

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保留在舊保單內。
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

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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 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)	_____	_____	_____	_____	_____	_____	_____	_____
保單持有人的其他子女 Other children of the Policy Owner 如屬於子女投保，必須填寫此欄 Must be completed for Juvenile application	_____	_____	_____	_____	_____	_____	_____	_____

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、嚴重流鼻血、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、腦瘤症、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? (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																																							
12. (a) 您或受保人的任何血緣父母親或兄弟姐妹或子女曾患有或獲告知患有癆病、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? (b) 如「有」，請填妥以下表格。 If "YES", please complete the following table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">關係 Relationship</th> <th style="text-align: center;">疾病性質 Nature of disease</th> <th style="text-align: center;">開始患病年齡 Age of Onset</th> <th style="text-align: center;">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 style="text-align: center;">父親 Father</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">母親 Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">兄弟及姐妹 Brother & Sister</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">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 style="text-align: center;">父親 Father</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">母親 Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">兄弟及姐妹 Brother & Sister</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">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"/>
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	子女 Son and Daughter																																										
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
16. 只適用於女性 FOR FEMALE ONLY: (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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
(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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
(a) 受保人出生時的醫院名稱 Name of hospital where the Insured(s) was born: _____																																											
(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.	<input type="checkbox"/>	<input type="checkbox"/>																																									
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																																											

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簽發的保單，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簽發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核此申請；(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核日期起計；(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，並作為保單的一部份；(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: _____
 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 _____ - _____ - _____