofs (such as identity document) 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)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。

8. 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。

9. 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) 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予的所有權益。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。

10. 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)。

Others 其他個人資料

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<p>Personal Information Collection Statement ("PICS") 個人資料收集聲明</p> <p><u>Purposes of Personal Information Collection 收集個人資料的目的</u></p> <p>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:</p> <ul style="list-style-type: none">- 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 <p>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。</p> <p><u>Transfer of Personal Information 轉移個人資料</u></p> <p>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：</p> <ul style="list-style-type: none">- 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 <p><u>Access to or Correction of Personal Information 查閱或更改個人資料</u></p> <p>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。</p>

11. 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。

12. I declare that I understand, acknowledge and agree that the Insurer will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy (including completion of any of its policy services which results in increase in insurance 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保單有效期內(包括續保期)，向負責安排有關保單獲授權的保險經紀支付佣金(包括完成其任何保單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。

13. **Cancellation Rights & Refund of Premium(s)**
取消保單權益及發還保費
- I understand that I have the right to cancel the Policy and obtain a refund of any premium(s) paid*, by giving written request for cancellation with my signature on it and returning original policy and medical card(s) to the Company. Such written request for cancellation must be received directly by the Company (at 27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong.) within 21 days after the delivery of the policy or issue of a notice to me or my representative, whichever is the earlier.**
- * No refund can be made if any medical treatment under the plan has been obtained.**
- 本人明白本人有權取消保單及取回已繳保費*，惟本人必須以有本人簽署的書面要求，及連同退回保單正本及醫療卡予貴公司。該書面要求必須確保貴公司(香港灣仔駱克道 33 號美國萬通大廈 27 樓辦事處)於以下時段內直接收到該份函件：保單交付本人或本人代表後或《通知書》發予本人或本人代表後，起計的 21 天，以較先者為準。
- *如果本人曾經使用本計劃內的任何醫療服務，保費將不會被發還。**

Signature of Policy Owner : _____
保單持有人簽署

Date : _____ / _____ / _____
日期 M 月 D 日 Y 年

MassMutual Asia Ltd. 美國萬通保險亞洲有限公司

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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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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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