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## 健康狀況申報表 – 只適用於自願醫保計劃「衛您健康 / 健康常伴優越醫療保險計劃」 HEALTH DECLARATION – FOR VOLUNTARY HEALTH INSURANCE SCHEME POLICY「GUARD YOUR HEALTH / HEALTHY LIFE MEDICAL INSURANCE PLAN」

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人編號 Insurance Intermediary's Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

### 關於(準)受保人之問題 QUESTIONS CONCERNING (PROPOSED) INSURED

以下健康問題可取替「人壽保險要保書」內「第五及第六部份」。由(準)保單持有人就(準)受保人之情況作答(若與準受保人不同)。請於下列適當之方格加上「✓」號。如不適用，請把相關部份刪除。  
 The following health questions can replace Section V and Section VI of Life Insurance Application Form. To be completed by (Proposed) Policyholder on the conditions of (Proposed) Insured (if different from (Proposed) Insured). Please tick the appropriate box below. Please cross out the irrelevant part(s) if not applicable.

#### A. 居住地資料 RESIDENTIAL INFORMATION

1	閣下曾否於過去十二個月內或打算在未來十二個月內在香港地區、澳門地區及中國內地以外居留超過六個月(旅遊除外)? 如是，請在下表註明國家、城市、原因及時間。 Have you resided or intended to reside outside Hong Kong Region, Macau Region and Mainland China for more than 6 months during the last 12 months or in the coming 12 months (except for Holiday)? If Yes, please state the country, city, reason(s) and duration in the table below.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No												
	<table border="1"> <thead> <tr> <th></th> <th>準受保人 Proposed Insured</th> <th>準保單持有人 Proposed Policyholder</th> </tr> </thead> <tbody> <tr> <td>國家及城市 Name of Country and City (請列出所有 Please state all)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>逗留原因 Reason of Stay</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>時間(月數) Duration (Month(s))</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		準受保人 Proposed Insured	準保單持有人 Proposed Policyholder	國家及城市 Name of Country and City (請列出所有 Please state all)	<input type="text"/>	<input type="text"/>	逗留原因 Reason of Stay	<input type="text"/>	<input type="text"/>	時間(月數) Duration (Month(s))	<input type="text"/>	<input type="text"/>	
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時間(月數) Duration (Month(s))	<input type="text"/>	<input type="text"/>												

#### B. 基本資料 GENERAL INFORMATION

1	閣下的身高? Your height?	厘米 cm
2	閣下的體重? Your weight?	公斤 Kg
	閣下有沒有吸煙或在過去十二個月內曾否吸煙? 如「是」，請填寫下列問題 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。 Do you smoke or have you smoked in the last 12 months? If Yes, please complete below questions For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(i) 煙草產品種類 Type of tobacco product	<input type="text"/>
	(ii) 每日平均吸煙多少支? Average number of pieces daily?	支 piece(s)
	(iii) 吸煙已有多少年? For how many years have you smoked?	年 year(s)
4	在過去十二個月內，閣下是否平均每週飲用酒精飲品超過三次? 如「是」，請填寫下列問題 In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? If Yes, please complete below questions	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(i) 酒精飲品種類 Type of alcoholic beverage	<input type="text"/>
	(ii) 每週平均飲用多少杯? Average quantity of consumption?	杯 glass(es)
	(iii) 飲用酒精飲品已多少年? For how many years have you drink?	年 year(s)



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5	<p>在過去五年內，閣下曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？如「是」，請填寫下列問題</p> <p>In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month? If Yes, please complete below questions</p>	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(i) 藥物種類 Type of drugs	
	(ii) 每日平均使用份量 Average quantity of consumption?	
	(iii) 已使用多少年? For how many years have you consumed?	年 year(s)
6	<p>閣下曾否在過去十二個月內或會否在未來十二個月內參與以下活動？</p> <p>Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months?</p>	
	(a) 任何危險性運動或活動（例如潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）？如有，請填寫有關之問卷。 Any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding)? If Yes, please complete the appropriate questionnaire.	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(b) 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）。如有，請填寫飛行問卷。 Flying activities other than as a fare-paying passenger of a licensed air service operating within recognized scheduled routes. If Yes, please complete Aviation Questionnaire.	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>

**C. 健康資料 HEALTH INFORMATION**

申請人須知：無需於 C 部問題披露以下健康狀況或治療 -

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。  
若以下第 7 至 14 項任何一項問題之答案為「是」者，請於 D 部回答相關的跟進問題。

Note for applicant(s): Questions of Part C do not require the applicant(s) to disclose information regarding the medical conditions or treatments below - Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia. If your answer to any of the questions 7 - 14 below is "Yes", please proceed to answer the relevant follow-up questions in Part D.

7	<p>閣下是否曾被確診下列疾病或健康狀況？</p> <p>Have you ever been diagnosed with any of the following diseases or medical conditions?</p>	
	(a) 癌症或原位癌 Cancer or carcinoma in situ	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(b) 腦部腫瘤 Brain tumor	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(c) 心臟疾病 Heart disease	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(d) 中風（包括短暫性腦缺血，俗稱「小中風」） Stroke (including transient ischemic attack (TIA))	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(e) 高血壓 Hypertension	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(f) 糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(g) 腎病 Kidney disease	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(h) 椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(i) 需要植入醫療儀器或義肢的疾病或健康狀況 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(j) 人體免疫力缺乏病毒（愛滋病病毒）感染 Human immunodeficiency virus ("HIV") infection	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(k) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常） Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>
	(l) 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing	<p><input type="checkbox"/> 是 Yes    <input type="checkbox"/> 否 No</p>

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	(m) 精神健康狀況 (例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(n) 高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(o) 肝臟疾病 (例如乙型或丙型肝炎 (包括測試呈陽性反應)、脂肪肝或肝硬化) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(p) 多發性硬化症 Multiple sclerosis	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
8	閣下目前是否患有下列疾病或健康狀況? Do you currently have any of the following diseases or medical conditions?	
	(a) 疝氣 (俗稱「小腸氣」) Hernia	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(b) 乳房病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生) Breast lesion (tumour / mass / lump / cyst / nodule / growth)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(c) 子宮或卵巢病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘻肉 / 結節 / 增生) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(d) 良性前列腺肥大 Benign prostatic hypertrophy	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(e) 膽結石或泌尿道結石 (腎結石、輸尿管結石或膀胱結石) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(f) 白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(g) 關節炎或其他關節疾病 Arthritis or other joint disorder	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
9	在過去五年內，閣下是否曾經或被建議定期或持續 (例如每月、每兩個月、每半年、每年) 為任何疾病或健康狀況接受專業醫護人員 (例如專科醫生、物理治療師、精神科醫生) 的跟進診治或醫療護理? In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
10	在過去五年內，閣下是否曾被醫生建議定期 (例如按醫生指示每日 / 每週一次 / 有需要時) 服用為期超過一個月的處方藥物? In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
11	在過去五年內，閣下是否曾入住醫院? In the last 5 years, have you been admitted into a hospital?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
12	在過去五年內，閣下是否曾在非住院情況下接受外科程序 (包括內窺鏡檢查或活組織化驗)? In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
13	在過去五年內，閣下是否曾接受或曾被建議接受檢查 (例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)? In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
14	除了閣下在第 7 至 13 項問題中已披露的資料外，閣下是否有下列情況? Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions?	
	(a) 在過去一年內，體重無故地減少了 5 公斤 (11 磅) 以上 Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(b) 不正常出血 (例如陰道出血、便血、流鼻血或咳血) 至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(c) 在過去一年內，閣下有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員 (例如專科醫生、物理治療師、精神科醫生) 的跟進診治 In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(d) 其他健康狀況或病徵及症狀 (例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛) 而正在或打算尋求醫療意見 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

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15	只適用於女性 For <b>Female</b> only		
	閣下現時是否懷孕？如答案為「是」，請提供預產日期。 Are you currently pregnant? If Yes, please provide expected date of delivery.		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	預產日期 Expected date of delivery	年 Year	月 Month    日 Day
16	只適用於六歲或以下之受保兒童 For insured children <b>aged 6 or below</b> only		
	受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤 ( 5.5 磅 ) ？如答案為「是」，請提供以下資料。 Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg ( 5.5 lbs ) ? If Yes, please provide below information.		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(a) 受保兒童在孕期哪一週出生？ At which week of pregnancy was the insured child born?	<input type="checkbox"/> > 37 週 weeks <input type="checkbox"/> 28-31 週 weeks <input type="checkbox"/> 32-37 週 weeks <input type="checkbox"/> <28 週 weeks	
	(b) 出生時體重 Body weight at birth	<input type="checkbox"/> >2.50 公斤 kg / >5.51 磅 lbs <input type="checkbox"/> 1.51-2.50 公斤 kg / 3.32-5.51 磅 lbs <input type="checkbox"/> <1.50 公斤 kg / <3.31 磅 lbs	
17	就您所知，閣下的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況？如有，請在下表註明哪個親屬、哪個疾病及病發年齡： At your best knowledge, have any of your parents or sibling(s) by blood been diagnosed with any of the following diseases or medical conditions at or before age 60? If Yes, please state which family member, which disease and onset age of disease in the table below:		
	(a) 癌症 Cancer	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(b) 冠心病 Coronary heart disease	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(c) 糖尿病 Diabetes mellitus	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(d) 運動神經元疾病 Motor neuron disease	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(e) 多發性硬化症 Multiple sclerosis	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(f) 中風 Stroke	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(g) 帕金森症 Parkinson's disease	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	(h) 遺傳病 ( 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病 ( 血友病、地中海貧血、鐮刀型貧血 )、肌肉萎縮症、多囊性腎病或亨廷頓舞蹈症 ) Hereditary diseases (including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	哪個親屬? Which family member?	哪個疾病? Which disease?	病發年齡 Onset age of disease
		<input type="checkbox"/> 51-60 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> ≤ 30	
		<input type="checkbox"/> 51-60 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> ≤ 30	

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**D. 健康資料補充 Supplementary Health Information**

若 C 部第 7 至 14 項任何一項問題之答案為「是」者，請在適用的問題提供更多資料。如下列空位不夠使用，請填寫「要保補充陳述書」。請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

If your answer to any of the questions 7 – 14 in Part C is “Yes”, please provide additional information as applicable. If space given is insufficient, please complete a “Supplementary Information Form”. Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.

題號 Question No.			
1	疾病 / 健康狀況 / 病徵及症狀 Disease / medical condition / sign and symptom		
2	首次出現病徵及症狀的日期 Date of first occurrence of sign and symptom	_____/_____/_____ 年 Year 月 Month 日 Day	_____/_____/_____ 年 Year 月 Month 日 Day
3	(a) 已進行的治療 / 檢查 / 測試 / 掃描 Treatment / investigations / tests / scans that have been performed		
	(b) 有關治療 / 檢查 / 測試 / 掃描日期 Date of such treatment / investigation / tests / scan	_____/_____/_____ 年 Year 月 Month 日 Day	_____/_____/_____ 年 Year 月 Month 日 Day
4	現況 ( 例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期 ) Present condition (such as whether fully recovered, follow up action / medication / next follow up date)		
5	最後覆診 / 治療日期 Date of last follow-up medical consultation / treatment	_____/_____/_____ 年 Year 月 Month 日 Day	_____/_____/_____ 年 Year 月 Month 日 Day
6	治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名 Name of doctor who treated the disease / sickness / medical condition / sign and symptom		
7	醫院名稱 ( 如適用 ) Name of Hospital (where applicable)		

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**健康資料收集聲明 HEALTH INFORMATION COLLECTION STATEMENT**

- (i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是中國人壽保險(海外)股份有限公司(“貴公司”)評估(準)受保人之健康風險及決定申請結果的程序。貴公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
  - (ii) 作為申請人，本人需要盡本人所知所信，按本問卷中要求向貴公司提供完整及準確的資料。貴公司根據本人提供的資料，可能會提出跟進問題或查詢而需要本人進一步提供資料以作核保之用。
  - (iii) 若本人在提交本申請表後至本人收到保單前的期間就本問卷中提供的資料有任何改變或更新，本人需要及早通知貴公司。
  - (iv) 即使已成功投保並獲簽發保單，若本人未按(ii)所述盡其所知所信向貴公司提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知貴公司，本人的保險保障可能會受到影響，貴公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。
- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for China Life Insurance (Overseas) Company Limited (“your Company”) to evaluate the health risk of the (Proposed) Insured and decide the application results. The underwriting process that your Company adopts should be fair and reasonable, and your Company should explain the application results if requested by the customers.
  - (ii) As the applicant, I am required to provide your Company with complete and accurate information requested in this questionnaire to the best of my knowledge and belief. Based on the information provided, your Company may have follow-up questions or enquiries that require me to provide further information for underwriting purpose.
  - (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before I receive the Policy, I am required to notify your Company in a timely manner.
  - (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for me may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by your Company, if I have not provided your Company with complete and accurate information to the best of my knowledge and belief according to (ii), or if I have not notified your Company on any changes to or updates of the information in time according to (iii).

**個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement (“PICS”) of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or available upon request.

**聲明 DECLARATIONS**

本人/我們謹此聲明，本人/我們所以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，簽發之保單將根據貴公司的選擇而無效或可使無效。  
I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued void or voidable at the option of the Company.

保險中介人簽署  
Insurance Intermediary's Signature

(準)保單持有人簽署  
(Proposed) Policyholder's Signature

(準)受保人簽署 (若年齡在 18 年歲或以上)  
(Proposed) Insured's Signature (If age 18 or above)

本陳述書簽署於  
This form is signed on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (年 Year/月 Month/日 Day)