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## 免責聲明

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當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

團體人壽保險 — 僱員參加表格  
Group Life Insurance – Enrollment Form



\*請刪去不適用者  
Please delete as appropriate

第一部分 - 僱員填寫 PART I - EMPLOYEE STATEMENT	
僱員英文姓名 (請依照身份證上填寫) Employee Name in English (as shown in I.D. Card)	中文姓名 Name in Chinese
_____ 姓 Surname	_____ 名 Given Name
身份證明文件類型及號碼 Type of Identification Document	
香港居民 For HK Residents: * 香港身份證 HKID Card / 其他 Others (please specify): _____ 證件號碼 Identification No.: _____	
非香港居民 For Non-HK Residents: * 國民身份證 National identity card / 護照 Passport / 旅遊證件 Travel Document / 其他 Others (please specify): _____	
發行國家 Country of Issue: _____ 證件號碼 Identification No.: _____	
出生日期 Date of Birth	性別 <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
_____ 日 DD / 月 MM / 年 YY	婚姻狀況 <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married
	<input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 寡居 Widowed
國籍 Nationality	永久居留身份 (您享有永久居留權的國家) Permanent Resident Status (Countries that you have permanent resident status)

第二部分 - 僱主填寫 PART II - EMPLOYER STATEMENT	
保單編號 Policy No.	
僱主名稱 Name of Employer	
僱主地址 Address of Employer	
附屬公司名稱 (如適用) Name of Affiliated Company (if applicable)	
附屬公司地址 (如適用) Address of Affiliated Company (if applicable)	
僱員職位 Position of Employee	月薪 (港幣) Monthly Salary (HK\$)
受僱日期 Date of Employment	參加級別 Class
_____ 日 DD / 月 MM / 年 YY	
保障生效日期 Effective Date of Coverage	如生效日期不依據保單上列明之參加資格，請說明原因。 Please give reason if effective date is NOT in accordance with the eligibility requirement specified in the Policy.
_____ 日 DD / 月 MM / 年 YY	
原因: Reason: _____	

投保公司/僱主簽署及蓋印  
Authorized Signature on behalf of the Applicant/Employer with Company Chop

簽署日期 (日/月/年)  
Signed on (DD/MM/YY)

富通保險專用 FOR FTLife USE	
輸入資料日期 Input Date: _____	審核決定 Underwriting Decision: _____
	批准日期 Date of Approval: _____

### 第三部分 - 僱員健康聲明 PART III - EMPLOYEE HEALTH DECLARATION

重要事項：任何不符合事實之申報資料均不會獲得賠償。

**IMPORTANT NOTE : UNTRUE INFORMATION MAY RESULT IN CLAIM REJECTION.**

1. 受保僱員 Insured Employee	身高 Height	體重 Weight	在最近12個月內之體重變化 Weight changed in last 12 months	
			增加 / 減少 Increase / Decrease	原因 Reason
	_____ 厘米 cm	_____ 公斤 kg	*(+/-) _____ 公斤 kg	

是 Yes 否 No

2. 閣下是否全職僱員及現時正常工作?  
Are you now in a full-time employment and actively at work?  Yes  No
3. 閣下是否身體殘缺?  
Do you have impairment in physical condition?  Yes  No
4. 在過去五年內 閣下曾否接受任何手術、治療、入院療養或檢驗?  
Have you had any operation, treatment, hospital care or medical examination in the last 5 years?  Yes  No
5. 閣下是否曾接受過下列疾病之治療或被報告曾患下列疾病：心臟病、高血壓、糖尿病、肺病、潰瘍、瘤、癌症、愛滋病或其有關病徵或任何身心機能失調?  
Have you ever been treated for or been told of heart disease, high blood pressure, diabetes, lung disease, ulcer, tumor, cancer, AIDS / HIV or its related syndromes or any other disorder?  Yes  No
6. 閣下現時是否正接受醫生診治或藥物治療?  
Are you now receiving or contemplating any medical attention or treatment or any medication?  Yes  No
7. 在過去五年內，你曾否使用任何成癮藥物、或接受戒毒或酒精治療？  
In the past 5 years have you used any habit forming drugs or been treated for alcohol consumption or the taking of drug?  Yes  No

若以上問題 3-7 中若有答案為“是”，請在下列空位內詳細填寫

**If any of the answer to the above questions 3 to 7 is "Yes", please provide with details of each question in the below space :**

問題編號 Question No.	求診原因、檢查結果、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)		

8. 閣下是否曾購買人壽或醫療保險而被拒絕受保，或須繳交額外保費，更改保單內容或被拒絕續保？  
Have you ever been refused of any form of life or health insurance or ever had a policy rated, modified or renewal refused?  Yes  No

\*\*如答案為「是」，請提供詳細資料，包括保險類別，保險公司名稱，有關被拒受保、延期、加費或修改合約條款之日期及原因：  
\*\*If the answer is "Yes", please clarify and provide us details including type of insurance, name of insurance company, date and reason being declined, postponed, rated or in any way:

\_\_\_\_\_

9. 閣下是否參加或打算參加有危險性的運動或消閒活動？  
Do you engage in or intend in any hazardous sports or hobbies?  Yes  No

\*\*如答案為「是」，請提供活動名稱 If the answer is "Yes", please provide the nature of Sports:

\_\_\_\_\_

10. 在過去二年，你有否使用任何煙草製成品(包括但不限於香煙、雪茄、煙斗及可咀嚼的煙草)？  
Do you use, or in the past 2 years have you used any tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco)?  Yes  No

\*\*如答案為「是」，請列明種類及每日之份量及吸煙的年數

\*\*If the answer is "Yes", please state the type and daily consumption and for how long have you been smoking..

\_\_\_\_\_ 類型 Type      \_\_\_\_\_ 每日之份量 Daily consumption      \_\_\_\_\_ 吸煙的年數 no. of years

## 收集個人資料聲明 Personal Information Collection Statement

在富通保險有限公司（以下簡稱“富通保險”），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公

司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守“個人資料（私隱）條例”（以下簡稱“條例”）。

At FTLife Insurance Company Limited (“FTLife”), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

### 1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by FTLife

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料，聯絡資料，保單資料，交易記錄，學歷及培訓資料，就業資料，財政資料，醫療及健康記錄及您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

### 2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to FTLife. Provision of personal data to FTLife by you is voluntary. However, FTLife may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

### 3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by FTLife may be used for the following purposes:

- 保險管理或再保險業務有關的用途，其中包括承保，處理和評估申請，身份和信用檢查，適用性檢查，保單服務，理賠處理，調查，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；  
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;
- 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及  
direct marketing, which includes promoting, marketing or selling, of FTLife insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and
- 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：  
complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:
  - 在香港境內或境外，現行或將會存在的，並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 Hong Kong existing currently and in the future;
  - 在香港境內或境外，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發出或提供之任何指引或指導；  
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 Hong Kong existing currently and in the future;
  - 富通保險因其在本地或海外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與該本地或海外的法定、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.

### 4. 直接促銷 Direct Marketing

在獲得您的同意下，富通保險可能會使用您的姓名，電話號碼，電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

FTLife may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

### 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to FTLife will be kept confidential, except that it may be shared with the following parties:

- 代表你的任何保險經紀，獨立財務顧問作在第3(i)段中所列出的任何用途；  
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途；  
any subsidiary, holding company, associated company or affiliates of FTLife for any of the purposes set out in section 3(i)-(iii);
- 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to FTLife for any of the purposes set out in section 3(i) and (ii);
- 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及  
any actual or proposed reinsurers of FTLife for any of the purposes set out in section 3(i); and
- 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、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指引或指導，或根據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，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
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 group companies, 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.

## 6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3 (i) 和 3 (iii) 段中所列出的任何用途，包括資料處理或貯存。  
FTLife may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

## 7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to

- i. 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；  
check whether FTLife holds personal data about you and, if so, obtain a copy of such data;
- ii. 要求富通保險改正任何有關您的不準確的個人資料；及  
require FTLife to correct any personal data relating to you which is inaccurate; and
- iii. 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。  
ascertain FTLife policies and practices in relation to personal data and to be informed of the kind of personal data held by FTLife.

7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

FTLife has the right to charge a reasonable fee for the processing of any personal data access request.

7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

## 8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing

富通保險有限公司只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。

FTLife Insurance Company Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

投保公司/僱主簽署及蓋印

Authorized Signature on behalf of the  
Applicant/Employer with Company the Chop

簽署日期(日/月/年)

Signed on (DD / MM / YY)

準受保人/僱員簽署

Signature of the Proposed Insured/Employee

簽署日期(日/月/年)

Signed on (DD / MM / YY)

## 聲明及授權 Declaration and Authorization

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/我們明白若此表格的中、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 form, the English version should prevail.

準受保人/僱員簽署

Signature of the Proposed Insured/Employee

簽署日期(日/月/年)

Signed on (DD / MM / YY)