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團體醫療保險直付預先批核申請表

GROUP MEDICAL INSURANCE DIRECT BILLING PRE-APPROVAL APPLICATION FORM

僱主名稱 Name of Employer

團體保單號碼 Group Policy No.

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保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary

保險中介人代碼 Insurance Intermediary Code

聯絡電話 Contact No.

重要須知 IMPORTANT NOTE

- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險（海外）股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 請以正楷填寫本申請表。任何資料如有更改，僱員/病者/索償人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Employee /Patient /Claimant in full signature.
- 請僱員/病者/索償人填妥此表格第一部份，及主診醫生填妥第二部份，並於入院或門診/日間醫療前最少 4 個工作天遞交至理賠管理部。請透過本公司指定的醫療網絡或以電郵 gop@chinalife.com.hk 方式遞交申請。Please complete Part 1 of this form by the Employee /Patient /Claimant and Part 2 by the Attending Physician and send to Claims Department at least 4 working days prior to admission to hospital or outpatient/day-patient treatment. Please submit application via medical network designated by the Company or email to gop@chinalife.com.hk.
- 每單預審批額上限為港幣100,000 / 人民幣 85,000 或以保單的「承保表」的保障金額為上限。The limit of Guarantee of Payment up to limit HKD 100,000 / CNY 85,000 or based on the benefit amount shown in the Benefit Schedule.
- 在審核僱員/病者/索償人符合本預先批核申請的情況下，本公司將為僱員/病者/索償人簽發「直付預先批核通知書」。請注意(1)本預先批核申請之結果並不構成或保證日後正式索償申請之批核及(2)日後索償申請之批核及可索償金額將由最終所提交之索償文件資料及保單條款決定。Subject to the approval of this pre-approval application, the Company shall issue a "Direct Billing Pre-approval Advice" to the Employee /Patient /Claimant. Please note that (1) the result of this pre-approval application does not constitute or guarantee an approval of the subsequent claims application and (2) approval of the subsequent claims application and the reimbursable amount shall be subject to the provision of claims documents and according to the policy provisions.
- 此預先批核服務由第三方服務供應商提供，並非保單條款內容。我們有權隨時撤銷此項服務而無須另行通知，並保留絕對決定權。This pre-approval service is provided by third party service provider, and not a contractual service. Our company reserves the right to terminate this service at any time at its sole and absolute discretion without giving prior notice.
- 如病者為僱員，僱員必須親自填寫及簽署本申請表，如病者為十八歲或以上受保家屬，病者或僱員必須親自填寫及簽署本申請表，如病者為十八歲以下，本申請表應由僱員填寫及簽署。If the Patient is Employee, the Employee must complete and sign this form by his or her good self. If the Patient is covered dependent at or above age 18, the Patient/Employee must complete and sign this form. If the Patient is under age 18, this form should be completed and signed by the Employee.
- 如僱員/病者因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供關係證明及醫生證明。In the event that the Employee / Patient is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 保險中介人收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary does not constitute receipt by the Company.
- 如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5500 查詢。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5500 for details.
- 本公司有權隨時更新此申請表，並拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處，一概以中文版本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

僱員/病者資料 INFORMATION OF EMPLOYEE / PATIENT

1 僱員姓名 Name of Employee

中文 Chinese

英文 English

病者姓名(如非僱員) Name of Patient (if other than employee)

中文 Chinese

英文 English

2 僱員身份證/護照號碼 I.D. Card / Passport No. of Employee

病者身份證/護照號碼 I.D. Card / Passport No. of Patient

3 病者與受保僱員關係 Relationship with Employee



第一部份 – 索償資料 (由僱員/病者/索償人填寫)

PART I – PARTICULARS OF CLAIM (To be completed by Employee /Patient /Claimant)

A. 一般資料 GENERAL INFORMATION

1 直付預先批核申請類別 Type of direct billing pre-approval application

☐ 住院 Hospitalization☐ 門診/日間醫療 Outpatient/ Day-Patient Treatment

2 手提電話 Mobile No.

3 電郵 Email

4 您有否因同一事故曾/將會向其他保險公司索償? 如是, 請提供詳細資料。Have you claimed/ will you claim from other insurance company for the same incident? If yes, please provide details.

☐ 是 Yes ☐ 否 No

保險公司名稱 Name of Insurance Company

保單號碼 Policy No.

保障類別及金額 Type & Amount of Benefit

B. 由意外導致(僅適用於住院) DUE TO AN ACCIDENT (Only applicable to hospitalization)

1 意外發生日期及時間

Date and time of the accident

年 Year

月 Month

日 Day

時 Hour

分 Minute

上午/下午

AM/PM

2 意外發生地點 Place of accident occurred

3 意外發生之起因及受傷詳情 Please describe the cause of accident and details of injury

C. 由疾病導致 DUE TO AN ILLNESS

1 病症名稱 Name of illness

2 請描述病徵 Please describe symptoms

3 首次出現病徵日期 Date of symptoms first appeared

年 Year

月 Month

日 Day

D. 治療詳情 TREATMENT DETAILS

1 首次求診之醫生姓名/醫院 Name of physician/hospital first consulted for the above condition

首次求診日期 Date of first consultation:

年 Year

月 Month

日 Day

醫生/醫院名稱及地址 Name & Address of Physician/Hospital

2 其他曾診治此症或過往類似病況的醫生/醫院資料: Other physicians/hospital consulted for this or similar conditions

求診日期 Date of consultation:

年 Year

月 Month

日 Day

醫生/醫院名稱及地址 Name & Address of Physician/Hospital

F. 個人資料收集聲明(續) PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1. 任何本公司關聯方；
2. 就本公司和 / 或本公司關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
3. 就本公司和 / 或本公司關聯方所提供產品 / 服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
4. 就業務經營關係向本公司和 / 或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
7. 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和 / 或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）；及
8. 任何金融服務供應商的行業協會或聯會；
9. 預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和使用個人資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文“為直接促銷目的而使用個人資料”部份。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
2. 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員優惠計劃）：
 - (a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
 - (b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
3. 上述產品和服務將可能由本公司和 / 或下列機構提供：
 - (a) 任何本公司關聯方；
 - (b) 第三方金融機構；
 - (c) 提供本部份第 2 段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；
 - (d) 第三方獎賞、客戶或會員優惠計劃的提供者；及
 - (e) 支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者；
4. 就業務經營關係向本公司和 / 或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任

中國人壽保險（海外）股份有限公司

香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓

電話：(+852) 3999 5519 傳真：(+852) 2892 0520

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance of doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates") shall be construed accordingly.

F. 個人資料收集聲明(續) PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

- offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
- any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
- evaluating your financial needs;
- designing new or enhancing existing products/services of the Company and/or our affiliates;
- conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
- investigating any data held which relates to you from time to time for any of the purposes listed herein;
- meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- conducting identity and/or credit checks and/or debt collection;
- carrying out other services in connection with the operation of the Company's business;
- sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
- performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
- Other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

- any of our affiliates;
- any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
- any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
- other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
- any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
- any financial services provider industry association or federation;
- any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

- Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
- The above products and services may be provided by the Company and/or:
 - any of our affiliates;
 - third party financial institutions;
 - the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
 - third party reward, loyalty or privileges programme providers; and
 - external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
- In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
- The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer

China Life Insurance (Overseas) Company Limited

24/F, CLI Building, 313 Hennessy Road,

Wan Chai, Hong Kong

Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

F. 個人資料收集聲明(續) PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

The Company have the right to charge a reasonable fee for the processing of any data request.

聲明和授權：本人 / 我們確認本人/我們已閱讀並明白收集個人資料聲明（“本聲明”）。本人 / 我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人 / 我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人 / 我們確認並同意為本聲明中所述之目的將本人 / 我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of personal data in direct marketing”, please tick the box below.

☐ 本人 / 我們不同意根據以上收集個人資料聲明（參閱 “為直接促銷目的而使用個人資料” 部份）為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

G. 聲明及授權 DECLARATION AND AUTHORIZATION

授權 Authorization

本人/我們，僱員/病者/索償人，代表本人/我們/尚未成年之受保人（如有）謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、政府部門，或凡知道或具有任何有關本人/我們/尚未成年之受保人之紀錄、認識或資料的其他機構、組織或人士，均可將該等資料提供、發放及轉交給中國人壽保險（海外）股份有限公司（以下簡稱「貴公司」）；(2) 貴公司或任何其指定之醫療/輔助醫療檢查員或化驗所，可就本索償申請替本人/我們/尚未成年之受保人進行所需之醫療評估及測試，作為審核本人/我們/尚未成年之受保人之健康狀況。此授權對本人/我們之繼承人及授權人員有約束力。此授權書的影印本與正本均有同等效力。

I/We, the Employee/Patient/Claimant, represent me/ us/ the Insured under 18 years old (if any) HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, government department, or other organization, institution or person, that is aware of or has any records, knowledge or information of me/ us/ the Insured under 18 years old to disclose, release and transfer such information to China Life Insurance (Overseas) Co. Ltd (“the Company”); (2) the Company or any of its designated medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves/ the Insured under 18 years old in relation to this claim application. This authorization shall bind the successors and assignees of me/us. A photocopy of this authorization shall be as valid as the original.

聲明 Declaration

本人謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；本人明白倘有任何未知是否屬於重要事項的資料均須透露；(2)本人對任何人所作出之任何聲明，如沒有在此申請表上填寫或印出，貴公司不須受其約束。若相關人士不能提供任何此申請表所需的資料，貴公司可能因此不能審核及處理此預先批核申請；(3)遞交本申請或由貴公司發出的「直付預先批核通知書」並不構成貴公司承擔其責任的一部份；(4) 如貴公司已支付保單中不在受保障範圍的任何費用或超出我/我們/受保人的合資格保障限額，貴公司有權根據本申請表 E 部份指定的信用卡中扣除此類費用。如貴公司因信用卡可用信用額不足或任何其他原因而致無法收取該等差額，貴公司有權從本保單及/或由貴公司續發的任何保單（由我/我們/受保人為保單持有人或信託人）之應付或可賠付予我/我們/受保人的賠款抵銷相關差額，包括但不限於任何身故賠償（在法律許可的範圍內）、紅利或退回之保費（無論出於何種原因）。I HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here; (2) The Company is not bound by any statement which I may have made to any person if not written or printed here. If any relevant persons fail to provide any information requested in this application form, it may result in the Company's inability to process and deal with this pre-approval application; (3) neither submission of this application nor the issuance of the “Direct Billing Pre-approval Advice” by the Company shall be construed as admission of liability on the part of the Company; (4) in the event that the Company has settled any charges not covered in the policy or exceeds my/our /the Insured's eligible benefit limit, the Company shall have the right to deduct any of such charges from the credit card as specified in part E of this form. However, if the Company cannot collect such shortfall due to insufficient credit available in the credit card account or for any other reason whatsoever, the Company shall have the right to set-off the shortfall amounts against the amount due or payable to me/us/ the Insured from this Policy and/or any policy issued by the Company of which I/we/the Insured am/are/is the Policyholders or trustee(s) including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason).

H. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	僱員 Employee			病者(如非受保僱員及 18 歲或以上) Patient (if other than employee and aged 18 years old or above)			*索償人 *Claimant			見證人 Witness		
簽署 Signature												
姓名 Name												
身份證/護照號碼 I.D. Card / Passport No.												
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day
*索償人與病者關係 *Relationship between Claimant and patient												