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在索取、列印或填寫表格前，請閣下先詳閱下文。

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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。

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



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

保單號碼 Policy No. : _____

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[^] 如全部保額轉換至新計劃或取消餘額，請填寫「0」。

If total coverage 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:

1. 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.

2. 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.

3. 如轉換全部保額之保障為基本計劃，而沒有定期壽險附加保單或「危疾無憂百分百」附加保單，所有附加契約須同時轉換至新保單或取消。而所有醫療保障必須保留在舊保單內。

If the converted coverage 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

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

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"/>	_____

3. 復效 Reinstatement (不適用於101/105投資相連保險保單 Not applicable to 101/105 Investment Linked Insurance Policy)

(請填妥第二部份 - 可保證明 Please complete Part II - Evidence of Insurability)

復效保單 Policy Reinstatement

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

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

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

4. 調整 / 刪除額外保費 / 不保事項 Adjustment or Removal of Loading / Exclusion

(請填妥第二部份 - 可保證明。如更改有關職業之額外保費，請只需填妥第二部份 - 可保證明之第5項。)

(Please complete Part II - Evidence of Insurability. For change of Occupational Rating, please complete Part II - Evidence of Insurability, Q5 only.)

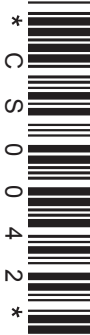
額外保費 - 職業理由 Loading - Occupational Rating (請提供僱用信副本 Please provide a copy of employment letter)

任職日期 (日 / 月 / 年) Employment Date (DD/MM/YY) : _____

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

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

5. 其他更改 Other Changes



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

重要指示：您必須在此申請書上填報一切有關事實，因為您與本公司的合約將以此為根據，否則所有更改 / 復效將告無效。如您不清楚某一事項是否重要，也請將此事項在第18項的附註說明。如要更改任何答案，保單持有人須在旁簽署。
 IMPORTANT NOTE: You need to disclose ALL material facts in this application, which shall form the basis of the contract between you and FTLife Insurance Company Limited, otherwise the change/reinstatement may be voidable. If in doubt whether a fact is material, please disclose it at Q18. All changes shall be initiated by the Policy Owner.

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

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

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

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

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

3. **體格**
Build

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

4.(a) **吸煙**
Smoking

您是否或曾吸用任何煙草產品(包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)?
 Do you use or have you EVER used any tobacco products (including but not limited to cigarettes, cigars, pipes & chewing tobacco, etc)?

如「有」，請於下列註明詳情。倘您已停止吸用任何煙草產品，請註明日期和原因，例如：經醫生建議等
 If "Yes", please state details below. If you have stopped using any tobacco products, please state when and for what reason, e.g. doctors advice, etc.

產品類別 Type	每天平均吸用量 Avg. Daily Consumption	吸用年期 No. of Years of consumption	停止吸用日期 Date of cessation of consumption	停止吸用原因 Reason of cessation of consumption
受保人 Insured	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No			
保單持有人 Policy Owner	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No			

4.(b) **飲酒習慣**
Drinking Habit

你否或曾有每天/每週飲酒的習慣?
 Do you drink or have you EVER drink alcohol on a daily / weekly basis?

如「有」，請註用每週平均飲用份量，及酒的種類，即啤酒、葡萄酒及烈酒等
 If yes, please state weekly consumption (average) and type of drink, ie beer, wine, spirit, etc

飲酒習慣 Drinking Habit	每週份量 Amount	酒的種類 Type
保單持有人 Policy Owner	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	

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

5. 職業資料 (甲部) Occupation Information (Part A)	必須提供受保人以下的資料 The following information of the Insured must be provided (如職業為學生, 請提供學校名稱及地址) (If your occupation is a Student, please provide the name & address of your school)	必須提供保單持有人以下的資料 The following information of the Policy Owner must be provided
僱主/學校名稱 Name of Employer/School		
公司業務性質/行業 Nature of Business/Industry		
主要職業、職位及確實職務 Principal Occupation, Position & Exact Duties		
每月平均收入 Average Monthly Income	港幣 HK\$ 包括所有工作收入來源(不包括投資及租金收入) Include all incomes from employment (Not from investment/rental income)	港幣 HK\$ 包括所有工作收入來源(不包括投資及租金收入) Include all incomes from employment (Not from investment/rental income)
僱主/學校地址 Address of Employer/School		
職業資料 (乙部) Occupation Information (Part B)	必須填寫受保人以下資料 The following information of the Insured must be completed (職業為學生者除外) (Students excepted)	如欲申請「付款人保障」, 必須填寫保單持有人以下資料 The following information of the Policy Owner must be completed, if you intend to apply for "Payor Benefit"
工作性質 Job Nature	1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 2. 有否體力勞動工作? Any manual work? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 3. 有否高空工作? Any work at height? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 如有 if yes: 高度 Height _____ 英呎 ft / 米 m	1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 2. 有否體力勞動工作? Any manual work? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 3. 有否高空工作? Any work at height? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 如有 if yes: 高度 Height _____ 英呎 ft / 米 m

如第6至第10項問題的答案是「有」或「是」, 請在第17項的表格內詳述情況並註明問題編號。(如不適用, 請刪去答案部份, 及不要留下空格) If any answer to Q6-Q10 is "Yes", please give the details of all such answer in the table of Q17 and identify the question no. (If not applicable, please cross out the answer and please don't leave the answer blank)	受保人 Insured 有/是 Yes 否 No	保單持有人 / 其他受保人 Policy Owner / Other Insured(s) 有/是 Yes 否 No
6. 您或任何受保人曾否患有或獲告知患有任何疾病、身體機能失調、缺憾或生理上或心智發育緩慢、身體上缺憾、先天性異常或疾病、嚴重受傷、嚴重流鼻血、背脊/頸部疼痛、痛風症、關節炎、骨質疏鬆症、坐骨神經痛、或其他有關病況或打算在近期接受治療或留醫? Have you or any of the Insured(s) EVER had, or been told to have or been treated for any disease, disorder, physical impairment, physical defects or shown any sign of slow physical or mental development, deforming, congenital anomalies or disease, severe injury, severe nose bleeds, back/neck pain, sciatica, gout, arthritis, osteoporosis or do you or any of the Insured(s) intend to be treated or hospitalized in the near future?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. 您或任何受保人曾否患有或獲告知患有精神或神經病、焦慮、抑鬱、腦癇症、類風濕性疾病、癩病、系統性紅斑狼瘡、結核病、哮喘、支氣管炎、糖尿病、中風、高血壓、或腦部、心臟、冠狀動脈、血、血管、腎、肺、肝、皮膚、消化系統、內分泌系統、泌尿生殖系統、淋巴系統或肌肉骨骼系統的任何疾病, 或曾接受其有關的治療? Have you or any of the Insured(s) EVER had or been told to have or been treated for mental or nervous disorder, anxiety, depression, epilepsy, rheumatoid disease, cancer, systemic lupus erythematosus, tuberculosis, asthma, bronchitis, diabetes, stroke, high blood pressure, or any disease or disorder of the brain, heart, coronary artery, blood, blood vessel, kidney, lung, liver or skin or the digestive system, endocrine system, genitourinary system, lymphatic system or musculoskeletal system?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. 您或任何受保人曾否患有或獲告知患有後天免疫力缺乏症(愛滋病)或相關症狀或性病或對愛滋病毒抗體呈陽性反應或接受有關愛滋病或性病的治療? Have you or any of the Insured(s) EVER had or been told to have or been treated for AIDS, AIDS-related conditions or any other sexually transmitted disease or had a positive blood test for antibodies to the AIDS virus?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. 在過去五年內, 您或任何受保人: In the past 5 years, have you or any of the Insured(s): (a) 曾否接受或被建議接受或打算接受如X光、電腦掃描、磁力共振、超聲波、乳房X光照像、心電圖、活體檢驗或血液檢驗(包括但不限於膽固醇、肝炎、肝炎帶菌、貧血、愛滋病)等診斷性測試或任何其他身體檢查? Undergone or been advised to undergo or are planning to undergo diagnostic test such as X-ray, CAT scan, MRI, ultrasound, mammogram, ECG, biopsy or blood test for (including but not limited to cholesterol, hepatitis, hepatitis carrier status, anaemia, AIDS) or any other investigation of the body? (b) 曾否患有或獲告知患有以上未述之任何疾病、徵狀或曾否求診或接受或打算接受或被建議接受以上未述之任何外科手術、診治或留醫作診斷性測試或治療? Had or been told to have any illnesses or symptoms or visited a doctor or received or been advised to receive or are planning to receive any operation, medical consultation or admission to hospital for diagnostic test or treatment not mentioned above?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. 您或任何受保人是否曾服用導致上癮的藥品(包括但不止於鴉片及其衍生物如海洛英、巴比妥酸鹽、大麻、安非他命、迷幻劑、可卡因及氯胺酮)或曾因飲酒而需要接受治療或輔導(請詳述酒的種類及每週份量)? Have you or any of the Insured(s) ever taken any habit forming drugs (including but not limited to opium and its derivatives such as heroin, or barbiturates, marijuana/cannabis, amphetamines, hallucinogeno, cocaine and ketamines) or been treated or advised in connection with your alcohol consumption (For alcohol consumption, please state type and weekly quantity consumed)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

如第11項、第15至第16項問題的答案是「有」或「是」，請在第17項的表格內詳述情況並註明問題編號。 (如不適用，請刪去答案部份，及不要留下空格) If any answer to Q11, Q15 and Q16 is "Yes", please give the details of all such answer in the table of Q17 and identify the question no. (If not applicable, please cross out the answer and please don't leave the answer blank)		受保人 Insured		保單持有人 / 其他受保人 Policy Owner / Other Insured(s)																																								
		有/是 Yes	否 No	有/是 Yes	否 No																																							
11. (a) 您或受保人的任何血緣父母親或兄弟姐妹或子女曾否患有或獲告知患有癌病、精神病、糖尿病、結核病、肝病、腎病(例如多囊性腎病)、心臟病、中風、高血壓或任何遺傳性疾病或曾接受其有關的治療? Has any of the natural parent(s) or sibling(s) or children of you or any of the Insureds EVER had or been told to have or been treated for cancer, mental disease, diabetes, tuberculosis, liver disease, kidney disease (e.g. polycystic kidney disease), heart disease, stroke, high blood pressure or any hereditary disease or disorder?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
(b) 如「有」，請填妥以下表格。 If "YES", please complete the following table.																																												
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2" style="padding: 5px;">關係 Relationship</th> <th style="padding: 5px;">疾病性質 Nature of disease</th> <th style="padding: 5px;">開始患病年齡 Age of Onset</th> <th style="padding: 5px;">身故年齡 Age at Death</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="padding: 5px; vertical-align: middle;">受保人 Insured</td> <td style="padding: 5px;">父親 Father</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">母親 Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">兄弟及姐妹 Brother & Sister</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">子女 Son and Daughter</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4" style="padding: 5px; vertical-align: middle;">保單持有人 Policy Owner</td> <td style="padding: 5px;">父親 Father</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">母親 Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">兄弟及姐妹 Brother & Sister</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">子女 Son and Daughter</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		關係 Relationship		疾病性質 Nature of disease	開始患病年齡 Age of Onset	身故年齡 Age at Death	受保人 Insured	父親 Father				母親 Mother				兄弟及姐妹 Brother & Sister				子女 Son and Daughter				保單持有人 Policy Owner	父親 Father				母親 Mother				兄弟及姐妹 Brother & Sister				子女 Son and Daughter							
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12. 您或任何受保人的任何人壽、危疾、意外、醫療、傷殘保險的投保或保單復效申請或續保，曾否被拒絕接受、延期、加費或有不保事項？如有，請在第18項的附註中註明保險公司名稱、日期、原因及其他詳情。 Do you or any of the Insured(s) have any application, reinstatement or renewal of life, critical illness, accident, health or disability insurance been declined, postponed, rated or accepted with coverage exclusion? If yes, please state the insurance company name, date, reason and other details as remarks in Q.18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
13. 您或任何受保人有否參與或預備參與有危險性的運動或嗜好(例如潛水、賽車、攀崖、騎馬及拳擊)？如有，請在第18項的附註中詳述活動性質、經驗、次數及裝備類型。 Do you or any of the Insured(s) engage in or intend to engage in any hazardous sports or hobbies (e.g. diving, motor racing, rock climbing, horse riding and boxing)? If yes, please give details of the nature, experience, frequency and equipment used as remarks in Q.18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
14. 您或任何受保人於過去或未來一年內曾否或會否離開您或任何受保人的原居地超過六個月？倘曾經或將會，請於第18項附註中詳述逗留原因/性質、時間/次數及城市/地區。 Have you or any of the Insured(s) been, or will you or any of the Insured(s) be taking up residence away from your respective places of domicile for more than 6 months in the past or next year? If yes, please provide the reason / nature, duration / frequency of the visit(s) and the name(s) of the resident city(ies) / region(s) as remarks in Q.18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
15. 只適用於女性 FOR FEMALE ONLY:																																												
(a) 您或受保人現在是否懷孕？如是，請註明已懷孕多久： Are you or any of the Insured(s) now pregnant? If yes, state number of month(s) pregnant: _____月 month(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
(b) 您或受保人曾否患有或獲告知患有或曾接受治療任何乳房、子宮、子宮頸或卵巢等生殖器官疾病，包括任何乳房腫塊、子宮頸抹片異常、於兩次經期間之出血、盆腔炎疾病或在懷孕期間有併發症或曾接受其有關的治療？ Have you or any of the Insured(s) EVER had or been told to have or been treated for any disease or disorder of the breast, uterus, cervix, ovary or the reproductive system including any breast lump, abnormal smear test result, intermenstrual bleeding, pelvic inflammatory disease and complications of pregnancy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
16. 兒童受保人適用 (若受保人之投保年齡是5歲或以下，必須回答以下問題) FOR JUVENILE INSURED (Please complete all questions below if the attained age of any of the Insured is 5 or below)																																												
(a) 受保人出生時的醫院名稱 Name of hospital where the Insured(s) was born: _____																																												
(b) 受保人是否早產兒(出生時懷孕期不足37週)？如「是」，請註明出生時的週數及體重： Was any of the Insured(s) birth premature (born before 37 weeks of gestation)? If "Yes", please state the exact week of question and the weight at birth.		<input type="checkbox"/>	<input type="checkbox"/>																																									
出生時週數: _____ 出生時體重: _____ Exact week of gestation _____ Weight at Birth: _____ 磅 lb _____ 安士 oz / _____ 公斤 kg																																												
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18. 附註 / 特別要求 Remarks / Special Requests																																												

佣金披露聲明 Commission Disclosure Statement

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

保單持有人亦明白富通保險必須取得保單持有人的同意，方可以維持保單的有效性。

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

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

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

X _____

保單持有人簽署
Signature of the Policy Owner

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

收集個人資料聲明 Personal Information Collection Statement

在富通保險有限公司(以下簡稱“富通保險”)，保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守“個人資料(私隱)條例”(以下簡稱“條例”)。

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

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

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

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

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

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

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

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

富通保險所持有您的個人資料可能會用於以下目的：

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

i. 保險管理或再保險業務有關的用途，其中包括承保、處理和評估申請，身份和信用檢查，適用性檢查，保單服務，作為抵押貸款安排(如為保費融資而作)，理賠處理，調查，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；

administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, collateral assignment arrangement (e.g. for premium financing purpose), claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;

ii. 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的产品或服務；及
 direct marketing, which includes promoting, marketing or selling, of FTLife insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and

iii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：
 complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:

a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；

any law binding or applying to it within or outside Hong Kong existing currently and in the future;

b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；

any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;

c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。

any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

4. 直接促銷 Direct Marketing

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

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

5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

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

i. 代表您的任何保險經紀，獨立財務顧問或您的受讓人作在第3(i)段中所列出的任何用途；

any insurance broker, independent financial advisor acting on your behalf or your assignee for any of the purposes set out in section 3(i);

ii. 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途；

any subsidiary, holding company, associated company or affiliates of FTLife for any of the purposes set out in section 3(i)-(iii);

iii. 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商(包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員)作在第3(i)和3(ii)段中所列出的任何用途；

any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to FTLife for any of the purposes set out in section 3(i) and (ii);

iv. 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及

any actual or proposed reinsurers of FTLife for any of the purposes set out in section 3(i); and

v. 富通保險在根據其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

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

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

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

7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to:

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

7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。
FTLife has the right to charge a reasonable fee for the processing of any personal data access request.

7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。
Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

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

富通保險只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。
FTLife Insurance Company Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。
This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。
In case of discrepancies between the English and Chinese version, the English version shall prevail.

聲明及授權 Declaration and Authorization

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

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

本人謹此代表本人及所有受保人聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為確實無訛之全部事實；(2)上述問題的所有答案及此申請書將成為更改保單的根據，並作為保單之一部份；(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.

Dated at _____ on _____

簽署地 Place	簽署日期(日/月/年) Date of Signature (DD/MM/YY)	見證人簽署 Signature of Witness	保單持有人 / 受讓人簽署 Signature of Policy Owner / Assignee	受保人簽署 Signature of Insured
		姓名: Name: _____		
		身份證號碼 / 保險顧問編號: ID No. / Consultant Code: _____		

由顧問填寫 To be completed by Advisor

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

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

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