Declaration of Insurability
可保資料聲明

Name of Owner 保單持有人名稱	Full Name of Proposed Insured 建議投保人全名	Policy No. 保單號碼

IMPORTANT NOTE : You are to disclose all material facts. If you are in doubt about whether certain facts are material, these facts should also be disclosed.
注意：閣下必須透露所有重要的事實，若有任何未知是否屬於重要事項的資料均須在此透露。

Section A 甲部： Personal Information 個人資料 (*Please delete whichever is inappropriate)（*請刪去不適用者）

Hong Kong Identity Card / Birth Certificate / Passport / Travel Document No. (If no Hong Kong Identity Card)* 香港身份證／出生證明書／護照／旅遊證件號碼（如沒有香港身份證）*	Date of Birth 出生日期	Sex 性別 ☐ Male 男 ☐ Female 女	Occupation 職業

Height 身高	Weight 體重	In the past one year 在過去一年內	
		Gain/(Loss) in Weight 增加／（減少）之體重	If weight changes over 5kgs, state reason 若體重變更超過 5 公斤，需列明原因
cm 厘米	kg 公斤	kg 公斤	

Section B 乙部： Medical Information 健康資料

Answer the following questions for the person to be insured 請回答下列有關投保人之健康問題	Yes 是	No 否
1. Did you have your last doctor consultation in the past 6 months? 閣下最後一次的醫生診症是否在過去六個月內？	☐	☐
2. Have you EVER had any application of life, accident, critical illness, disability or health insurance been declined, postponed or rated or in any way modified, or, have you EVER made a claim for accident, critical illness, disability or health benefit? 閣下曾否因申請人壽、意外、危疾、傷殘或醫療保險而被拒絕、延期或加價或須更改受保條款始獲接受，或曾否申請意外、危疾、傷殘或醫療利益保障的索償？	☐	☐
3. Do you participate or intend to participate in any hazardous activities related to your occupation or recreation such as diving, motor car racing or flying other than as a fare-paying passenger on a regular schedule airline? 閣下曾否參與或計劃參與有關閣下職業或康樂之任何危險性活動，例如潛水、賽車或非以乘客身份乘坐商業航空班機等？	☐	☐
4. Have you ever had within the past 5 years, been advised or do you intend to have any medical investigation (such as X-ray, electrocardiogram, CT scanning, echo or ultrasonogram, blood or urine studies, biopsy), medication, medical treatment or advice? 閣下在過去五年曾否、或被建議、或準備接受任何檢驗（如 X 光、心電圖、電腦掃描、超聲波掃描、驗血或驗尿、活組織檢驗）、治療、或服用任何藥物或建議？	☐	☐
5. In the past 5 years, have you had or been told you had or received medical advice, investigation or treatment for: 在過去五年內，閣下對下列病症曾否患有、被通知患有或曾接受診療、檢驗或治療：	**Yes 是**	**No 否**
(a) The **Heart, Blood Vessels** (e.g. Murmur, High Blood Pressure, Coronary Artery Disease, Stroke or Heart Disease)? 心臟、血管（例如心雜音、高血壓、冠心動脈疾病、中風或其他心臟病）？	☐	☐
(b) The **Nose, Throat, Lungs** (e.g. Asthma, Tuberculosis or Chronic Bronchitis)? 鼻、喉、肺（例如哮喘、肺癆或慢性支氣管炎）？	☐	☐
(c) The **Abdominal Organs** (e.g. Ulcer, Hepatitis, Gallstones or Liver Disease)? 腹腔器官（例如潰瘍、肝炎、膽石或肝病）？	☐	☐
(d) The **Kidneys Bladder, Genital Organs**? 腎、膀胱、生殖器官？	☐	☐
(e) The **Nervous System** (e.g. Nervous Breakdown, Mental Disorder)? 神經系統（例如精神分裂、精神病）？	☐	☐
(f) The **Glandular System, Blood** (e.g. Anaemia, Diabetes, Gout)? 腺臟系統、血液（例如貧血、糖尿病、痛風）？	☐	☐
(g) The **Musculoskeletal System** (e.g. Paralysis, Deformity, Physical Impairment or Arthritis)? 肌肉、筋骨系統（例如癱瘓、畸型、肢體殘缺或關節炎）？	☐	☐
(h) **Cancer** or **Tumour** of any kind? 任何種類癌症或腫瘤？	☐	☐
(i) HIV Infection, An Immune Deficiency Disorder **(AIDS)**, or the Aids Related Complex **(ARC)**? 人類缺乏免疫能力病毒感染、愛滋病或有關的併發症？	☐	☐
6. Are you currently smoking or did you smoke cigarettes, consume drugs, narcotics or alcohol? If "yes", please state type(s) and daily amount(s). If ceased usage / consumption, please state date of cessation and reason. 閣下是否現正或曾經抽煙、服用藥劑、毒品或酒精飲品？若「是」，請註明種類及每天服用量。如已停止吸煙／服用，請註明停止日期和原因。	☐	☐
7. Have you ever had any illness, injury, operation, medical advice, hospital treatment or physical check-up not mentioned above? 閣下曾否有任何上文未提及的其他疾病、受傷或接受任何手術、醫生之指導、住院、身體檢查等？	☐	☐
8. Do you have any regular doctor? If "Yes", give doctor's name, contact number and address. 閣下是否有固定醫生為閣下診治病症？若「是」，請提供醫生姓名、聯絡號碼及地址。	☐	☐
9. (Female Only)（只限女性）		
(a) Have you ever had, or been told to have, or been treated for or are you intending to be treated for any disease/disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? 閣下曾否患有、或被告知患有任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病／失調？及曾否因以上情況而接受治療或準備接受治療？	☐	☐
(b) Have you ever had, or have been advised to have Investigations and/or treatment of the cervis, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? 閣下曾否、或被建議接受檢驗和／或治療子宮頸、子宮、輸卵管、陰道、卵巢或乳房，例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房X光或手術？	☐	☐
(c) Are you now pregnant? If "yes", state number of months. 閣下現在是否懷孕？若「是」，請述已懷孕月數。	☐	☐
(d) Have you ever had complications during or as a result of your pregnancy such as high blood sugar and high blood pressure? 閣下曾否在妊娠期間或因懷孕而導致併發症，例如高血糖、高血壓？	☐	☐

If any answer to Question 1 to 5, 7 and 9 is "Yes", please give full particulars as below and state the question number. 倘若第 1 至 5, 7 及 9 條問題中曾答「是」，請在此欄提供下列之詳細資料並註明題號。

(a) dates of illness/injury; 患病／受傷日期；
(b) duration of illness/injury; 患病／受傷持續時間；
(c) diagnosis; 診斷結果；
(d) treatment taken; 曾接受之治療；
(e) last follow-up date; 最後覆診日期；
(f) degree of recovery; 康復的程度；
(g) attach any related medical report; and 提供有關之醫療報告；及
(h) name, address, contact number and reference of attending doctor/hospital. (for obtaining Attending Physician Statement) 主診醫生姓名／醫院名稱、地址、聯絡號碼及檔案編號。（以索取主診醫生的診治報告）

Declaration of Insurability
可保資料聲明

DECLARATION AND AUTHORIZATION 聲明及授權

The Proposed Insured (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:

1. All the foregoing statements and answers in this application together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with my/our application are full, complete and true and shall form the basis for the application and become part of the Policy. I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company") may be unable to process the underwriting if I/we fail to provide any information required to the application.
2. I/We fully understand that the Company is not bound by any statement which I/we may have made to any person if not written or printed here.
3. **Personal Information Collection Statement**
   Personal data (including credit information, claims history and third party personal information) may be collected by the Company from time to time in various forms or processes. They are being collected, used and disclosed by the Company for the following necessary purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company) ; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.
   The Company may disclose such personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations 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; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply and (m) as otherwise required or permitted by law. The Company may also use and disclose such personal data in other ways with the consent of the data subjects or as otherwise required or permitted by law. If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company. For group clients, these information may include but not limited to information belonging to the clients' employees, the group members, the insureds and/or their representatives or dependents.
   Clients in respect of whom personal data is being collected should understand that it is voluntary for them to provide these information, but failure to provide the requested personal data could mean that the Company is unable to process their applications or to continue the provision of the required services. Clients have the right to seek access to and request correction of any personal data the Company holds about them by sending a written request to Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hunghom, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.
   The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk.
   The Company may also use contact details, basic personal data and policy details to contact clients with marketing information regarding the Company and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. The Company may not so use clients' data unless the Company has received clients' consents.
4. All statements and answers I/we provide and those provided over the signature of all eligible employees, members and dependents in relation to this insurance cover including those statements and answers contained in any medical report, declaration of insurability or questionnaire completed in connection with this insurance cover shall form part of this application, and shall be the basis for underwriting thereof and any insurance contract with the Company. I/We understand and agree that this information is complete and true, and that all material facts, being facts that might influence the assessment of this application, have been disclosed in this application, it being understood that failure to make this disclosure renders the application voidable.
5. I/We further authorize: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application for insurance and reinstatement; and (b) the Company or any of its appointed medical / paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this application for insurance and reinstatement. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

建議受保人（本人/吾等）聲明、同意及明白以下各項（視乎情況適用而定），並在此申請表簽署作實：

1. 此申請表上所載的聲明及答案，以及經本人簽署之所需的體格檢驗、問卷、修改書及其他文件，均屬真確無訛，詳細完整，並構成保單的依據及其中部份。本人/吾等明白倘有任何未知是否屬於重要事項的資料均須在此透露。倘本人/吾等未能提供此申請所需資料，可導致香港永明金融有限公司，包括繼承人或承讓人（在此稱為「公司」）未能處理本人/吾等之申請。
2. 本人/吾等完全明白公司不受一些本人/吾等沒有在此申請表上提及或刊印而向任何人士定立的聲明所約束。
3. **《個人資料收集聲明》**
   公司可以不時透過各種表格或程序收集個人資料(包括信用資料，索償紀錄和第三方個人資料）。上述的個人資料收集、使用及披露，是為了公司達到以下有需要的目的：(i) 處理及評估申請及/或任何其他金融服務申請；(ii) 管理並提供與保險及/或金融產品相關服務；(iii) 處理、調查和結清保險索償個案、以及偵測和防止欺詐行為(無論是否與公司發出的保單有關)；(iv) 進行客戶調查；(v) 為客戶研究及設計金融 、保險或退休金產品；(vi) 甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與客戶聯絡；(viii) 與上述目的直接有關的任何其他目的；及 (ix) 為遵守適用的法例、法規或法庭命令。
   基於上述目的，公司可以披露有關客戶個人資料予 (a) 為協助公司就上述用途（不論在香港或其他地方）而提供服務的第三方，包括索償調查員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問；(b)銀行作繳款用途；(c) 直接或間接代表保單持有人或客戶的保險經紀；(d) 公司的保險代理人及強積金中介人；(e) 公司的關連公司(根據公司條例訂明)包括退休金服務提供者、金融服務機構及其他保險公司； (f) 香港保險業聯會（或任何相似的保險公司協會）及其會員；(g) 團體產品的保單持有人 / 受保僱員之僱主；(h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商；(i) 整合保險業索償和承保資料的組織; (j) 防欺詐組織；(k) 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的數據庫或登記冊（及其運營者）；(l) 公司及其關連公司(不論在香港與否）為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及 (m) 按法例要求或准許的其他人士。
   在法例的要求或容許下、或獲得資料當事人的同意後，公司可以將客戶的個人資料披露並作其他用途。假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司，該客戶、服務供應商、索償人或申請人必須在收集這些資料前，將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。對於團體客戶而言，這些資料可以包括但不限於屬於客戶的僱員、團體成員 、受保人和/或其代表或家屬的個人資料。
   客戶應明白就其個人資料收集所提供的個人資料乃出於自願，但如客戶未能提供所需的個人資料，公司將無法處理其申請或繼續提供所需服務。客戶有權查閱及要求更正公司持有的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡德豐街22號海濱廣場二座10樓香港永明金融有限公司團體保險行政部。公司可就處理任何該等要求收取合理費用。
   公司可不時在其網站www.sunlife.com.hk提供最新的《個人資料收集聲明》。
   公司亦可使用客戶之聯絡資料，基本個人資料及保單資料，就公司及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡客戶，惟我們必須先得到客戶的同意，否則公司不可使用客戶的資料為該用途 。
4. 所有由合資格僱員、成員及配偶或子女所簽署的聲明或檢驗報告、投保聲明之陳述或問卷內的資料，均視為本申請表之一部份，亦為公司核保之憑據。本人/吾等明白及同意此資料乃完整無誤，及已透露所有可能會影響到評估此申請的事實，並明白無法提供此類資料可使本申請無效。
5. 本人/吾等同時授權：（甲）任何擁有任何本人/受保人等之記錄、詳情或資料（醫療或其他資料）之醫生、醫院、診所、保險公司、政府部門、機構或人士就此投保申請及復保申請向公司或其代表披露、透露或轉移此等記錄、詳情或資料；及（乙）公司或公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗，以評估與此投保申請及復保申請之本人/受保人等的健康情況。此授權書對本人/受保人等之繼承人及受讓人有約束力，並於本人/受保人等身故後或喪失能力後仍然有效。此授權書的正本及影印本同屬有效。

Dates this _____ day of _____ at _____

Date 日期 | Month & Year 月份及年份 | Place 地點

_____

Signature of Proposed Insured 建議受保人簽署

10/F Two Harbourfront, 22 Tak Fung Street,
Hung Hom, Kowloon, Hong Kong
Tel (852) 3183 2099 Fax (852) 2302 0173

香港九龍紅磡德豐街22號海濱廣場二座10樓
電話 (852) 3183 2099 傳真 (852) 2302 0173

Sun Life Hong Kong Limited 香港永明金融有限公司
(Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限責任公司)
A member of the Sun Life Financial group of companies 永明金融集團成員之一

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