

Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by FTLife Insurance Company Limited (“FTLife”) (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. FTLife is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, FTLife may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

FTLife reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

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。

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12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 Q12. 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，請填妥第二至六部份 For increasing/adding benefit, please complete Part II to VI)

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)

(請填妥第二至六部份 Please complete Part II to VI)

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



如增加 / 附加保障為簡易核保產品，請直接填寫第六部分

Please complete Part VI directly if you intend to increase / add simplified underwriting products

8. 「康復保險」申請資料 (如不適用，請刪去答案部分，不要留下空格)
Information for Application of "Disability Protector" (If inapplicable, please cross out the field instead of leaving it blank)

8.(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: _____

8.(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 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\$) _____

9. 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(以美元計算)。) Yes / 有 No / 沒有
In-force Insurance Policy or Other Pending Insurance Applications
(If "Yes", please specify the sum insured (in USD).)

	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	(1) _____	_____	_____	_____	_____	_____	_____	_____
	(2) _____	_____	_____	_____	_____	_____	_____	_____
	(3) _____	_____	_____	_____	_____	_____	_____	_____
保單持有人 Policy Owner	(1) _____	_____	_____	_____	_____	_____	_____	_____
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)	(2) _____	_____	_____	_____	_____	_____	_____	_____
	(3) _____	_____	_____	_____	_____	_____	_____	_____

特別問題 - 若沒有投保「付款人保障」，不需要填寫保單持有人部分
Special Questions - No need to complete the Policy Owner's section if no Payor Benefit has been applied for

如第10及第11項問題的答案是「有」或「是」，請在第12項的附註中詳述情況。 If any answer to Q10 and Q11 is "Yes", please give the details of all such answer(s) as Remarks in Q12.	受保人 Insured		保單持有人 Policy Owner	
	有/是 Yes	否 No	有/是 Yes	否 No
10. 您或受保人的任何人壽、危疾、意外、醫療或傷殘保險的投保申請或保單復效申請或續保，曾否被拒絕、延期、加費或設有不保事項？如有，請在第12項的附註中註明保險公司名稱、日期、原因及其他詳情。 Have you or the Insured made any application for, reinstatement of or renewal of life, critical illness, accident, health or disability insurance which is eventually declined, postponed, or accepted with loading or coverage exclusion? If yes, please state the name of the insurance company, date, reason and other details as remarks in Q12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 您或受保人於過去或未來一年內曾否或會否離開您或受保人的原居地往外地居住超過六個月？倘曾經或將會，請於第12項附註中詳述逗留外地的原因/性質、時期/次數及城市/地區的名稱。 Have you or the Insured been, or will you or the Insured be, taking up residence away from your respective places of domicile for more than 6 months in the past or coming 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 Q12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. 附註 / 特別要求
Remarks / Special Requests

第三部分 — 基本資料
Part III – General Information

— 投保「付款人保障」需回答保單持有人部分 Please complete the Policy Owner's section if apply Payor Benefit

13.	受保人 Insured	身高 Height	厘米 centimetres (cm)	或 OR	呎 / 吋 feet / inches																								
	保單持有人 Policy Owner	身高 Height	厘米 centimetres (cm)	或 OR	呎 / 吋 feet / inches																								
14.	受保人 Insured	體重 Weight	公斤 kilogrammes (kg)	或 OR	磅 pounds (lbs)																								
	保單持有人 Policy Owner	體重 Weight	公斤 kilogrammes (kg)	或 OR	磅 pounds (lbs)																								
15.	<p>吸煙習慣Smoking habit 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）。 For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes).</p> <p>您有沒有吸煙或在過去五年內曾否吸煙？ Do you smoke or have you smoked in the last 5 years?</p> <p style="text-align:right;">受保人 Insured <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No</p> <p style="text-align:right;">保單持有人 Policy Owner <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No</p> <p>如有，請詳述：If yes, please give details:</p> <p>a) 煙草產品種類 Type of tobacco product</p> <p style="text-align:right;">受保人 Insured _____ 保單持有人 Policy Owner _____</p> <p>b) 吸煙習慣的持續時間、頻密度及吸食份量 Duration of smoking habit, and frequency and quantity of consumption</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">吸煙習慣的持續時間 Duration of smoking habit</th> <th style="width:50%;">頻密度及吸食份量 Frequency and quantity of Consumption</th> </tr> </thead> <tbody> <tr> <td>受保人 Insured</td> <td>_____年 Year(s)</td> <td>_____支Piece(s)/ _____日day</td> </tr> <tr> <td>保單持有人 Applicant</td> <td>_____年 Year(s)</td> <td>_____支Piece(s)/ _____日day</td> </tr> </tbody> </table> <p>若您現時已沒有吸煙 If you no longer smoke now,</p> <p>c) 請問您是何時戒煙的？ when did you quit smoking?</p> <p style="text-align:right;">受保人 Insured _____月MM _____年YYYY 保單持有人 Policy Owner _____月MM _____年YYYY</p> <p>d) 是否醫生建議戒煙及原因為何？ are you advised by doctor to quit smoking and for what reason?</p> <p style="text-align:right;">受保人 Insured <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 原因 Reason: _____ 保單持有人 Policy Owner <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 原因 Reason: _____</p>						吸煙習慣的持續時間 Duration of smoking habit	頻密度及吸食份量 Frequency and quantity of Consumption	受保人 Insured	_____年 Year(s)	_____支Piece(s)/ _____日day	保單持有人 Applicant	_____年 Year(s)	_____支Piece(s)/ _____日day															
	吸煙習慣的持續時間 Duration of smoking habit	頻密度及吸食份量 Frequency and quantity of Consumption																											
受保人 Insured	_____年 Year(s)	_____支Piece(s)/ _____日day																											
保單持有人 Applicant	_____年 Year(s)	_____支Piece(s)/ _____日day																											
16.	<p>飲酒Alcohol consumption 在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？ In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week?</p> <p style="text-align:right;">受保人 Insured <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No</p> <p style="text-align:right;">保單持有人 Policy Owner <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No</p> <p>如有，請詳述：If yes, please give details:</p> <p>a) 酒精飲品種類，飲酒習慣的持續時間、頻密度及飲用份量 Type of alcoholic beverage, duration of drinking habit, and frequency and quantity of consumption</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width:5%;"></th> <th colspan="4">酒精飲品種類，頻密度及飲用份量 Type of alcoholic beverage, frequency and quantity of Consumption</th> <th style="width:15%;">飲酒習慣的持續時間 Duration of drinking habit</th> </tr> <tr> <th></th> <th style="width:20%;">啤酒 Beers (1罐can = 330毫升ml)</th> <th style="width:20%;">餐酒 Wine (1杯glass = 100毫升ml)</th> <th style="width:20%;">烈酒 Spirit (1小杯tot=30毫升ml)</th> <th style="width:20%;">其他 Others</th> <th></th> </tr> </thead> <tbody> <tr> <td>受保人 Insured</td> <td><input type="checkbox"/> _____罐can / _____日day</td> <td><input type="checkbox"/> _____杯glass/ _____日day</td> <td><input type="checkbox"/> _____小杯tot/ _____日day</td> <td><input type="checkbox"/> 種類Type _____ _____毫升ml/ _____日day</td> <td>_____年 Year(s)</td> </tr> <tr> <td>保單持有人 Policy Owner</td> <td><input type="checkbox"/> _____罐can / _____日day</td> <td><input type="checkbox"/> _____杯glass/ _____日day</td> <td><input type="checkbox"/> _____小杯tot/ _____日day</td> <td><input type="checkbox"/> 種類Type _____ _____毫升ml/ _____日day</td> <td>_____年 Year(s)</td> </tr> </tbody> </table>						酒精飲品種類，頻密度及飲用份量 Type of alcoholic beverage, frequency and quantity of Consumption				飲酒習慣的持續時間 Duration of drinking habit		啤酒 Beers (1罐can = 330毫升ml)	餐酒 Wine (1杯glass = 100毫升ml)	烈酒 Spirit (1小杯tot=30毫升ml)	其他 Others		受保人 Insured	<input type="checkbox"/> _____罐can / _____日day	<input type="checkbox"/> _____杯glass/ _____日day	<input type="checkbox"/> _____小杯tot/ _____日day	<input type="checkbox"/> 種類Type _____ _____毫升ml/ _____日day	_____年 Year(s)	保單持有人 Policy Owner	<input type="checkbox"/> _____罐can / _____日day	<input type="checkbox"/> _____杯glass/ _____日day	<input type="checkbox"/> _____小杯tot/ _____日day	<input type="checkbox"/> 種類Type _____ _____毫升ml/ _____日day	_____年 Year(s)
	酒精飲品種類，頻密度及飲用份量 Type of alcoholic beverage, frequency and quantity of Consumption				飲酒習慣的持續時間 Duration of drinking habit																								
	啤酒 Beers (1罐can = 330毫升ml)	餐酒 Wine (1杯glass = 100毫升ml)	烈酒 Spirit (1小杯tot=30毫升ml)	其他 Others																									
受保人 Insured	<input type="checkbox"/> _____罐can / _____日day	<input type="checkbox"/> _____杯glass/ _____日day	<input type="checkbox"/> _____小杯tot/ _____日day	<input type="checkbox"/> 種類Type _____ _____毫升ml/ _____日day	_____年 Year(s)																								
保單持有人 Policy Owner	<input type="checkbox"/> _____罐can / _____日day	<input type="checkbox"/> _____杯glass/ _____日day	<input type="checkbox"/> _____小杯tot/ _____日day	<input type="checkbox"/> 種類Type _____ _____毫升ml/ _____日day	_____年 Year(s)																								

	<p>若您現時已沒有飲酒 If you no longer drink now,</p> <p>b) 請問您是何時戒酒的？ When did you quit drinking?</p> <p>c) 是否醫生建議戒酒及原因為何？ Are you advised by doctor to quit drinking and for what reason?</p>	<p>受保人 Insured</p> <p>保單持有人 Policy Owner</p> <p>受保人 Insured</p> <p>保單持有人 Policy Owner</p>	<p>_____月MM_____年YYYY</p> <p>_____月MM_____年YYYY</p> <p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p>	<p>原因 Reason: _____</p> <p>原因 Reason: _____</p>
17.	<p>服用未經醫生處方之藥物 Taking of drugs not prescribed by doctors</p> <p>在過去五年內，您曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？ In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month?</p> <p>如有，請詳述： If yes, please give details:</p> <p>a) 藥物種類 Type of drugs</p> <p>b) 用藥持續時間、頻密度及份量 Duration, frequency and quantity of consumption</p>	<p>受保人 Insured</p> <p>保單持有人 Policy Owner</p> <p>受保人 Insured</p> <p>保單持有人 Policy Owner</p>	<p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p>用藥持續時間 Duration of Consumption</p> <p>_____年Year(s)</p> <p>_____年Year(s)</p>	<p><input type="checkbox"/>否 No</p> <p><input type="checkbox"/>否 No</p> <p>頻密度及吸食份量 Frequency and quantity of Consumption</p> <p>_____</p> <p>_____</p>
18.	<p>您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？ Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months?</p> <p>a) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行） Any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding).</p> <p>b) 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務） Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes.</p> <p>如有，請詳述： If yes, please give details:</p> <p>c) 活動種類 Type of activity</p> <p>d) 參與活動的持續時間及頻密度 Duration and frequency of engagement in the activity</p>	<p>受保人 Insured</p> <p>保單持有人 Policy Owner</p> <p>受保人 Insured</p> <p>保單持有人 Policy Owner</p> <p>受保人 Insured</p> <p>保單持有人 Policy Owner</p>	<p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p><input type="checkbox"/>有 Yes <input type="checkbox"/>否 No</p> <p>參與活動的持續時間 Duration of engagement in the activity</p> <p>_____年Year(s)</p> <p>_____年Year(s)</p>	<p><input type="checkbox"/>否 No</p> <p><input type="checkbox"/>否 No</p> <p><input type="checkbox"/>否 No</p> <p><input type="checkbox"/>否 No</p> <p>參與活動的頻密度 Frequency of engagement in the activity</p> <p>_____</p> <p>_____</p>

第四部分 — 健康資料
Part IV – Health Information

- 投保「付款人保障」需回答保單持有人部分
Please complete the Policy Owner's section if apply Payor Benefit

- 無需披露以下健康狀況或治療 –
Do not require to disclose information regarding the medical conditions or treatments below –

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

- 若以下第19至26及第30題中任何一項問題之答案為「是」者，請於第五部分健康資料補充回答相關的跟進問題。

If your answer to any of the questions 19 – 26 and 30 below is "Yes", please proceed to answer relevant follow-up questions in Part V Supplementary Health Information.

Please ✓ the appropriate boxes.
請在適當方格上填上 ✓

		受保人 Insured		保單持有人 Policy Owner	
		是 Yes	否 No	是 Yes	否 No
19.	您是否曾被確診下列疾病或健康狀況？ Have you ever been diagnosed with any of the following diseases or medical conditions?				
	a) 癌症或原位癌 Cancer or carcinoma in situ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 腦部腫瘤 Brain tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 心臟疾病 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) 中風（包括短暫性腦缺血，俗稱「小中風」） Stroke (including transient ischemic attack (TIA))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) 高血壓 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) 糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) 腎病 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h) 椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i) 需要植入醫療儀器或義肢的疾病或健康狀況 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j) 人體免疫力缺乏病毒（愛滋病病毒）感染 Human immunodeficiency virus ("HIV") infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常） Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	l) 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	m) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症） Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	n) 高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	o) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化） Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	p) 多發性硬化症 Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	您目前是否患有下列疾病或健康狀況？ Do you currently have any of the following diseases or medical conditions?				
	a) 疝氣（俗稱「小腸氣」） Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生） Breast lesion (tumour / mass / lump / cyst / nodule / growth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 息肉 / 結節 / 增生） Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) 良性前列腺肥大 Benign prostatic hypertrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石） Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) 白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) 關節炎或其他關節疾病 Arthritis or other joint disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		受保人 Insured		保單持有人 Policy Owner	
		是 Yes	否 No	是 Yes	否 No
21.	在過去五年內，您是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？ In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	在過去五年內，您是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的處方藥物？ In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	在過去五年內，您是否曾入住醫院？ In the last 5 years, have you been admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	在過去五年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？ In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	在過去五年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？ In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 如果答案屬「是」，您的檢查結果是否包括下列情況？ If the answer is "Yes", do your investigation result(s) include the followings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) 檢驗結果正常 Normal test result is advised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 檢驗結果異常 Abnormal test result is advised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 您正等候檢驗或檢驗結果 You are still awaiting test / test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) 檢驗結果為無定論或不確定（需要重新或進一步檢驗） Test result is inconclusive or uncertain (retesting or follow up test is required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化） Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	除了您在第19至25項問題中已披露的資料外，您是否有下列情況？ Apart from anything you have already disclosed in Questions 19 - 25, do you have any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) 在過去一年內，體重無故地減少了5公斤（11磅）以上 Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 在過去一年內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治 In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	<u>只適用於女性 For Female only</u> 您現時是否懷孕？ Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	如是，請詳述： If yes, please give details: a) 預產日期： Expected date of delivery : _____日DD_____月MM_____年YY				
28.	<u>只適用於六歲或以下之受保兒童 For insured children aged 6 or below only</u> 受保兒童是否於懷孕第37週前出生，及 / 或出生時體重少於2.5公斤（5.5磅）？ Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 如是，請詳述： If yes, please give details:	<input type="checkbox"/>	<input type="checkbox"/>		
	a) 受保兒童在孕期哪一週出生？ At which week of pregnancy was the insured child born?				
	多於37週 more than 37 weeks	<input type="checkbox"/>			
	32至37週 32 to 37 weeks	<input type="checkbox"/>			
	28至31週 28 to 31 weeks	<input type="checkbox"/>			
	少於28週 less than 28 weeks	<input type="checkbox"/>			

		受保人 Insured		保單持有人 Policy Owner																																																																										
		是 Yes	否 No	是 Yes	否 No																																																																									
	b) 出生時體重 Body weight at birth 多於2.50公斤 / 5.51磅 more than 2.50 kg / 5.51 lbs 1.51 - 2.50 公斤 / 3.32 - 5.51 磅 1.51 - 2.50 kg / 3.32 - 5.51 lbs 1.00 - 1.50 公斤 / 2.20 - 3.31 磅 1.00 - 1.50 kg / 2.20 - 3.31 lbs 少於 1.00 公斤 / 2.20 磅 less than 1.00 kg / 2.20 lbs	<input type="checkbox"/>																																																																												
29.	就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況： At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: a) 癌症 Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	b) 冠心病 Coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	c) 糖尿病 Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	d) 運動神經元疾病 Motor neuron disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	e) 多發性硬化症 Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	f) 中風 Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	g) 柏金遜症 Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	h) 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。 Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
	如是，請詳述： If yes, please give details:																																																																													
	<table border="1"> <thead> <tr> <th colspan="2">(1) 哪個親屬 Which family member relationship</th> <th>(2) 疾病 Disease</th> <th colspan="2">(3) 病發年齡 Onset age of disease</th> </tr> </thead> <tbody> <tr> <td rowspan="4">受保人 Insured</td> <td>父親 Father</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td>母親 Mother</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td rowspan="4">保單持有人 Policy Owner</td> <td>兄弟 Brother</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td>姐妹 Sister</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td rowspan="4"></td> <td>父親 Father</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td>母親 Mother</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td rowspan="4"></td> <td>兄弟 Brother</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> <tr> <td>姐妹 Sister</td> <td></td> <td><input type="checkbox"/> 30歲或以下 age at or below 30</td> <td><input type="checkbox"/> 41-50 歲 age 41-50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 31-40 歲 age 31-40</td> <td><input type="checkbox"/> 51-60 歲 age 51-60</td> </tr> </tbody> </table>	(1) 哪個親屬 Which family member relationship		(2) 疾病 Disease	(3) 病發年齡 Onset age of disease		受保人 Insured	父親 Father		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60	母親 Mother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60	保單持有人 Policy Owner	兄弟 Brother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60	姐妹 Sister		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60		父親 Father		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60	母親 Mother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60		兄弟 Brother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60	姐妹 Sister		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60				
(1) 哪個親屬 Which family member relationship		(2) 疾病 Disease	(3) 病發年齡 Onset age of disease																																																																											
受保人 Insured	父親 Father		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
	母親 Mother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
保單持有人 Policy Owner	兄弟 Brother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
	姐妹 Sister		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
	父親 Father		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
	母親 Mother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
	兄弟 Brother		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
	姐妹 Sister		<input type="checkbox"/> 30歲或以下 age at or below 30	<input type="checkbox"/> 41-50 歲 age 41-50																																																																										
			<input type="checkbox"/> 31-40 歲 age 31-40	<input type="checkbox"/> 51-60 歲 age 51-60																																																																										
30.	適用於申請人壽、危疾、癌症保障、康復保險、豁免保費及付款人保障 Applicable to apply Life, Critical illness, Cancer Protection, Disability Protector, Waiver of Premium and Payor Benefit 您是否曾被告知有慢性阻塞性氣道疾病、阻塞性睡眠窒息症、癲癇症、自閉症、注意力不足過動症、任何腫瘤/硬塊/腫塊/囊腫/瘰癧/結節/增生/異常腫脹，或心悸、心臟雜音、麻痺、蛋白尿或血尿的任何病徵或症狀？ Have you ever been advised to have chronic obstructive airways disease, obstructive sleep apnoea, epilepsy, autism, ADHD, any tumour/mass/lump/cyst/polyp/nodule/growth/abnormal swelling, or any signs and symptoms of palpitation, heart murmur, numbness, albuminuria or haematuria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																									

第五部分 — 健康資料補充
Part V – Supplementary Health Information

若第四部分第19至26及第30題任何一項問題之答案為「是」者，請在適用的問題提供更多資料
If the answer to any of the questions 19-26 and 30 in Part IV is "Yes", please provide additional information as applicable
請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。
Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
如以下空位不足，請填寫「保險服務補充聲明書(只適用於保單續發後)」
If the following space is not sufficient, please complete "Supplementary Statement Form for Policy Services (only applicable after policy issuance)"

題號 Question No.			
* 請刪去不適用者 * Please delete as appropriate	_____	_____	_____
	*受保人 / 保單持有人 *Insured / Policy Owner	*受保人 / 保單持有人 *Insured / Policy Owner	*受保人 / 保單持有人 *Insured / Policy Owner
(1) 疾病 / 健康狀況 / 病徵及症狀 Disease / medical condition / sign and symptom	_____	_____	_____
(2) 首次出現病徵及症狀的日期 Date of first occurrence of sign and symptom	_____	_____	_____
	(日DD/月MM/年YY)	(日DD/月MM/年YY)	(日DD/月MM/年YY)
(3A) 已進行的治療 / 檢查 / 測試 / 掃描 Treatment / investigations / tests / scans that have been performed	_____	_____	_____
(3B) 有關治療 / 檢查 / 測試 / 掃 描日期 Date of such treatment / investigation / tests / scan	_____	_____	_____
	(日DD/月MM/年YY)	(日DD/月MM/年YY)	(日DD/月MM/年YY)
(4) 現況 (例如是否已完全康復 、有否跟進 / 服用跟進藥物 / 下次 覆診日期) Present condition (such as whether fully recovered, follow up action / medication / next follow up date)	_____	_____	_____
(5) 最後覆診 / 治療日期 Date of last follow-up medical consultation / treatment	_____	_____	_____
	(日DD/月MM/年YY)	(日DD/月MM/年YY)	(日DD/月MM/年YY)
(6) 治療有關疾病 / 不適 / 健康狀 況 / 病徵及症狀的醫生姓名 Name of doctor who treated the disease / sickness / medical condition / sign and symptom	(注意：在保險公司聯絡保單持有人 / 受保人的醫生以獲取其醫療記錄前，需獲得保單持有人 / 受保人的書面同意。) (Note: written consents from Policy Owner / Insured are needed before an insurance company may approach the Policy Owner's / Insured's doctor for access to his / her medical records)		
(7) 醫院名稱 (如適用) Name of Hospital, where applicable	(注意：在保險公司聯絡保單持有人 / 受保人的醫生以獲取其醫療記錄前，需獲得保單持有人 / 受保人的書面同意。) (Note: written consents from Policy Owner / Insured are needed before an insurance company may approach the Policy Owner's / Insured's doctor for access to his / her medical records)		

資料收集聲明
Statement for Collection of Information

以下聲明闡述收集健康相關的資料之目的，以及保單持有人須盡其所知所信提供完整及準確的資料。
The following statement states the purpose of collecting health-related information and the Policy Owner is required to provide the complete and accurate information to the best of his/her knowledge and belief.

- (i) 第三、四、五部分及保險服務補充聲明書(只適用於保單續發後)收集與健康相關的資料僅作為核保之用途，而核保是富通保險評估保單持有人之健康風險及決定申請結果的程序。富通保險採用的核保程序為公平合理，並會因應客戶要求解釋申請結果。
Parts III, IV, V and Supplementary Statement Form for Policy Services (only applicable after policy issuance) collect health-related information solely for the purpose of underwriting which is a process for FTLife to evaluate the health risk of the Policy Owner and decide the application results. The underwriting process that FTLife adopts shall be fair and reasonable, and FTLife should explain the application results if requested by the customers.
- (ii) 作為保單持有人，閣下需要盡其所知所信，按本問卷中要求向富通保險提供完整及準確的資料。富通保險根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
As the Policy Owner, you are required to provide FTLife with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, FTLife may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- (iii) 若閣下在提交本申請表後至閣下收到確認文件前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知富通保險。
If there are any changes to or updates of the information provided in this application after the time of submission of this application and before you receive the confirmation documents, you are required to notify FTLife in a timely manner.
- (iv) 即使已成功批核，若閣下未按 (ii) 所述盡其所知所信向富通保險提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知富通保險，閣下的保險保障可能會受到影響，富通保險亦可能因此終止、作廢或撤銷有關保單或申請，或拒絕賠償。
Even after successful application, the insurance coverage for you may be affected or the policy or application may be terminated, voided or rescinded, or claims may be repudiated by FTLife, if you have not provided FTLife with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified FTLife on any changes to or updates of the information in time according to (iii).

第六部分 - 健康狀況聲明 (簡易核保產品)
Part VI – Health Declaration (Simplified Underwriting Product)

適用於「盛世」、「愛豐盛」、「心惠保」、「裕享」延期年金計劃、「盛享·年金寶」系列之簡易核保產品
Applicable to Simplified Underwriting Products of “Regent”, “Fortune Saver”, “RewardPro”, “Prosperous Deferred Annuity” and “Incomepro” series.

1. 受保人現在是否住院或是否於過去36個月連續住院6日以上，或受保人是否曾被建議因身體狀況於未來6個月內需要住院或接受診斷性之檢查？如是，請提供日期、疾病性質、治療詳情、現時情況(如適用) 是 否
Yes No
Has the Insured currently hospitalized or has been hospitalized for more than 6 consecutive days in the past 36 months or has the Insured been advised that he/she is having medical condition that will need to be hospitalized or required diagnostic checkup in the next 6 months? If yes, please provide the date, nature of illness, details of treatment, current condition (if applicable).

適用於其他簡易核保產品
Applicable to Other Simplified Underwriting Products

2. 受保人是否曾：Has the Insured:
- (a) EVER been diagnosed or treated for AIDS or any kind of terminal cancer or tumor; or
被診斷患有愛滋病或任何種類之末期癌症或腫瘤或曾接受與上述任何一項有關的治療；或
 - (b) been hospitalized for 30 days or more for any disease within the past 6 months; or
於過去6個月內，因任何疾病而須留院30日或以上；或
 - (c) been postponed for any life insurance application in the past 6 months; or
於過去6個月內，被延期接受任何人壽投保申請；或
 - (d) been declined for any life insurance application in the past year?
於過去1年內，被拒絕任何人壽投保申請？
- 是 否
Yes No

如是，請提供日期、疾病性質、治療詳情、現時情況、人壽投保申請被延期 / 拒絕的原因、保險公司名稱及保單號碼(如適用)。
If yes, please provide the date, nature of illness, details of treatment, current condition, reason of your life insurance application being postponed / declined, name of insurance company and policy number (if applicable).

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 / 共享給該聲明所指定的第三方；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至第六部份，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 to Part VI 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，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號景景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 / 保險代理人簽署 Signature of Witness / Insurance Agent	保單持有人 / 受讓人簽署 Signature of Policy Owner / Assignee	受保人簽署 Signature of Insured
		姓名: Name: _____		
		身份證號碼 / 保險代理人編號: ID No. / Insurance Agent Code: _____		

由保險代理人填寫 To be completed by Insurance Agent

紀錄上的保險代理人編號 Insurance Agent Code on record: _____ - _____ - _____

服務保險代理人編號 Requesting Service Insurance Agent Code: _____ - _____ - _____

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

保險代理人編號 Insurance Agent Code _____ - _____ - _____

服務保險代理人編號 Requesting Service Insurance Agent 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

- 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.

- 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.
- 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.
- 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.
- 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

- 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.
- 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.
- 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.
- 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)