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在索取、列印或填寫表格前，請閣下先詳閱下文。

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更改申請書(附健康狀況問卷)
Change Form (with Health Questionnaire)



如上述保單為投資相連保險保單，請在方格內加上“√”剔號
If the captioned policy is an investment-linked insurance policy, please tick “√” this box.
請在適當位置加上“√”剔號及刪除所有不適用者。
Please tick “√” where appropriate and delete whichever is inappropriate.

保單號碼 Policy No. : _____

重要提示：保單持有人必需在此申請書上全部披露一切重要事項，因為您與富通保險有限公司的合約以此為依據，否則所有更改或復效將告無效。全面披露重要事實通常是指披露所有相關事實、訊息或情況，就與醫學有關的事實而言，如病史、吸煙狀況等會影響保險公司釐定保費及/或判斷是否加入不保事項及/或判斷是否承保有關風險決定的情況均會被視為重要事項。如您不確定某一項資料是否重要，您應將該項資料在第二部份第19項的附註中披露。如要更改任何答案，保單持有人請在旁簽署。

Important Note: Policy Owner must fully disclose all material facts in this application form, which shall form the basis of the proposed contract between you and FTLife Insurance Company Limited, otherwise any changes or reinstatement will be void or voidable. Full disclosure of material facts generally refers to the disclosure of all relevant facts, information or circumstances such as medical history, smoking status and etc., which would influence the decision of an insurer in setting premium and/or in determining whether to include exclusion(s) and/or in determining whether to insure relevant risk(s) or etc., are considered to be material facts. If you are uncertain as to whether or not a piece of specific information is material, you shall disclose it at Part II Q19. All changes should be initiated by the Policy Owner.

第一部份 Part I – 保單更改 Policy Change

1. 保單轉換 Policy Conversion

新保單編號：_____

需轉換之舊計劃 To be converted old plan	轉換後舊計劃之保額 [^] Sum insured of old plan after conversion [^]	轉換後之新計劃 New plan after conversion	新計劃之保額* Sum insured of new plan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[^] 如全部保額轉換至新計劃或取消餘額，請填寫「0」。
If total Sum insured is converted to new plan or cancel the balance, please complete “0”.

* 如將定期保險計劃轉換至「摯愛」壽險計劃 I，舊計劃每1,000元保額可轉換為新計劃600元保額，而剩餘的400元保額將於轉換後自動被終止。此外，每受保人可透過定期保險計劃轉換至「摯愛」壽險計劃系列的個人最高總累積保額為125,000美元 / 1,000,000港元。
For term conversion to @MyLove Insurance Plan I, every \$1,000 sum insured of the old plan can be converted to \$600 sum insured of the new plan and the remaining \$400 sum insured will be automatically terminated after conversion. In addition, the maximum total accumulated sum insured of @MyLove Insurance Plan series through term conversion is USD125,000 / HKD1,000,000 per life for each insured.

重要事項 Important Notes:

- 如轉換後剩餘之保額低於最低投保額，該保障將自動被取消。
If the remaining balance of converted benefit is lower than minimum issue amount, it will be automatically deleted.
- 如轉換後舊保單之每年保費低於港幣800元，繳費方式將自動更改為年繳，須繳付更改年繳之差額（如有）。
If the annual premium of old policy is less than HKD800 after conversion, the payment mode will be automatically changed to annual. Premium difference, if any, is regard to pay for change of annual mode.
- 如轉換全部保額之保障為基本計劃，而沒有定期壽險附加保單或「危疾無憂百分百」附加保單，所有附加契約須同時轉換至新保單或取消。而所有醫療保障必須留在舊保單內。
If the converted sum insured is basic plan and no term rider or CI 100 Protector is attached, all riders must be converted to new plan or cancelled. All the medical benefit must be kept in old policy.

2. 更改計劃 Change of Coverage

(a) 如附加保障，此保障申請是否迎合您的危疾及或醫療需要作準備目標？(必須回答)
For adding of benefit, does this application meet your objective of preparation for critical illness and or medical needs? (Must answer)

Yes是 → 您會考慮附加以下那類型的保障？(可√多項)

Which of the following type of benefit will you consider to add? (Can √ more than one)

- 住院期間的現金津貼產品 Product providing income subsidy during hospital confinement
- 實報實銷住院期間醫療費用的產品 Product reimburse medical expense for hospital confinement
- 在確認指定情況或接受特定治療後，支付預定的生存賠償金額的產品 Product paying a pre-defined amount of living benefit upon confirming specific conditions or undergoing certain treatments

其他 others _____

No 否

(b) 計劃名稱 / 編號 Plan Name / Code	新保額(以保單貨幣計算) New Sum Insured (in policy currency)	附加 Addition	增加 Increase	遞減 Decrease	取消 Deletion	備註 Remarks (例子 e.g. : CPACUR1 → CPAC4UR)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(如增加/附加保障，請填妥第二部份 - 可保證明 For increasing/adding benefit, please complete Part II - Evidence of Insurability)

3. 復效 Reinstatement (不適用於101/105投資相連保險保單 Not applicable to 101/105 Investment Linked Insurance Policy)
(請填妥第二部份 - 可保證明 Please complete Part II - Evidence of Insurability)

復效保單 Policy Reinstatement

(如繳費方式為月繳，請遞交填妥之直接付款授權書並預繳兩個月保費及保費徵費。)

(For monthly payment frequency, please submit a completed Direct Debit Authorization Form together with 2 months' premium and premium levy in advance)

以重訂保單生效日期方式復效 Reinstatement by Redating



4. 調整 / 刪除額外保費 / 不保事項 Adjustment or Removal of Loading / Exclusion
 (請填妥第二部份 - 可保證明。如更改有關職業之額外保費，請只需填妥第二部份 - 可保證明之第5項。)
 (Please complete Part II - Evidence of Insurability. For change of Occupational Rating, please complete Part II - Evidence of Insurability, Q5 only.)

額外保費 - 職業理由 Loading - Occupational Rating (請提供僱用信副本 Please provide a copy of employment letter)
 任職日期 (日 / 月 / 年) Employment Date (DD/MM/YY) : _____

額外保費 - 健康理由 Loading - Medical Rating (請提供有關之健康證明文件 Please provide with relevant document of medical evidence)

不保事項 Exclusion (請提供有關之健康證明文件 Please provide with relevant document of medical evidence)

5. 「電子通知書」服務 "e-Notification" Service

接受「電子通知書」服務 Accept "e-Notification" Service

接受「電子通知書」服務後，您所持有的富通保險保單將一併享有此服務。我們將不會郵寄相關通知書予您。您可隨時隨地於「富通在線」/「BOSS客戶網上服務」查閱及下載。
 Accept "e-Notification" Service, all your FTLife polic(ies) will automatically be entitled to our "e-Notification" Service. We will no longer mail relevant notifications to you. You can view and download them from your "Reach FTLife" / "BOSS Customer e-Service" account, whenever and wherever you like.

6. 其他更改 Other Changes

第二部份 Part II - 可保證明 Evidence of Insurability

1. **只適用於「康復保險」申請**
Only applicable to "Disability Protector" application
「康復保險」申請資料 (如不適用，請刪去答案部份，不要留下空格)
Information for application of "Disability Protector" (If inapplicable, please cross out the field instead of leaving it blank)

(a) 受保人受僱於現職多少年？
 How long has the Insured been employed in his/her current job(s)? _____ 年 Year(s)
 如少於一年，請說明前一份職業：
 If less than 1 year, please state his/her previous occupation: _____

(b) 如受保人因疾病或受傷不能工作，僱主會否給予任何報酬或薪金？若會，請註明：
 Would the employer(s) of the Insured pay any remuneration or salary to the Proposed Insured if the latter becomes unable to work during periods of injury or sickness? 會 Yes 否 No
 If yes, please state:
 (a) 給付期限 the payment period _____ ; 及 and
 (b) 每月金額 (港幣) monthly amount (HK\$) _____

2. **只適用於自願醫保計劃**
Only applicable to VHIS Benefit

- 如單一申請附加或增加自願醫保計劃，只須填寫此部份。
 If apply addition or increase VHIS benefit, please answer this section only.
- 如同時申請其他保單更改，則不須填寫此部份，並由問題(3)開始回答。
 If apply with other policy changes, please skip this section and answer starting from (3).

如(b)至(d)問題回答「有」，請在(e)表格內詳述情況。
 Please complete below questions and give details in (e) if any answer to (b)-(d) is "Yes".

		有 Yes	否 No																	
(a)	請受保人註明身高及體重。 Please state the Insured's height and weight. 身高Height: _____ (厘米cm) / _____ (尺ft) _____ (寸in); 體重Weight: _____ (公斤kg) / _____ (磅lb)																			
(b)	適用於所有年齡 (Applicable to all age) (a) 受保人曾否患有癌症、任何種類腫瘤、心臟病、中風、高血壓、糖尿病、精神病、或任何身體狀況影響腦部、甲狀腺、血液、肺、胃、腸、乳房、肝、腎、前列腺、子宮或卵巢？ Has the Insured ever had history of Cancer or any kind of tumours, heart disease, stroke, hypertension, diabetes, mental illness, or any medical conditions affecting brain, thyroid, blood, lungs, stomach, intestine, breast, liver, kidneys, prostate, uterus or ovaries? (b) 受保人曾否有兩個或以上親生父母或兄弟姐妹於60歲前患有癌症？ Does the Insured have two or more natural parents or siblings who have been diagnosed with cancer before the age of 60? 適用於受保人投保年齡是2歲或以下 (Applicable to the Insured whose attained age is 2 or below) a) 受保人出生時懷孕期是否在37週前或出生時體重少於2.5公斤？ Was the Insured born before 37 weeks or birth weight less than 2.5kg?	<input type="checkbox"/>	<input type="checkbox"/>																	
(c)	在過去三年內，受保人曾否因任何意外或疾患需進行連續7天以上的檢查及或治療？ In the last 3 years, has the Insured ever been under medical investigation and / or treatment for more than 7 consecutive days necessitated by any accidents or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>																	
(d)	在過去十二個月內，受保人曾否進行或被告知接受體檢、化驗測試包括血液、X光、心電圖、超聲波、子宮頸抹片檢查、電腦掃瞄、磁力共振、活體檢驗或其他身體檢查？ In the last 12 months, has the Insured ever had or been advised to have physical exam, laboratory test including blood test, X-ray, ECG, ultrasound, pap smear, MRI, CT scan, biopsy or other body investigations?	<input type="checkbox"/>	<input type="checkbox"/>																	
(e)	<table border="1"> <thead> <tr> <th rowspan="2">問題編號 Question No.</th> <th rowspan="2">求診原因、檢驗結果、 疾病名稱、治療及手術詳情 Reasons for medical consultation, details of investigation results, diagnosis, treatment & operation</th> <th colspan="3">有關日期 Relevant Date</th> <th rowspan="2">現時狀況 Current Condition</th> <th rowspan="2">醫生、診所及醫院 名稱及地址 Names & Addresses of Doctors, Clinics & Hospitals</th> </tr> <tr> <th>徵狀開始 Symptoms Onset</th> <th>最後覆診 Last follow-up</th> <th>復發(如有) Recurrence (if any)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	問題編號 Question No.	求診原因、檢驗結果、 疾病名稱、治療及手術詳情 Reasons for medical consultation, details of investigation results, diagnosis, treatment & operation	有關日期 Relevant Date			現時狀況 Current Condition	醫生、診所及醫院 名稱及地址 Names & Addresses of Doctors, Clinics & Hospitals	徵狀開始 Symptoms Onset	最後覆診 Last follow-up	復發(如有) Recurrence (if any)									
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		徵狀開始 Symptoms Onset	最後覆診 Last follow-up	復發(如有) Recurrence (if any)																

3. **已生效保單或正在處理中的其他保險申請 (倘“有”，請詳述保額及貨幣。倘“沒有”，請刪去答案部份，不要留下空格)**
In-force Insurance Policy or Other Pending Insurance Applications (If “Yes”, please specify the sum insured and currency. If “No”, please cross out the field instead of leaving it blank)

	承保公司 Insurance Co.	申請日期 Application Date	人壽 Life	危疾 Critical Illness	意外 Accident	意外每週賠償 Accidental Weekly Indemnity	住院入息 Hospital Income	傷殘入息 Disability Income
受保人 Insured	_____	_____	_____	_____	_____	_____	_____	_____
保單持有人 Policy Owner <small>如屬於子女投保，請同時提供父及母親之資料(子女保障額不可高於父或母其各自的保障額) Please provide both parents' information for Juvenile application (Coverage of the Juvenile cannot be higher than that of the Parents)</small>	_____	_____	_____	_____	_____	_____	_____	_____
保單持有人的其他子女 Other children of the Policy Owner <small>如屬於子女投保，必須填寫此欄 Must be completed for Juvenile application</small>	_____	_____	_____	_____	_____	_____	_____	_____

4. **體格**
Build

	身高 Height	體重 Weight	在過去6個月內，如保單持有人/受保人體重曾增加或減少7磅/3.2公斤或以上，請於下列註明詳情 If the weight of the Policy Owner/the Insured has increased or decreased by 7 lbs/3.2 kg or more in the past 6 months, please state the details below	
			增加 / 減少 Increase / Decrease	原因 Reason
受保人 Insured	_____ 厘米 cm	_____ 公斤 kg	*(+/-)_____ 公斤 kg	
保單持有人 (適用於付款豁免條款) Policy Owner (For Payer Benefit Only)	_____ 厘米 cm	_____ 公斤 kg	*(+/-)_____ 公斤 kg	

5.(a) **吸煙**
Smoking

	您是否或曾否吸用任何煙草產品(包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)? Do you use or have you EVER used any tobacco products (including but not limited to cigarettes, cigars, pipes & chewing tobacco, etc)?	如「有」，請於下列註明詳情。倘您已停止吸用任何煙草產品，請註明日期和原因，例如：經醫生建議等 If “Yes”, please state details below. If you have stopped using any tobacco products, please state when and for what reason, e.g. doctors advice, etc.				
		產品類別 Type	每天平均吸用量 Avg. Daily Consumption	吸用年期 No. of Years of consumption	停止吸用日期 Date of cessation of consumption	停止吸用原因 Reason of cessation of consumption
受保人 Insured	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No					
保單持有人 Policy Owner	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No					

5.(b) **飲酒習慣**
Drinking Habit

	你有否或曾有每天/每週飲酒的習慣? Do you drink or have you EVER drink alcohol on a daily / weekly basis?	如「有」，請註用每週平均飲用份量，及酒的種類，即啤酒、葡萄酒及烈酒等 If yes, please state weekly consumption (average) and type of drink, ie beer, wine, spirit, etc	
		每週份量 Amount	酒的種類 Type
受保人 Insured	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No		
保單持有人 Policy Owner	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No		

5.(c) **求診資料**
Medical Consultation

	過去三個月內有否求診? 如「有」，請註明原因及結果。 Has medical consultation been sought within the past 3 months? If yes, please state the Reason & Result	醫生/診所 全名及地址: Full name and address of the doctor/clinic:	
		原因 Reason	結果 Result
受保人 Insured	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No		
保單持有人 Policy Owner	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No		

6. 職業資料 (甲部) Occupation Information (Part A)	必須提供受保人以下的資料 The following information of the Insured must be provided (如職業為學生，請提供學校名稱及地址) (If your occupation is a Student, please provide the name & address of your school)	必須提供保單持有人以下的資料 The following information of the Policy Owner must be provided
僱主/學校名稱 Name of Employer/School		
公司業務性質/行業 Nature of Business/Industry		
主要職業、職位及確實職務 Principal Occupation, Position & Exact Duties		
每月平均收入 Average Monthly Income	港幣 HK\$ 包括所有工作收入來源(不包括投資及租金收入) Include all incomes from employment (Not from investment/rental income)	港幣 HK\$ 包括所有工作收入來源(不包括投資及租金收入) Include all incomes from employment (Not from investment/rental income)
僱主/學校地址 Address of Employer/School		
職業資料 (乙部) Occupation Information (Part B)	必須填寫受保人以下資料 The following information of the Insured must be completed (職業為學生者除外) (Students excepted)	如欲申請「付款人保障」，必須填寫保單持有人以下資料 The following information of the Policy Owner must be completed, if you intend to apply for "Payor Benefit"
工作性質 Job Nature	1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 2. 有否高空工作(15米或以上)? Any work at height (15M or above)? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 2. 有否高空工作(15米或以上)? Any work at height (15M or above)? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
職業資料 (丙部) Occupation Information (Part C)	必須填寫受保人以下資料 The following information of the Insured must be completed	必須提供保單持有人以下資料 The following information of the Policy Owner must be completed
教育程度 Level of Education	<input type="checkbox"/> 大學或以上 University or above <input type="checkbox"/> 中學 Secondary School <input type="checkbox"/> 專上或工業學院 College or Technical Institute <input type="checkbox"/> 小學或以下 Primary School or below	<input type="checkbox"/> 大學或以上 University or above <input type="checkbox"/> 中學 Secondary School <input type="checkbox"/> 專上或工業學院 College or Technical Institute <input type="checkbox"/> 小學或以下 Primary School or below

如第7至第11項問題的答案是「有」或「是」，請在第18項的表格內詳述情況並註明問題編號。(如不適用，請刪去答案部份，及不要留下空格) If any answer to Q7-Q11 is "Yes", please give the details of all such answer in the table of Q18 and identify the question no. (If not applicable, please cross out the answer and please don't leave the answer blank)	受保人 Insured		保單持有人 / 其他受保人 Policy Owner / Other Insured(s)	
	有/是 Yes	否 No	有/是 Yes	否 No
7. 您或任何受保人曾否患有或獲告知患有任何疾病、身體機能失調、缺憾或生理上或心智發育緩慢、身體上缺憾、先天性異常或疾病、嚴重受傷、嚴重流血、背痛/頸部疼痛、痛風症、關節炎、骨質疏鬆症、坐骨神經痛，或其他有關病況或打算在近期接受治療或留醫？ Have you or any of the Insured(s) EVER had, or been told to have or been treated for any disease, disorder, physical impairment, physical defects or shown any sign of slow physical or mental development, deforming, congenital anomalies or disease, severe injury, severe nose bleeds, back/neck pain, sciatica, gout, arthritis, osteoporosis or do you or any of the Insured(s) intend to be treated or hospitalized in the near future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 您或任何受保人曾否患有或獲告知患有精神或神經病、焦慮、抑鬱、腦癇症、類風濕性疾病、癩病、系統性紅斑狼瘡、結核病、哮喘、支氣管炎、糖尿病、中風、高血壓、或腦部、心臟、冠狀動脈、血、血管、腎、肺、肝、皮膚、消化系統、內分泌系統、泌尿生殖系統、淋巴系統或肌肉骨骼系統的任何疾病，或曾接受其有關的治療？ Have you or any of the Insured(s) EVER had or been told to have or been treated for mental or nervous disorder, anxiety, depression, epilepsosy, rheumatoid disease, cancer, systemic lupus erythematosus, tuberculosis, asthma, bronchitis, diabetes, stroke, high blood pressure, or any disease or disorder of the brain, heart, coronary artery, blood, blood vessel, kidney, lung, liver or skin or the digestive system, endocrine system, genitourinary system, lymphatic system or musculoskeletal system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 您或任何受保人曾否患有或獲告知患有後天免疫力缺乏症(愛滋病)或相關症狀或性病或對愛滋病毒抗體呈陽性反應或接受有關愛滋病或性病的治療？ Have you or any of the Insured(s) EVER had or been told to have or been treated for AIDS, AIDS-related conditions or any other sexually transmitted disease or had a positive blood test for antibodies to the AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 在過去五年內，您或任何受保人：In the past 5 years, have you or any of the Insured(s):				
(a) 曾否接受或被建議接受或打算接受如X光、電腦掃描、磁力共振、超聲波、乳房X光照像、心電圖、活體檢驗或血液檢驗(包括但不限於膽固醇、肝炎、肝炎帶菌、貧血、愛滋病)等診斷性測試或任何其他身體檢查？ Undergone or been advised to undergo or are planning to undergo diagnostic test such as X-ray, CAT scan, MRI, ultrasound, mammogram, ECG, biopsy or blood test for (including but not limited to cholesterol, hepatitis, hepatitis carrier status, anaemia, AIDS) or any other investigation of the body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) 曾否患有或獲告知患有以上未述之任何疾病、徵狀或曾否求診或接受或打算接受或被建議接受以上未述之任何外科手術、診治或留醫作診斷性測試或治療？ Had or been told to have any illnesses or symptoms or visited a doctor or received or been advised to receive or are planning to receive any operation, medical consultation or admission to hospital for diagnostic test or treatment not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 您或任何受保人是否曾服用導致上癮的藥品(包括但不止於鴉片及其衍生物如海洛英、巴比妥酸鹽、大麻、安非他命、迷幻劑、可卡因及氯胺酮)或曾因飲酒而需要接受治療或輔導(請詳述酒的種類及每週份量)？ Have you or any of the Insured(s) ever taken any habit forming drugs (including but not limited to opium and its derivatives such as heroin, or barbiturates, marijuana/cannabis, amphetamines, hallucinogeno, cocaine and ketamines) or been treated or advised in connection with your alcohol consumption (For alcohol consumption, please state type and weekly quantity consumed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

如第12項、第16至第17項問題的答案是「有」或「是」，請在第18項的表格內詳述情況並註明問題編號。
(如不適用，請刪去答案部份，及不要留下空格)
If any answer to Q12, Q16 and Q17 is "Yes", please give the details of all such answer in the table of Q18 and identify the question no. (If not applicable, please cross out the answer and please don't leave the answer blank)

	受保人 Insured		保單持有人 / 其他受保人 Policy Owner / Other Insured(s)																																							
	有/是 Yes	否 No	有/是 Yes	否 No																																						
<p>12. (a) 您或受保人的任何血緣父母親或兄弟姐妹或子女曾否患有或獲告知患有癌症、精神病、糖尿病、結核病、肝病、腎病(例如多囊性腎病)、心臟病、中風、高血壓或任何遺傳性疾病或曾接受其有關的治療? Has any of the natural parent(s) or sibling(s) or children of you or any of the Insureds EVER had or been told to have or been treated for cancer, mental disease, diabetes, tuberculosis, liver disease, kidney disease (e.g. polycystic kidney disease), heart disease, stroke, high blood pressure or any hereditary disease or disorder?</p> <p>(b) 如「有」，請填妥以下表格。 If "YES", please complete the following table.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:25%;">關係 Relationship</th> <th style="width:25%;">疾病性質 Nature of disease</th> <th style="width:15%;">開始患病年齡 Age of Onset</th> <th style="width:20%;">身故年齡 Age at Death</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align:center; vertical-align: middle;">受保人 Insured</td> <td>父親 Father</td> <td></td> <td></td> <td></td> </tr> <tr> <td>母親 Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td>兄弟及姐妹 Brother & Sister</td> <td></td> <td></td> <td></td> </tr> <tr> <td>子女 Son and Daughter</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4" style="text-align:center; vertical-align: middle;">保單持有人 Policy Owner</td> <td>父親 Father</td> <td></td> <td></td> <td></td> </tr> <tr> <td>母親 Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td>兄弟及姐妹 Brother & Sister</td> <td></td> <td></td> <td></td> </tr> <tr> <td>子女 Son and Daughter</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		關係 Relationship	疾病性質 Nature of disease	開始患病年齡 Age of Onset	身故年齡 Age at Death	受保人 Insured	父親 Father				母親 Mother				兄弟及姐妹 Brother & Sister				子女 Son and Daughter				保單持有人 Policy Owner	父親 Father				母親 Mother				兄弟及姐妹 Brother & Sister				子女 Son and Daughter				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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<p>13. 您或任何受保人的任何人壽、危疾、意外、醫療、傷殘保險的投保或保單復效申請或續保，曾否被拒絕接受、延期、加費或有不保事項？如有，請在第18項的附註中註明保險公司名稱、日期、原因及其他詳情。 Do you or any of the Insured(s) have any application, reinstatement or renewal of life, critical illness, accident, health or disability insurance been declined, postponed, rated or accepted with coverage exclusion? If yes, please state the insurance company name, date, reason and other details as remarks in Q.18.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																																							
<p>14. 您或任何受保人有否參與或預備參與有危險性的運動或嗜好(例如潛水、賽車、攀崖、騎馬及拳擊)？如有，請在第18項的附註中詳述活動性質、經驗、次數及裝備類型。 Do you or any of the Insured(s) engage in or intend to engage in any hazardous sports or hobbies (e.g. diving, motor racing, rock climbing, horse riding and boxing)? If yes, please give details of the nature, experience, frequency and equipment used as remarks in Q.18.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																																							
<p>15. 您或任何受保人於過去或未來一年內曾否或會否離開您或任何受保人的原居地超過六個月？倘曾經或將會，請於第18項附註中詳述逗留原因/性質、時間/次數及城市/地區。 Have you or any of the Insured(s) been, or will you or any of the Insured(s) be taking up residence away from your respective places of domicile for more than 6 months in the past or next year? If yes, please provide the reason / nature, duration / frequency of the visit(s) and the name(s) of the resident city(ies) / region(s) as remarks in Q.18.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																																							
<p>16. 只適用於女性 FOR FEMALE ONLY:</p> <p>(a) 您或受保人現在是否懷孕？如是，請註明已懷孕多久： Are you or any of the Insured(s) now pregnant? If yes, state number of month(s) pregnant: _____月 month(s)</p> <p>(b) 您或受保人曾否患有或獲告知患有或曾接受治療任何乳房、子宮、子宮頸或卵巢等生殖器官疾病，包括任何乳房腫塊、子宮頸抹片異常、於兩次經期間之出血、盆腔炎疾病或在懷孕期間有併發症或曾接受其有關的治療？ Have you or any of the Insured(s) EVER had or been told to have or been treated for any disease or disorder of the breast, uterus, cervix, ovary or the reproductive system including any breast lump, abnormal smear test result, intermenstrual bleeding, pelvic inflammatory disease and complications of pregnancy?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																																							
<p>17. 兒童受保人適用 (若受保人之投保年齡是5歲或以下，必須回答以下問題) FOR JUVENILE INSURED (Please complete all questions below if the attained age of any of the Insured is 5 or below)</p> <p>(a) 受保人出生時的醫院名稱 Name of hospital where the Insured(s) was born: _____</p> <p>(b) 受保人是否早產兒(出生時懷孕期不足37週)？如「是」，請註明出生時的週數及體重： Was any of the Insured(s) birth premature (born before 37 weeks of gestation)? If "Yes", please state the exact week of question and the weight at birth.</p> <p>出生時週數: _____ 出生時體重: _____ Exact week of gestation _____ Weight at Birth: _____磅 lb _____安士 oz / _____公斤 kg</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																																							
18.	問題編號 Question No.	求診原因、檢驗結果、疾病名稱、治療及手術詳情 Reasons of doctor visits, details of investigation results, diagnosis, treatment & operation	有關日期 Related Date		現時狀況 Current Condition	醫生、診所及醫院名稱及地址 Names & Addresses of Doctors, Clinics & Hospitals																																				
			徵狀開始 Symptoms Onset	最後覆診 Last follow-up	復發(如有) Recurrence (if any)																																					
19. 附註 / 特別要求 Remarks / Special Requests																																										

佣金披露聲明 Commission Disclosure Statement

保單持有人明白、確知及同意，富通保險會就保單持有人購買富通保險發出的保單，從保單開始及於保單仍生效期間，向獲授權保險經紀支付佣金。這包括但不限於續保、復效、增加附加保障及提升起訂明保費。假如保單持有人為法人團體，代表保單持有人簽署的獲授權人員須向富通保險確認他/她已獲法人團體授權簽署。
The Policy Owner understands, acknowledges and agrees that, as a result of purchasing the policy issued by FTLife, FTLife will pay the authorized insurance broker commission from inception and while the policy remains in force. These include, but may not be limited to, renewals, reinstatement, additional of supplementary cover and increases in the initial contracted premium. Where the Policy Owner is a business association, the authorized person who signs on behalf of the Policy Owner further confirms to FTLife that he or she is authorized to do so.

保單持有人亦明白富通保險必須取得保單持有人的同意，方可以維持保單的有效性。

The Policy Owner further understands that the above agreement is necessary for FTLife to continue the policy.

保單持有人繳付保費，則視作允許富通保險就所發出的保單支付佣金予有關的獲授權保險經紀。

If the Policy Owner pays the premium, the Policy Owner is deemed to have given permission to FTLife to pay the commission to the authorized insurance broker in relation to the policy issued by FTLife.

X _____

保單持有人簽署
Signature of the Policy Owner

簽署日期(日/月/年)
Date of Signature (DD/MM/YY)

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司（以下簡稱“富通保險”）之個人資料收集聲明（“該聲明”）。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及 / 或披露 / 分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露 / 共享給該聲明所指明的第三方；執法機構；保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人 / 我們明白該聲明的最新版本可於富通保險的網址下載：www.ftlife.com.hk，及可向貴公司索取。

I / We confirm that I / we have read and understood FTLife Insurance Company Limited (“FTLife”)’s Personal Information Collection Statement (“PICS”). I / We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I / We understand that if I / we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me / us. I / We acknowledge and agree that my / our personal data may be disclosed / shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I / We understand the updated version of the PICS is available for download from FTLife’s website: www.ftlife.com.hk, and will be made available upon request.

聲明及授權 Declaration and Authorization

本人謹此要求本人之保單按照本申請書的第一部份之選擇作出更改。本人代表本人及所有受保人明白及同意(1)要求復效、更改或增加保額時所需之可保證明將包括本申請書第一及第二部份，並須符合下列條件後方可生效：(a)繳清所有申請所需之款項及(b)富通保險有限公司之總公司於受保人生存和繼續可保的情況下批准此申請；(2)更改之要求如不需可保證明將只包括本申請書之第一部份並由申請日期生效，特別指定一較遲日期除外，唯該更改必須是保單內列為可更改事項或經本公司許可；(3)保單內之不得異議條款及自殺豁免條款將應用於所有復效、更改或增加保額或附加保障之申請，但條款內指定之時限將由公司批准日期起計；(4)本申請書及所需之可保證明將成為保單更改之根據並成為保單之一部份，如有特別註明者除外。

I hereby request that my policy to be changed in accordance with the particulars set out in Part I of the application and I UNDERSTAND AND AGREE on behalf of myself and all the Insured(s) that: (1) The request for reinstatement, change of addition which requires evidence of insurability shall consist of Part I and Part II and shall not take effect unless all of the following conditions are met: (a) any required payment for the application is paid in full and (b) the application is approved by FTLife Insurance Company Limited at its Head Office during the lifetime and continued insurability of the person insured by the policy; (2) the request for change which does not require evidence of insurability shall consist of Part I only and shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by FTLife Insurance Company Limited under the policy; (3) The incontestability Provision and Suicide Exclusion Provision in the policy shall apply upon reinstatement, changes or addition of sum insured or supplements and the period of time specified in the said provisions shall run from the date of approval of this application by FTLife Insurance Company Limited; (4) This form and the evidence of insurability of the person or persons insured if required by FTLife Insurance Company Limited shall be the basis for change in the policy and will form part of the policy unless otherwise specified.

本人謹此代表本人及所有受保人聲明及同意(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，就本人所知所言，均為確實無訛之全部事實；(2)上述問題的所有答案及此申請書將成為更改保單的根據，並作為保單之一部份；(3)本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不需受其約束。

I HEREBY DECLARE AND AGREE on behalf of myself and all the Insured(s) that (1) all statements and answers to the questions whether or not written by my own hand are to the best of my knowledge and belief, complete and true; (2) all answers to such questions, together with this application, shall form the basis for the proposed reinstatement, change or addition and become a part of the policy; (3) FTLife Insurance Company Limited is not bound by any statement which I may have made to any person if not written or printed here.

本人/我們謹此授權任何註冊西醫、醫院診所、保險公司、其他機構或人士，凡知道或擁有任何有關本人或任何受保人記錄者，均可將該等資料提供給富通保險有限公司。本授權書的影印本與正本有同等效力。

I/we HEREBY AUTHORIZE any registered medical practitioner, hospital, clinic or insurance company, institution or person, that has any records or knowledge of me, to give to FTLife Insurance Company Limited any such information. A photocopy of this authorization shall be as valid as the original.

本人/我們明白若此更改申請書(附健康狀況問卷)的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Change Form (with Health Questionnaire), the English version should prevail.

產品選擇聲明 (只適用於附加保障) Product Selection Declaration (only applicable to addition of benefit):

本人謹此聲明及確認 (i) 本人已收到所選擇產品之產品小冊子；(ii) 本人具有足夠知識及經驗充分理解所選擇產品之特色、保障範圍、賠償限額、賠償限制、費用及收費、退保費用、主要條款及細則、相關的風險及主要不保事項 (如適用)；(iii) 本人已充分考慮及確認所選擇產品及保額適合本人的需要、箇中優次和實際情況；及(iv)本人能夠負擔及預計會於整個保障期內持續支付所選擇產品的保費。

I HEREBY DECLARE and CONFIRM that (i) I have received the product brochure(s) of the selected product; (ii) I have sufficient knowledge and experience to fully understand the product features, coverages, benefit limits, benefit restrictions, fees and charges, surrender penalties, key terms and conditions, the associated risks and key exclusions (where applicable); (iii) I have duly considered and confirm that the selected product(s) and the sum insured suit my needs, priorities and circumstances; and (iv) I can afford and expect to pay the required premiums throughout the coverage period continuously.

取消保單權益及發還保費連同保費徵費 (只適用於自願醫保計劃的附加或增加)

Cancellation Right and Refund of Premium(s) with Premium Levy (Only Applicable to VHIS Product Addition or Increase)

本人明白本人有權以書面通知要求取消計劃，取回所有已繳保費及保費徵費；但是本人必須簽署該通知，並確保富通保險於九龍海濱道123號綠景NEO大廈7樓的辦事處於以下時段內直接收到該通知：批註交付本人/本人的代表後或投保批核通知書發予本人/本人的代表後，起計的21個曆日內(以較早者為準)。

I understand that I have the right to cancel the plan and obtain a refund of any premium(s) and premium levy paid by giving a written notice. Such notice must be signed by me and received directly by FTLife at 7/F, NEO, 123 Hoi Bun Road, Kowloon within 21 calendar days after the delivery of the endorsement or issuance of the Notice of Approval of Insurance application to Policy Holder or the Policy Holder's representative, whichever is the earlier.

Signed at _____ on _____

簽署地 Place	簽署日期 (日/月/年) Date of Signature (DD/MM/YY)	見證人簽署 Signature of Witness	保單持有人 / 受讓人簽署 Signature of Policy Owner / Assignee	受保人簽署 Signature of Insured
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姓名：
Name: _____

身份證號碼 / 保險顧問編號：
ID No. / Consultant Code: _____

由顧問填寫 To be completed by Advisor

獨立理財顧問公司編號 IFA Company Code: _____ - _____ - _____

保單請送回 Policy Return To: 保單持有人 Policy Owner

獨立理財顧問公司編號 IFA Company Code _____ - _____ - _____

中華人民共和國附錄（“本附錄”） The People's Republic of China Addendum (this “Addendum”)

1. 適用 Application

富通保險有限公司（以下簡稱“富通保險”、“本公司”、“我們”或“本公司的”）在香港是屬於新世界集團公司的關連公司，而新世界集團公司包括新世界發展有限公司及其在香港不時成立及存續的關聯公司或相關公司（“新世界集團”或“NWG”）致力於保護我們業務所在地區人士的個人資料。

FTLife Insurance Company Limited (“FTLife”, “we”, “us” or “our”) in Hong Kong is a related company of the New World group of companies including New World Development Company Limited and its affiliated or related companies from time to time in Hong Kong (the “New World Group” or “NWG”) is committed to protecting personal data of individuals in territories where we do business.

如果您是：
If you are

- (i) 位於中國內地的個人，於中國內地訪問富通保險相關網站或使用富通保險相關流動應用程式或從中國內地通過手機或任何其他方式使用富通保險產品及/或服務；及/或
an individual located in Mainland China who visits FTLife's relevant website(s) or uses relevant mobile application(s) of FTLife, or otherwise uses FTLife's products and/or services by phone or any other means from Mainland China; and/or
- (ii) 持有中國內地護照及/或居民身份證的個人，到訪富通保險在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用富通保險產品及/或服務，
an individual holding a Mainland China passport and/or resident identity card who visits the service centres or other physical premises of FTLife in Hong Kong or otherwise uses FTLife's products and/or services by phone or any other means in Hong Kong,

除 (i) 富通保險私隱政策；及 (ii) 富通保險個人資料收集聲明（“個人資料收集聲明”）外，富通保險將根據本附錄以及中國內地適用的資料保護法律法規處理您的個人資料。

your personal data will be processed by FTLife in accordance with this Addendum in addition to (i) FTLife Privacy Policy Statement and (ii) the FTLife Personal Information Collection Statement (“PICS”), as well as the applicable data protection laws and regulations in Mainland China.

因此，在使用富通保險產品及/或服務或向我們提供任何個人資料之前，請確保您已仔細閱讀、理解並同意個人資料收集聲明、富通保險私隱政策和本附錄。

Therefore, before using FTLife's products and/or services or providing any personal data to us, please ensure that you have carefully read, understood and agree to the PICS, the FTLife Privacy Policy Statement, and this Addendum.

就本附錄目的而言，“中國內地”是指中華人民共和國除香港特別行政區（“香港”）、澳門特別行政區和臺灣以外的地區。除非另有定義，本附錄中的詞彙應和個人資料收集聲明中的所定義者具有相同的含義。

For the purpose of this Addendum, “Mainland China” refers to the People's Republic of China excluding the Hong Kong Special Administrative Region of the People's Republic of China (“Hong Kong”), the Macau Special Administrative Region of the People's Republic of China and Taiwan. Unless defined otherwise, all defined terms (capitalised terms) in this Addendum shall have the same meaning as the defined terms in the PICS.

如有任何衝突或不一致之處，應按以下順序解決（從高到低）：（a）本附錄；（b）個人資料收集聲明及（c）富通保險私隱政策。

In the event of any conflict or inconsistency, they shall be resolved in the following order of precedence (from higher to lower) in respect of such conflict or inconsistency: (a) this Addendum; (b) the PICS and (c) FTLife Privacy Policy Statement.

2. 個人資料 Personal data

在本附錄中，“個人資料”是指以電子或者其他方式記錄的與已識別或者可識別的自然人有關的各種資料，不包括匿名化處理後的資料。本附錄中涉及的個人資料包括本附錄第3條中，富通保險私隱政策第5條中及個人資料收集聲明“所收集的個人資料類型”段中列明的內容。

In this Addendum, “personal data” refers to various information related to an identified or identifiable natural person recorded electronically or by other means and does not include anonymized information. Personal data involved in this Addendum includes those set out in Clause 3 of this Addendum, Clause 5 of the FTLife Privacy Policy Statement and the section of “Kinds of personal data collected” in the PICS.

此外，“敏感個人資料”是指一旦洩露或者非法使用，容易導致自然人的人格尊嚴受到侵害或者人身、財產安全受到危害的“個人資料”。富通保險私隱政策、個人資料收集聲明和本附錄中涉及的“敏感個人資料”包括身份/旅行證件詳細信息、信用記錄、財政資料、收入、銀行帳戶資料、稅務資料、婚姻狀況、醫療及健康記錄、申索記錄、意外記錄、家族健康史、用戶名和密碼、日誌文件、保單資料、交易記錄、跟蹤數據、交易數據（包括您的特點和交易行為）。

In addition, “sensitive personal data” refers to “personal data” that, once leaked or illegally used, may easily lead to violation of the personal dignity of a natural person or harm of personal or property safety. The “sensitive personal data” involved in the FTLife Privacy Policy Statement, the PICS and this Addendum includes **identity/travel document details, credit information, financial details, income, bank account information, tax information, marital status, medical and health records, claims history, accident information, family medical history, user name and passwords, Log Files, insurance policy details, transaction records, Tracking Data, transaction information (including your characteristics and transaction behavior).**

“處理”或對“個人資料”的“處理”包括對“個人資料”的收集、存儲、使用、加工、傳輸、提供、公開、刪除等。

“Process” or “processing” of “personal data” includes the collection, storage, use, processing, transmission, provision, disclosure, deletion, etc. of “personal data”.



3. 我們如何收集和處理您的個人資料 How we collect and process your personal data

除富通保險私隱政策第5條和第6條中和個人資料收集聲明“所收集的個人資料類型”和“使用所收集的個人資料之目的”段中的內容以外，以下內容也適用於我們如何收集和處理您的個人資料：

Apart from Clauses 5 and 6 of the FTLife Privacy Policy Statement and the sections of “Kinds of personal data collected” and “Purposes for using personal data collected” in the PICS, the following also applies to how we collect and process your personal data:

- a) 在您允許或根據適用的法律法規之情況下，我們可能向您直接及/或從其他來源包括本公司的關聯公司及/或本公司的營銷合作夥伴及/或其他第三方（包括但不限於本公司的業務夥伴，其他保險或再保險公司，保險經紀及其他中介人，信譽資料服務機構，金融機構，醫療服務提供者，執法機構及與您相關的人士例如聯合申請人，僱主及家庭成員）收集個人資料。

We may collect personal data from you directly and/or from other sources including our Affiliates, Marketing Partners and/or other third parties (including but not limited to our business partners, other insurance and reinsurance companies, brokers and other intermediaries, credit reference agencies, financial institutions, healthcare service providers, authorities, and persons that you may be associated with such as joint applicants, employers and family members) where permitted by you or according to applicable laws and regulations.

- b) 在向我們提供您以外的任何人（包括但不限於您的家庭成員、保單持有人、受保人、受益人、承讓人、受託人、第三者付款人）的任何個人資料前，您應確保並保證該人士（或該人士的父母或法定監護人（視情況而定））已仔細閱讀、理解並同意此本附錄、個人資料收集聲明及富通保險私隱政策，及尤其通知該人士（或該人士的父母或法定監護人（視情況而定））我們如何收集和處理該人士的個人資料和徵得該人士所有必要的同意。

Before providing to us any personal data about a person other than you (including but not limited to your family members, policy owner, insured, beneficiary, assignee, trustee, third-party payor), you shall ensure and warrant that such person (or the parents or legal guardians of such person, as the case may be) has carefully read, understood and agreed to this Addendum, the PICS, the FTLife Privacy Policy Statement, and in particular, notify such person (or the parents or legal guardians of such person, as the case may be) of how we collect and process his/her personal data and obtain all necessary consent from such person.

- c) 富通保險將為下文進一步說明的目的以及個人資料收集聲明中列明的目的（“目的”）處理個人資料。當中，為了使我們能夠實現這些目的並向您提供相應的產品/服務，以下列出的個人資料（包括**敏感個人資料**）是必要的。如果這些資料無法提供或不準確，我們可能無法向您提供相應的產品/服務：

The personal data will be processed by FTLife for the purposes as further specified below and set out in the PICS (“Purposes”). In particular, for us to carry out the Purposes and provide you with the relevant products/services, the personal data (including **sensitive personal data**) set out below is necessary. If such information are not available or not accurate, we may not be able to provide the relevant products/services to you:

目的及富通保險可能收集的個人資料：<https://www.ftlife.com.hk/tc/disclaimer/prcaddendum>

Purposes and personal data FTLife may collect: <https://www.ftlife.com.hk/en/disclaimer/prcaddendum>



中文



English

- d) 為遵守適用於富通保險或富通保險預期須遵守的責任、要求或安排，我們也會根據以下內容處理和使用您的個人資料：
To comply with the obligations, requirements or arrangements that apply to FTLife or with which FTLife is expected to comply with, we may also process and use your personal data according to:

- (i) 在中國內地境內或以外地區現行或將會存在的對其具約束力或適用於其的任何法律；
any law binding or applying to it within or outside Mainland China existing currently and in the future;
- (ii) 在中國內地境內或以外地區現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所提供或發出之任何指引或指導；及
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside the Mainland China existing currently and in the future; and
- (iii) 富通保險因其在本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔或受強加與該本地或海外的法定、監管、政府、稅務、執法或其他機構或自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

- e) 一般情況下，我們會在徵得您的同意後處理您的個人資料，並在適當的情況下，在中國內地適用的資料保護法律法規要求的特定情況下徵得您的單獨同意後處理您的個人資料。您認可並同意在以下情況，我們無需獲得您的同意即可處理您的個人資料：

In general, we process your personal data with your consent, and where appropriate, with separate consent from you for processing your personal data under specific circumstances required by the applicable data protection laws and regulations in Mainland China. You acknowledge and agree that under the following situations, we are not required to obtain your consent to process your personal data:

- (i) 該等處理為訂立或履行您作為一方的合同所必須，或者按照依法制定的勞動規章制度和依法簽訂的集體合同實施人力資源管理所必須；
the processing is necessary for the conclusion or performance of a contract to which you are a party, or where it is necessary to conduct human resources management according to lawfully formulated labour rules and lawfully concluded collective contracts;

- (ii) 該等處理為履行我們在任何適用法律法規下的責任或義務所必須，包括與以下直接相關的：
the processing is necessary for the performance of our duties or obligations under any applicable laws and regulations, including those directly related to:
- (1) 國家安全和國防；
National security and national defence;
 - (2) 刑事調查、起訴和審判以及執行法院命令、判決或相關事項；或
Criminal investigation, prosecution and trial and execution of court orders, judgments or related matters; or
 - (3) 公共安全、公共衛生或重大公共利益；
Public security, public health, or major public interest;
- (iii) 該等處理為應對突發公共衛生事件，或者緊急情況下為保護自然人的生命、健康和財產安全所必須；
the processing is necessary for responding to public health emergencies, or for the protection of life, health and property safety of natural persons under emergency circumstances;
- (iv) 為實施新聞報導、輿論監督以及其他合乎公共利益的活動，在合理的範圍內處理個人資料；
the personal data is processed within a reasonable scope to conduct news reporting, supervision by public opinion and other activities in the public interest;
- (v) 依照法律法規在合理的範圍內處理您自行公開或者來自公共來源的關於您的個人資料；或
the personal data is made available to the public by you or the personal data about you from legitimate public sources is processed within a reasonable scope in accordance with the laws and regulations; or
- (vi) 法律法規規定的其他情形。
other circumstances as provided by the laws and regulations.

4. 您作為個人資料主體的權利 Your rights as the personal data subject

- 1) 請參閱富通保險私隱政策第15條中及個人資料收集聲明“您的權利”段中有關您查閱、改正您的個人資料及撤銷同意的權利。此外，根據中國內地適用的資料保護法律法規，我們將確保您可以對您的個人資料行使以下權利，包括：
Please refer to Clause 15 of the FTLife Privacy Policy Statement and the section of “Your rights” in the PICS in relation to your rights to access, correct your personal data and withdraw your consent. Further, in accordance with the applicable data protection laws and regulations in Mainland China, we will ensure that you may exercise the following rights over your personal data, including:
- a) 在下列情況下，您可以要求刪除您的個人資料：
You may request to delete your personal data if:
 - (i) 我們對您的個人資料的處理違反了適用的法律或法規；
our processing of your personal data breaches laws or regulations;
 - (ii) 我們在缺乏您同意的情況下收集或使用您的個人資料；
we collect or use your personal data without your consent;
 - (iii) 我們對您的個人資料的處理違反了我們與您的協議；
our processing of your personal data breaches our agreement with you;
 - (iv) 您不再使用我們的產品及/或服務，或本附錄第3條中所述的目的已經實現或完成；
you no longer use our products and/ or services, or the purposes described in Clause 3 of this Addendum have been achieved or accomplished;
 - (v) 您撤回您的同意；
you withdraw your consent;
 - (vi) 我們不再向您提供產品及/或服務；
we no longer provide products and/or services to you;
 - b) 更改您的同意範圍；
Change the scope of your consent;
 - c) 獲取您的個人資料的副本；或
Obtain a copy of your personal data; or
 - d) 在遵守適用的法律法規的前提下，要求將您的個人資料轉移給另一個個人資料處理者。
Request to transfer your personal data to another personal data processor provided that such request is compliant with the applicable laws and regulations.
- 2) 該等要求應通過本附錄第10條中的聯繫方式向富通保險的保障資料主任提出。我們將盡力在收到您的要求後的15個工作日內答覆您有關上述內容的合理要求。
Such requests shall be made to the Data Protection Officer of FTLife via the contact details set out in Clause 10 of this Addendum. We will endeavour to reply to your reasonable requests in relation to the above within fifteen (15) working days from the day we receive your request.
- 3) 但是，請注意我們可能會在下列情況下拒絕您的請求：
However, please note we may refuse your requests under the following circumstances:
- a) 與我們履行法律法規的義務相關的情況，包括我們向中國內地法律法規規定的監管機構及/或其他政府部門提供您與我們之間的交易過程中產生的您的個人資料（包括您的**敏感個人資料**）；
Circumstances relevant to the fulfilment of our obligations under laws and regulations, including our provision of your personal data (including your **sensitive personal data**) generated during the transaction between you and us to the regulatory authority(ies) and/or other governmental departments under the laws and regulations of Mainland China;

- b) 任何法律或行政法規規定的資料保留期限未屆滿，或者刪除個人資料從技術上是難以實現的（在這種情況下，我們將採取必要的安全保護措施，以確保您的個人資料的安全，或將該等個人資料匿名化）；
The data retention period required by any law or administrative regulation has not expired, or it is difficult to delete personal data technically (in such cases, we will take necessary security protection measures to ensure the security of your personal data or anonymize such personal data);
- c) 與國家安全和國防安全直接相關的情況；
Circumstances directly related to national security and defence security;
- d) 與公共安全、公共衛生或重大公共利益直接相關的情況；
Circumstances directly related to public security, public health, or significant public interest;
- e) 與刑事調查、起訴和審判以及執行法院決定直接相關的情況；
Circumstances directly related to criminal investigation, prosecution and trial, and execution of court decision;
- f) 我們有足夠的證據證明您有主觀惡意，或者您在濫用權利的情况；
Circumstances where we have sufficient evidence to prove that you have subjective malice, or you are abusing your rights;
- g) 涉及保護您或他人的生命、財產和其他重要合法權利的情况；
Circumstances where protection of your or other individual's life, property and other important lawful rights is involved;
- h) 對您的請求作出回應將對您或其他個人或組織（包括我們）的合法權利及權益造成嚴重損害的情况；
Circumstances where responding to your request will cause serious harm to the lawful rights and interests of you or other individuals or organisations (including us); or
- i) 涉及商業秘密的情况。
Circumstances where trade secrets are involved.

5. 個人資料的保留 Retention of personal data

我們保留您的個人資料的時間不會超過為實現目的所必需的時間。請參閱富通保險私隱政策中第8條，以瞭解更多詳情。

Your personal data will be kept by us for no longer than necessary for the fulfillment of the Purposes. Please refer to Clause 8 of the FTLife Privacy Policy Statement for further details.

6. 我們如何委託他人處理、分享、轉移和公開披露您的個人資料

How we entrust others to process, share, transfer and publicly disclose your personal data

- a) 為實現本附錄第3條規定的目的，您理解並同意，我們可以按照富通保險私隱政策第9和第11條的規定，委託代理商、承包商、供應商、供應者和服務供應商以及下列各方處理您的個人資料（包括**敏感個人資料**）：
To achieve the Purposes under Clause 3 of this Addendum, you understand and agree that we may entrust the processing of your personal data (including **sensitive personal data**) to agents, contractors, vendors, suppliers and service providers as set out in Clauses 9 and 11 of the FTLife Privacy Policy Statement as well as the following parties:
 - (i) 代表您的任何保險經紀、代理、獨立財務顧問或您的受讓人、理算人、僱主、醫護專業人士、醫院、會計師、財務顧問、律師及/或為保險業整合申索和承保資料的組織；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）、警察和保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊（及其運營者）以實現載列於個人資料收集聲明及本附錄第3條中的任何目的；
any insurance agent, broker, independent financial advisor acting on your behalf or your assignee, adjusters, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, and/or organizations that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information) for any of the Purposes as set out in the PICS and Clause 3 above;
 - (ii) 損失公估人、私人調查員、信函裝封服務機構、債務追收員、及任何其他代理人、承包商或第三方服務供應商以實現載列於個人資料收集聲明及本附錄第3條中的任何目的因應個別情況向富通保險提供風險分析、行政、電訊、電腦、網際網路或付款服務；
loss adjusters, private investigators, letter shopping service providers, debt collectors, and any other agent, contractor or third party service provider, in each case, that provides risk intelligence, administrative, telecommunications, computer, Internet or payment services to FTLife for any of the Purposes as set out in the PICS and Clause 3 above;
 - (iii) 任何富通保險的實際或建議再保險公司以實現載列於個人資料收集聲明及本附錄第3條中的任何目的；
any actual or proposed reinsurers of FTLife for any of the Purposes as set out in the PICS and Clause 3 above;
 - (iv) 富通保險在根據對其本身或其任何關聯公司具約束力或適用的任何法律規定下，或按照及為實施其預期須遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的任何指引或指導，或根據其與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而有責任或有其他原因必須對其作出披露的任何人士，而上述一切可能在香港境內或境外及可能現行或將會存在。
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its Affiliates, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.
- b) 我們委託的代理商、承包商、供應商、供應者和/或服務供應商以及本附錄第6a)條中提及的各方無權將您的個人資料用於任何其他目的。如果您的個人資料的處理目的有任何變更，我們將再次徵得您的同意。
The agents, contractors, vendors, suppliers, and/or other service providers and the parties as mentioned in Clause 6 a) of this Addendum entrusted by us have no authority to use your personal data for any other purposes. If there is any change to the purpose of processing of your personal data, we will ask for your consent again.

- c) 您的個人資料也可能與位於中國內地境內或以外地區的新世界集團及合營公司（統稱“關聯公司”）及我們的“營銷合作夥伴”（如個人資料收集聲明中所定義）分享，其中包括房地產開發商、銀行、金融和投資機構、保險公司、保險企業經紀、保險代理公司、私人俱樂部、禮賓和客服供應商、零售商店及網上商店（產品和服務包括時尚服飾和美容、健康和個人護理、奢侈品、家居生活、食品、酒類飲料、書籍和文具）、購物中心、百貨公司、鐘錶和珠寶商（如周大福珠寶集團有限公司）、連鎖酒店、餐飲服務供應商、醫療保健和長者護理、其他服務及/或產品供應商，包括健康與保健、藝術和文化、畫廊和展覽、環保和自然、體育和娛樂、旅遊和住宿、休閒和娛樂、運輸和物流、電訊、媒體和資訊科技、企業創新、加速器和孵化計劃、競賽、會議和活動、學前教育、小學、中學和/或高等教育機構等。具體內容見本附錄的**附件1**。

Your personal data may also be shared with the New World Group and joint venture companies together referred to as “Affiliates” and our “Marketing Partners” (as defined in the PICS) located within or outside Mainland China, which include property developers, banks, financial and investment institutions, insurance companies, insurance brokerage companies, insurance corporate agencies, private clubs, concierge and customer service providers, retail outlets and online businesses (products and services including fashion and beauty, health and personal cares, luxury, home and living, food, wine and beverage, books and stationery), shopping malls, department stores, watches and jewellers (such as Chow Tai Fook Jewellery Group Limited), hotel chains, catering services providers, healthcare and senior care, services and/or products providers including health and wellness, art and culture, gallery and exhibition, green and nature, sports and recreation, travel and accommodation, leisure and entertainment, transportation and logistics, telecommunication, media and information technology, corporate innovation, accelerator and incubation programmes, competitions, conferences and events, pre-school, primary, secondary and/or tertiary education institutions etc., the details of which are set out in **Index 1 of this Addendum**.

7. 我們如何存儲和轉移您的個人資料 How we store and transfer your personal data

原則上，我們根據本附錄第3條列出的商業目的在中國境內收集、提供和處理個人資料，並將其儲存在不同的地理位置包括中國內地、香港和新加坡。您理解、授權並同意，因業務需要及只為達到本附錄第3條所列的業務目的，並在法律允許的最大範圍內和根據中國法律法規的強制性規定，我們可以將您的個人資料從中國內地轉移至我們在香港的總部、我們在中國內地以外地區的關聯公司、營銷合作夥伴和其他實體（詳情請參閱本附錄**附件2**），以及受我們委託處理您的個人資料的合作夥伴、合作者、委託代理商、承包商、供應商、供應者及服務供應商以及上述第6a)條中提及的其他各方在不同的地理位置包括中國內地、香港和新加坡的伺服器及/或資料中心（詳情請參閱本附錄**附件3**），或新世界發展有限公司及New World Corporate Services Limited可從香港獲取您的個人資料。相關司法轄區包括中國內地、香港和新加坡已經制定了個人資料保護法律，我們也將確保您的個人資料按照本附錄得到充分的保護。如果您想進一步瞭解您的個人資料的存儲和跨境轉移，撤回您的同意及/或根據本附錄第4條行使您的其他權利，請通過本附錄第10條列出的方式與我們聯繫，我們將在合理範圍內回應您的要求。

In principle, we collect, produce and process the personal data in the PRC in accordance with the business purposes set out in Clause 3 of this Addendum and they will be stored in various geographical locations including Mainland China, Hong Kong and Singapore. You understand, authorise and consent that we may transfer your personal data outside Mainland China to our headquarters in Hong Kong, our Affiliates, Marketing Partners and other entities outside Mainland China (please refer to **Index 2 of this Addendum** for further details), and to the servers and/or data centres in various geographical locations including Mainland China, Hong Kong and Singapore of our partners, co-operators, agents, contractors, vendors, suppliers, service providers and other parties set out in Clause 6(a) above whom we have entrusted to process your personal data (please refer to **Index 3 of this Addendum** for further details), or New World Development Company Limited and New World Corporate Services Limited may access your personal data from Hong Kong, due to business needs and solely for achieving the business purposes set out in Clause 3 of this Addendum and to the maximum extent permitted by law and in accordance with the mandatory requirements under the laws and regulations of the PRC. The relevant jurisdictions including Mainland China, Hong Kong and Singapore have enacted personal data protection laws, and we will also ensure that your personal data is adequately protected in accordance with this Addendum. If you would like to learn more about the storage and cross-border transfer of your personal data, withdraw your consent and/or exercise your other rights in accordance with Clause 4 of this Addendum, please contact us via the means set out in Clause 10 of this Addendum and we will respond to your request to a reasonable extent.

我們不會將您的個人資料轉移給新世界集團、其關聯公司及/或營銷合作夥伴之外的任何公司、組織或個人，但以下情況除外：

We will not transfer your personal data to any company, organisation or individual outside of NWG, its Affiliates and/or Marketing Partners, except under the following circumstances:

- (1) 經單獨同意的轉移。在獲得您的單獨同意後，我們將根據本附錄將您的個人資料轉移給其他各方：
Transfer with separate consent. After obtaining your separate consent, we will transfer your personal data to other parties in accordance with this Addendum;
- (2) 當我們參與任何實際或擬議的業務轉讓、股份轉讓、重組、合併、並購、出售、轉讓或購買富通保險的業務時（請參閱富通保險私隱政策第18條及個人資料收集聲明“我們分享個人資料之第三方”段中的內容）：
When we are involved in any actual or proposed transfer of business, transfer of shares, re-structuring, amalgamation, merger, sale, transfer or purchase of FTLife's business (please refer to Clause 18 of the FTLife Privacy Policy Statement and the section of “Those with whom we share personal data” in the PICS);
- (3) 我們可能會根據適用的法律和法規、訴訟程序的要求、強制性的行政或司法要求，在其他情況下轉移您的個人資料。
We may otherwise transfer your personal data in accordance with applicable laws and regulations, requirements under legal proceedings, compulsory administrative or judicial requirements.

8. 我們如何處理未成年人的個人資料 How we process minors' personal data

- a) 我們一般不會直接收集18周歲以下人士的個人資料，除非為提供產品或服務所必需的，並經其父母或法定監護人同意（如未成年人為其父母購買的保險產品的受益人）。

We generally do not directly collect personal data of persons who are below the age of eighteen (18) unless it is necessary for the provision of products or services and it is agreed by their parents or guardians (for example, where the minors are the beneficiaries of the insurance products purchased by their parents).

- b) 如果您是18周歲以下人士，您應與您的父母或法定監護人一起閱讀本附錄、個人資料收集聲明、富通保險私隱政策以及本附錄之附件A（“**附件A**”）並同意上述文件中的條款，並在向我們提供任何個人資料之前或使用我們的任何產品或服務前徵得您的父母或法定監護人的同意。一般情況下，我們只接受您通過您的父母或法定監護人提交的您的個人資料或使用我們的產品或服務的請求。

If you are under the age of eighteen (18), you should read this Addendum, the PICS, the FTLife Privacy Policy Statement as well as **Annex A to this Addendum (“Annex A”)** together with your parents or guardians and agree to the terms thereof and obtain consent from your parents or guardians before submitting any personal data to us or using any of our products or services. Generally speaking, we will only accept your personal data or your request to use our products or services submitted via your parents or guardians.

- c) 如果您是18周歲以下未成年人的父母或法定監護人，在向我們提供您所照顧的未成年人的任何個人資料或為未成年人使用我們的任何產品或服務前，您應仔細閱讀並同意本附錄、個人資料收集聲明、富通保險私隱政策以及附件A。如果您知道我們在未經您同意的情况下收集了您未滿18周歲孩子的個人資料，請立即通過本附錄第10條中的聯繫方式通知我們，以便我們採取有效措施盡快刪除此資料。

If you are the parent or guardian of a minor under the age of eighteen (18), you should carefully read and agree to this Addendum, the PICS, the FTLife Privacy Policy Statement as well as Annex A before submitting any personal data of the minor or using our products or services for the minor. If you are aware that we have collected personal data of your child who is below the age of eighteen (18) without your consent, please notify us immediately via contact details set out in Clause 10 of this Addendum, so as to allow us to take effective measures to delete such data as soon as practicable.

- d) 對於我們收集的未成年人資料，我們只會在適用法律法規允許或父母或法定監護人明確同意或在保護未成年人利益需要的情况下使用或披露此資料。

For the minors' data collected by us, we will only use or disclose such data to the extent allowed by the applicable laws and regulations or expressly consented to by their parents or guardians, or where required for protecting the interests of the minors.

9. 其他 Miscellaneous

在個人資料收集聲明“其他”段中的部分應適用於本附錄的更新。

The section of “Miscellaneous” in the PICS shall apply in respect of the update of this Addendum.

此外，富通保險私隱政策中的以下條款將適用：

Further, the following Clauses in the FTLife Privacy Policy Statement shall apply:

- a) 第4條應適用於cookies的使用和其他跟蹤機制；
Clause 4 shall apply in respect of the use of cookies and other tracking mechanisms;
- b) 第12條應適用於個人資料的保安；
Clause 12 shall apply in respect of the security of personal data;
- c) 第13條應適用於有關披露您的個人資料的責任豁免，這將受制於中國內地適用的法律法規；
Clause 13 shall apply in respect of liability exclusion for disclosure of your personal data, which will be subject to the applicable laws and regulations in Mainland China.
- d) 第17條應適用於富通保險私隱政策和本附錄的更新。
Clause 17 shall apply in respect of the update of the FTLife Privacy Policy Statement and this Addendum.

10. 如何聯繫我們 How to contact us

如果您對本附錄有任何問題、意見或建議，或希望根據富通保險私隱政策、個人資料收集聲明或本附錄對您的個人資料行使權利，請隨時聯繫我們的保障資料主任（地址：香港特別行政區富通保險有限公司客戶服務中心，九龍海濱道123號綠景NEO大廈7樓）或發送電子郵件到 csc@ftlife.com.hk（標記為機密）

If you have any questions, comments or suggestions regarding this Addendum, or wish to exercise your rights over your personal data in accordance with the FTLife Privacy Policy Statement Privacy Policy Statement, the PICS or this Addendum, please feel free to contact our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited at FTLife, 7/F, NEO, 123 Hoi Bun Road, Kowloon, Hong Kong SAR or email us at csc@ftlife.com.hk (marked Confidential).

11. 不一致或衝突 Inconsistency or conflict

如本附錄的中英文版本有任何不一致或衝突，須以英文版本為準。

If there is any inconsistency or conflict between the English and Chinese versions of this Addendum, the English version shall prevail.

附件1, 2及3 Indexes 1,2 and 3

附件1：<https://www.ftlife.com.hk/tc/disclaimer/prcaddendum/appendix1/>
Index 1: <https://www.ftlife.com.hk/en/disclaimer/prcaddendum/appendix1/>

附件2：<https://www.ftlife.com.hk/tc/disclaimer/prcaddendum/appendix2/>
Index 2: <https://www.ftlife.com.hk/en/disclaimer/prcaddendum/appendix2/>



附件1 (中文)



Appendix 1(English)



附件2 (中文)



Appendix 2(English)

本附錄之附件 A - Annex A to this Addendum

附件3：<https://www.ftlife.com.hk/tc/disclaimer/prcaddendum/appendix3/>
Index 3: <https://www.ftlife.com.hk/en/disclaimer/prcaddendum/appendix3/>

<https://www.ftlife.com.hk/tc/disclaimer/prcaddendum/annexA/>
<https://www.ftlife.com.hk/en/disclaimer/prcaddendum/annexA/>



附件3 (中文)



Appendix 3(English)



本附錄之附件A (中文)



Annex A(English)

請在下面的方框中打勾，以確認您的同意。
Please tick the box(es) below to acknowledge your consent.

保單持有人
Policy Owner

受保人
Insured

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> 本人理解上述及富通保險私隱政策、個人資料收集聲明及中華人民共和國附錄中的全部內容，並同意根據上述有關目的對本人的個人資料的收集、使用及處理。
I understand the above and all the contents of the FTLife Privacy Policy Statement, the PICS and the People's Republic of China Addendum and consent to the collection, use and processing of my personal data in connection with the Purposes set out above. |
|--------------------------|--|

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <p>通過勾選此方框，本人亦同意對本人的個人資料進行以下全部處理。本人理解，本人可通過取消勾選以下任一方框以拒絕其中內容，但富通保險可能因此無法在未獲本人相關同意的情況下向本人提供有關產品/服務。
By ticking this box, I also consent to all of the following in processing my personal data. I understand that I may disagree with any of the items below by unticking the individual boxes below, but FTLife may not be able to offer to me certain goods/services without my relevant consent.</p> <input type="checkbox"/> 本人同意根據上述有關目的對本人的 敏感個人資料 的收集及處理。
I consent to the collection and processing of my sensitive personal data in connection with the Purposes set out above. |
| <input type="checkbox"/> | <input type="checkbox"/> 本人同意將本人的個人資料（包括 敏感個人資料 ）轉移至中國內地以外地區。
I consent to the transfer of my personal data (including sensitive personal data) to outside Mainland China. |
| <input type="checkbox"/> | <input type="checkbox"/> 本人同意向第三方提供本人的個人資料（包括 敏感個人資料 ）。
I consent to providing my personal data (including sensitive personal data) to third parties |

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <p>通過勾選此方框，本人亦同意對本人的個人資料進行以下處理。
By ticking this box, I also consent to the following in processing my personal data.</p> <input type="checkbox"/> 本人同意接受富通保險的直接促銷，並同意其將本人的個人資料用於直接促銷目的。
I consent to receive direct marketing from FTLife and its use of my personal data for direct marketing purposes. |
| <input type="checkbox"/> | <input type="checkbox"/> 本人同意富通保險向新世界集團的關聯公司及營銷合作夥伴共享本人的個人資料，以便在香港和香港以外地區用於直接促銷和跨業直銷目的。
I consent to the sharing of my personal data by FTLife with NWG's Affiliates and Marketing Partners for direct marketing and cross marketing purposes in Hong Kong and outside Hong Kong. |
| <input type="checkbox"/> | <input type="checkbox"/> 本人同意上述全部內容。
I agree to all of the above. |

如本人不同意富通保險私隱政策、新世界集團私隱政策、個人資料收集聲明及/或中華人民共和國附錄中的內容，本人理解本人可以聯繫富通保險保障資料主任（地址：香港特別行政區富通保險有限公司客戶服務中心，九龍海濱道123號綠景NEO大廈7樓）或發送電子郵件到 csc@ftlife.com.hk（標記為機密），以瞭解本人的選擇和法律權利，並作出適當的安排。

If I do not agree with the contents of the FTLife Privacy Policy Statement, the PICS and/or the People's Republic of China Addendum, I understand that I can contact FTLife's Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited at FTLife, 7/F, NEO, 123 Hoi Bun Road, Kowloon, Hong Kong SAR or via email at csc@ftlife.com.hk (marked Confidential) to understand my choices and rights and make appropriate arrangements.

保單持有人姓名 (如非受保人)
Name of the Policy Owner
(if other than the Insured)

X _____
保單持有人簽署 (如非受保人)
Signature of the Policy Owner
(if other than the Insured)

簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)

受保人姓名 (適用於18歲或以上)
Name of the Insured
(Applicable to age 18 or above)

X _____
受保人簽署 (適用於18歲或以上)
Signature of the Insured
(Applicable to age 18 or above)

附錄之附件A – 關於處理未成年人個人資料的規則 (“本附件A”) Annex A to the Addendum – Rules on processing minors’ personal data (hereinafter “Annex A”)

1. 適用 Application

本附件 A 列出了富通保險有限公司（以下簡稱“富通保險”、“本公司”、“我們”或“本公司的”）在處理 18 周歲以下並符合以下條件的人士（該等 18 周歲以下個人統稱為“未成年人”）的個人資料時的規則：

This Annex A provides the rules of FTLife Insurance Company Limited’s (“FTLife”, “we”, “us” or “our”) activities in processing personal data of persons aged below eighteen (18) who are:

- (i) 位於中國內地的個人，於中國內地訪問富通保險的相關網站或使用富通保險的相關流動應用程式或從中國內地通過手機或任何其他方式使用富通保險產品及/或服務；及/或
located in Mainland China who visits FTLife’s relevant website(s) or uses relevant mobile application(s) of FTLife, or otherwise uses FTLife’s products and/or services by phone or any other means from Mainland China; and/or
- (ii) 持有中國內地護照及/或居民身份證的個人，到訪富通保險在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用富通保險產品及/或服務。
holding Mainland China passports and/or resident identity cards who visit the service centres or other physical premises of FTLife in Hong Kong or otherwise use FTLife’s products and/or services by phone or any other means in Hong Kong.

如果您是未成年人，請與您的父母或法定監護人一起閱讀富通保險私隱政策、富通保險個人資料收集聲明（“個人資料收集聲明”）、中華人民共和國附錄（“附錄”）和本附件A，並在向我們提供任何個人資料之前徵得他們的同意。

(The aforesaid persons aged below eighteen (18) hereinafter referred to as “Minor”, “Minors” or “Minor(s)”.)

If you are a Minor, please read the FTLife Privacy Policy Statement, the FTLife Personal Information Collection Statement (“PICS”), the People’s Republic of China Addendum (“Addendum”) and this Annex A together with your parents or legal guardians and obtain their consent before providing any personal data to us.

如果您是未成年人的父母或法定監護人，並希望向我們提供您所照顧的未成年人的任何個人資料，請確保在此之前您已仔細閱讀、理解並同意富通保險私隱政策、富通保險私隱政策、個人資料收集聲明、附錄和本附件A。

If you are the parents or legal guardians who would like to provide any personal data of Minor(s) under your care, please ensure that you have carefully read, understood and agreed to the FTLife Privacy Policy Statement, the FTLife Privacy Policy Statement, the PICS, the Addendum and this Annex A before doing so.

如就處理未成年人的個人資料有任何衝突或不一致之處，就該衝突或不一致之處應按以下順序解決（從高到低）：(a) 本附件A；(b) 附錄；(c) 個人資料收集聲明及；(d) 富通保險私隱政策。

In the event of any conflict or inconsistency concerning the processing of Minors’ personal data, they shall be resolved in the following order of precedence (from higher to lower) in respect of such conflict or inconsistency: - (a) this Annex A; (b) the Addendum; (c) the PICS and (d) the FTLife Privacy Policy Statement.

2. 個人資料 Personal data

除本附件 A 所牽涉的“敏感個人資料”是指所有未成年人的敏感個人資料外，附錄第2條適用於本附件 A。

Clause 2 of the Addendum applies, save and except that the “sensitive personal data” involved in this Annex A includes all Minors’ sensitive personal data.

3. 我們如何收集和處理未成年人的個人資料 How we collect and process Minors’ personal data

以下內容適用於我們如何收集和處理未成年人的個人資料

The following shall apply to how we collect and process Minors’ personal data:

- (a) 只有在徵得未成年人的父母或法定監護人的同意後，才能向我們提供未成年人的個人資料。如果未成年人的父母或法定監護人隨後撤回同意，他們及未成年人應立即停止向我們提供未成年人的個人資料。
Minors’ personal data shall only be provided to us upon the consent of Minors’ parents or legal guardians. If the Minors’ parents or legal guardians subsequently withdraw the consent, they and the Minors shall immediately cease the provision of Minors’ personal data to us.
- (b) 如果未成年人的父母或法定監護人意識到未經他們同意的情况下，他們所照顧的未成年人向我們提供了其個人資料，請通過附錄第10條所列的聯繫方式聯絡並通知富通保險的保障資料主任刪除該等資料。
If Minors’ parents or legal guardians become aware that, without their consent, Minors under their care have provided personal data to us, please notify us to delete them by contacting our Data Protection Officer of FTLife via the contact details set out in Clause 10 of the Addendum.
- (c) 我們現就下述進一步說明之目的（“處理未成年人個人資料的目的”）處理未成年人的個人資料。當中，為了使我們能夠實現處理未成年人個人資料的目的，以下列出的個人資料是必要的。如果無法提供該等資料或該等資料不準確，我們可能無法實現處理未成年人個人資料的目的：
Minor’s personal data will be processed by us for the purposes as further specified below only (“Purposes for Minors”). In particular, in order for us to carry out the Purposes for Minors, the personal data set out below is necessary. If such information are not available or not accurate, we may not be able to perform the Purposes for Minors:
- (d) 一般情況下，我們會在徵得未成年人的父母或法定監護人的同意後處理未成年人的個人資料，並在適當的情況下，在中國內地適用的資料保護法律法規要求的特定情況下徵得未成年人父母或法定監護人的單獨同意後處理未成年人的個人資料。此外，以上所述對未成年人個人資料的披露將按照中國內地適用的資料保護法律法規進行。
In general, we process Minors’ personal data with their parent’s or legal guardian’s consent, and, where appropriate, with separate consent from their parents or legal guardians for processing Minors’ personal data under specific circumstances required by the applicable data protection laws and regulations in Mainland China. Besides, disclosure of Minors’ personal data as above mentioned will be conducted in accordance with the applicable data protection laws and regulations in Mainland China.

序號 No.	處理未成年人個人資料的目的 Purposes for Minors	我們可能收集的未成年人個人資料 Minors' personal data that we may collect
1	與保險或再保險相關業務的管理，其中包括處理和評估申請、身份檢查、理賠處理、理賠調查、製作統計、數據分析和研究 Administration of insurance or reinsurance related business, which includes processing and evaluation of applications, identity checking, claims processing, claims investigation, preparing statistics, data analysis and research	<ul style="list-style-type: none"> • <u>個人身份資料</u>，包括姓名、性別、年齡或年齡範圍、出生地、出生日期、居住地、<u>身份/旅行證件詳細信息</u>、國籍 Personal identification information, including name, gender, age or age range, place of birth, date of birth, place of residence, identity/travel document details, nationality • <u>聯繫資料</u>，包括聯繫方式、聯繫電話、電子郵件地址和郵寄/住宅/通訊地址 Contact information, including contact details, contact number, e-mail address and mailing/ correspondence/ residential address • <u>健康相關資料</u>，包括醫療和健康記錄、意外記錄、申索記錄和家族健康史 Health-related information, including medical and health records, accident information, claims history and family health history • <u>賬戶和保單資料</u>，包括保單資料和交易記錄 Account and insurance information, including insurance policy details and transaction records
2	數據分析、研究、信息管理和數據庫管理 Data analytics, profiling, information management and database administration	<ul style="list-style-type: none"> • 個人興趣和活動愛好 Interests and favourite activities • 社交媒體帳號信息 Social media account information • 跟蹤數據 Tracking Data • 家庭狀況 Family status • 教育程度 Educational level • 交易數據（包括未成年人的特點及交易行為） Transaction information (including Minors' characteristics and transaction behavior)

4. 未成年人作為個人資料主體的權利 Minors' rights as the personal data subjects

附錄第 4 條適用於您作為未成年人的父母或法定監護人，可以代其行使其中規定的未成年人的權利。

Clause 4 of the Addendum applies to the extent that you as the parents or legal guardians of the Minor(s), may exercise the Minor(s)' rights as provided therein on their behalf.

5. 個人資料的保留 Retention of personal data

除因本附件 A 第 3 條的目的而收集及處理未成年人的個人資料不會被儲存在我們的系統內並在完成該等目的後會被刪除及/或匿名化（視情況而定）外，附錄第 5 條適用於處理未成年人個人資料的目的。

Clause 5 of the Addendum applies only to the extent for the Purposes for Minors and save and except that Minors' personal data collected and processed for the purposes of Clause 3 of this Annex A will not be stored in our systems and shall be deleted and/or anonymized (as the case may be) once the said purposes have been achieved.

此外，我們嚴格控制對未成年人個人資料的訪問，並只允許必須處理未成年人的個人資料的授權人員訪問這些資料。

In addition, we strictly control the access to Minors' personal data and only allow authorized personnel that are strictly necessary to process Minors' personal data to access such data.

6. 我們如何委託他人處理、分享和轉移未成年人的個人資料

How we entrust others to process, share and transfer Minors' personal data

- (a) 為實現列於本附件 A 第 3 條處理未成年人個人資料的目的，我們可能會委託個人資料收集聲明以及富通保險私隱政策第 9 和 11 條中所列的代理商、承包商、供應商、供應者和服務供應商、公營及政府機構、專業顧問及/或其他服務提供方以及下列各方，僅就處理未成年人個人資料的目的處理該等個人資料：

To achieve the Purposes for Minors under Clause 3 of this Annex A, we may entrust the processing of Minors' personal data (including **sensitive personal data**) to agents, contractors, vendors, suppliers and service providers, public and governmental authorities, professional advisors and/or service providers as set out in the PICS and in Clauses 9 and 11 of the FTLife Privacy Policy Statement as well as the following parties:

- (i) 代表您/未成年人的任何保險經紀、代理、獨立財務顧問或您/未成年人的受讓人、理算人、僱主、醫護專業人士、醫院、會計師、財務顧問、律師及/或為保險業整合申索和承保資料的組織；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）、警察和保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊（及其運營者）以實現載列於本附件A第3條中的任何處理未成年人個人資料的目的；
any insurance agent, broker, independent financial advisor acting on your/Minor's behalf or your/Minor's assignee, adjusters, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, and/or organizations that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information for any of the Purposes for Minors as set out in Clause 3 of this Annex A above;
- (ii) 損失公估人、私人調查員、信函裝封服務機構、債務追收員、及任何其他代理人、承包商或第三方服務供應商以實現載列於本附件A第3條中的任何處理未成年人個人資料的目的因應個別情況向富通保險提供風險分析、行政、電訊、電腦、網際網路或付款服務；
loss adjusters, private investigators, letter shopping service providers, debt collectors, and any other agent, contractor or third party service provider, in each case, that provides risk intelligence, administrative, telecommunications, computer, Internet or payment services to FTLife for any of the Purposes for Minors as set out in Clause 3 of this Annex A above;
- (iii) 任何富通保險的實際或建議再保險公司以實現載列於本附件A第3條中的任何處理未成年人個人資料的目的；
any actual or proposed reinsurers of FTLife for any of the Purposes for Minors as set out in Clause 3 of this Annex A above;
- (iv) 富通保險在根據對其本身或其任何關聯公司具約束力或適用的任何法律規定下，或按照及為實施其預期須遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的任何指引或指導，或根據其與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而有責任或有其他原因必須對其作出披露的任何人士，而上述一切可能在香港境內或境外及可能現行或將會存在。
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its Affiliates, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.
- (b) 我們所委託的代理商、承包商、供應商、供應者和/或服務供應商及我們委託的其他實體無權使用未成年人的個人資料作其他目的。如果處理未成年人的個人資料的目的有改變，我們將向未成年人的父母或法定監護人重新徵得同意，並在適當的情況下，就特定情況下處理未成年人的個人資料徵得未成年人父母或法定監護人的單獨同意。
The agents, contractors, vendors, suppliers and/or service providers and other entities entrusted by us have no authority to use Minors' personal data for any other purposes. If there is any change to the purpose of processing of Minors' personal data, we will ask for the consent of Minors' parents or legal guardians again and, where appropriate, with separate consent from their parents or legal guardians for processing Minors' personal data under specific circumstances.

7. 我們如何存儲及轉移未成年人的個人資料 How we store and transfer Minors' personal data

原則上，我們根據本附件A第3條列出的處理未成年人個人資料的目的在中國境內收集、提供和處理未成年人的個人資料，並將其儲存在不同的地理位置包括中國內地、香港和新加坡。您理解、授權並同意，因業務需要及只為達到本附件A第3條所列的業務目的，並在法律允許的最大範圍內和根據中國法律法規的強制性規定，我們可以將未成年人的個人資料從中國內地轉移至我們在香港的總部，以及受我們委託處理未成年人的個人資料的合作夥伴、合作者、委託代理商、承包商、供應商、供應者及服務供應商以及上述第6(a)條中提及的其他各方在不同的地理位置包括中國內地、香港和新加坡的伺服器及/或資料中心（詳情請參閱附錄附件3）。相關司法轄區包括中國內地、香港和新加坡已經制定了個人資料保護法律，我們也將確保未成年人的個人資料按照附錄及本附件A得到充分的保護。如果您想進一步瞭解未成年人的個人資料的存儲和跨境轉移，撤回您的同意及/或根據本附件A第4條行使未成年人的其他權利，請通過本附件A第10條列出的方式與我們聯繫，我們將在合理範圍內回應您的要求。

In principle, we collect, produce and process the Minors' personal data in the PRC in accordance with the Purposes for Minors set out in Clause 3 of this Annex A and they will be stored in various geographical locations including Mainland China, Hong Kong and Singapore. You understand, authorise and consent that we may transfer the Minor's personal data outside Mainland China to our headquarters in Hong Kong, and to the servers and/or data centres in various geographical locations including Mainland China, Hong Kong and Singapore of our partners, co-operators, agents, contractors, vendors, suppliers, service providers and other parties set out in Clause 6(a) above whom we have entrusted to process Minors' personal data (please refer to Index 3 of the Addendum for further details), due to business needs and solely for achieving the business purposes set out in Clause 3 of this Annex A and to the maximum extent permitted by law and in accordance with the mandatory requirements under the laws and regulations of the PRC. The relevant jurisdictions including Mainland China, Hong Kong and Singapore have enacted personal data protection laws, and we will also ensure that Minors' personal data is adequately protected in accordance with the Addendum and this Annex A. If you would like to learn more about the storage and cross-border transfer of Minors' personal data, withdraw your consent and/or exercise other rights of Minors in accordance with Clause 4 of this Annex A, please contact us via the means set out in Clause 10 of this Annex A and we will respond to your request to a reasonable extent.

我們不會將未成年人的個人資料轉移給任何公司、組織或個人，但以下情況除外：

We will not transfer Minors' personal data to any company, organisation or individual, except under the following circumstances:

- (1) 經單獨同意的轉移。在獲得您的單獨同意後，我們將根據附錄及本附件A將未成年人的個人資料轉移給其他各方；
Transfer with separate consent. After obtaining your separate consent, we will transfer Minors' personal data to other parties in accordance with the Addendum and this Annex A;
- (2) 當我們參與任何實際或擬議的業務轉讓、股份轉讓、重組、合併、併購、出售、轉讓或購買富通保險的業務時（請參閱富通保險私隱政策第18條及個人資料收集聲明“我們分享個人資料之第三方”段中的內容）；
When we are involved in any actual or proposed transfer of business, transfer of shares, re-structuring, amalgamation, merger, sale, transfer or purchase of FTLife's business (please refer to Clause 18 of the FTLife Privacy Policy Statement and the section of "Those with whom we share personal data" in the PICS);

(3) 我們可能會根據適用的法律和法規、訴訟程序的要求、強制性的行政或司法要求，在其他情況下轉移未成年人的個人資料。
We may otherwise transfer Minors' personal data in accordance with applicable laws and regulations, requirements under legal proceedings, compulsory administrative or judicial requirements.

8. 此段為空白 This paragraph is intentionally left blank

9. 其他 Miscellaneous

附錄第 9 條適用。

Clause 9 of the Addendum applies.

10. 如何聯繫我們 How to contact us

附錄第10條適用於您作為未成年人的父母或法定監護人，可以與我們聯繫或對其中規定的未成年人的個人資料行使權利。

Clause 10 of the Addendum applies to the extent that you as the parents or legal guardians of the Minor(s) may contact us or exercise the Minor(s)' rights over their personal data as provided therein.

11. 不一致或衝突 Inconsistency or conflict

附錄第 11 條適用。

Clause 11 of the Addendum applies.

請在下面的方框中打勾，以確認您的同意。

Please tick the box(es) below to acknowledge your consent.

- 本人，作為未成年人的父母或法定監護人（如適用），理解上述及富通保險私隱政策、個人資料收集聲明、中華人民共和國附錄及附件A中的全部內容，並同意根據上述有關處理未成年人個人資料的目的對未成年人的個人資料的收集、使用及處理。

I, as the parent or the legal guardian (where applicable) of the Minor, understand the above and all the contents of the FTLife Privacy Policy Statement, the PICS, the People's Republic of China Addendum and Annex A to the Addendum, and consent to the collection, use and processing of the Minor's personal data in connection with the Purposes for Minors set out above.

通過勾選此方框，本人，作為未成年人的父母或法定監護人（如適用），亦同意對未成年人的個人資料進行以下全部處理。本人理解，本人可通過取消勾選以下任一方框以拒絕其中內容，但富通保險可能因此無法在未獲本人相關同意的情況下向本人及/或未成年人提供有關產品/服務。

By ticking this box, I, as the parent or the legal guardian of the Minor (where applicable), also consent to all of the following in processing the Minor's personal data. I understand that I may disagree with any of the items below by unticking the individual boxes below, but FTLife may not be able to offer to me and/or the Minor certain goods/services without my relevant consent.

- 本人同意根據上述有關處理未成年人個人資料的目的對未成年人的**敏感個人資料**的收集及處理。
I consent to the collection and processing of the Minor's **sensitive personal data** in connection with the Purposes for Minors set out above.
- 本人同意將未成年人的個人資料（包括**敏感個人資料**）轉移至中國內地以外地區。
I consent to the transfer of the Minor's personal data (including **sensitive personal data**) to outside Mainland China.
- 本人同意向第三方提供未成年人的個人資料（包括**敏感個人資料**）。
I consent to providing the Minor's personal data (including **sensitive personal data**) to third parties.
- 本人，作為未成年人的父母或法定監護人（如適用），同意上述全部內容。
I, as the parent or the legal guardian (where applicable) of the Minor, agree to all of the above.

如本人，作為未成年人的父母或法定監護人（如適用），不同意富通保險私隱政策、個人資料收集聲明、中華人民共和國附錄及/或本附件A中的內容，本人理解本人可以聯繫富通保險保障資料主任（地址：香港特別行政區富通保險有限公司客戶服務中心，九龍海濱道123號綠景NEO大廈7樓）或發送電子郵件到 csc@ftlife.com.hk（標記為機密），以瞭解未成年人的選擇和法律權利，並作出適當的安排。

If I, as the parent or the legal guardian of the Minor (where applicable), do not agree with the contents of FTLife Privacy Policy Statement, the PICS, the People's Republic of China Addendum and/or this Annex A, I understand that I can contact FTLife's Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited at FTLife, 7/F, NEO, 123 Hoi Bun Road, Kowloon, Hong Kong SAR or via email at csc@ftlife.com.hk (marked Confidential) to understand the Minor's choices and rights and make appropriate arrangements.

受保人父母姓名或法定監護人
(如受保人18歲以下)
Name of Insured's parent
or legal guardian
(if insured aged 18 below)

X

受保人父母或法定監護人簽署
(如受保人18歲以下)
Signature of Insured's parent
or legal guardian
(if insured aged 18 below)

簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)