Assicurazioni Generali S.p.A.
Hong Kong Branch

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忠意保險有限公司
香港分行

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更改保單內容申請書 – 個人醫療保險
Policy Amendment Request Form - Individual Health Insurance

保單持有人姓名 Name of Policyholder		保單號碼 Policy Number	

重要指示 Important Notes:

1. 請以英文正楷填寫本更改保單內容申請書(「申請書」)。
   Please complete this Policy Amendment Request Form ("Form") in English BLOCK LETTERS.
2. 請將填妥的申請書連同相關文件(如適用)交回忠意保險有限公司香港分行(「忠意保險」)。除第一、二及六部分外,所有更改申請將於下一個保單續保日生效。
   Please enclose the relevant document(s) (if applicable) with completed Form and submit to Assicurazioni Generali S.p.A. Hong Kong Branch ("Generali"). All change requests, except Part I, II and VI, shall be effective on next policy renewal date.
3. 本申請書如有任何修改,保單持有人需於更正資料旁邊的空白位置簽署作實。
   Any amendments to this Form should be endorsed by the policyholder.

請於適當位置加上 ☑。
Please ☑ when appropriate.

第一部分 – 更改個人資料 Part I - Change of Personal Information

☐ 1. **更改姓名 Change of Name**

請附上轉名契據、香港身分證/護照、出生證書或其他法律文件的核實副本。
Please attach certified true copy of Deed Poll, HKID card / Passport, Birth Certificate or other legal documents.

☐ 保單持有人 Policyholder
現有姓名 Existing Name _____ 新姓名 New Name _____

☐ 受保人 Insured Person
現有姓名 Existing Name _____ 新姓名 New Name _____

☐ 2. **更改聯絡資料 Change of Contact Information**

☐ 通訊地址 Correspondence Address _____

☐ 聯絡電話 Contact Telephone Number
☐ 手提 Mobile _____ ☐ 住宅 Home _____ ☐ 辦公室 Office _____

☐ 電郵地址 E-mail Address _____

第二部分 – 更改自動轉賬賠償賬戶號碼 Part II - Change of Medical Claim Autopay Account Number

所有保單內的受保人必須以同一賬戶作為自動轉賬賠償之用。The Autopay Account Number shall apply to all insured person(s) in the policy.

銀行名稱 Bank Name _____ 分行名稱 Branch Name _____ 銀行賬戶持有人名稱 Name of Bank Account Holder _____

銀行編號 Bank Code | | | 分行編號 Branch Code | | | 賬戶編號 Account Number | | | | | | | | |

第三部分 – 更改保費繳付方法 Part III - Change of Premium Payment Method

保費及保費徵費(如有)必須由保單持有人或受保人繳付。否則,請提供證明文件以證明繳付人與保單持有人之間的關係。忠意保險有權不接受由第三方繳付的保費。
The premium and levy (if any) must be paid by the Policyholder or the Insured Person(s). Otherwise, please provide supporting documents to prove the relationship between the payer and the Policyholder. Generali reserves the right not to accept the premium paid by a third party.

☐ 港幣支票(抬頭請填寫「忠意保險有限公司」) HKD cheque (payable to "Assicurazioni Generali S.p.A.")

☐ VISA 卡 ☐ **萬事達卡** MasterCard

持卡人姓名(英文)Cardholder's Full Name (English) _____

發卡銀行名稱 Name of Card Issuing Bank _____

信用卡號碼 Credit Card Number | | | | - | | | | - | | | | - | | | | 到期日 Expiry Date | | | | (月 MM 年 YY)

本人授權忠意保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費及保費徵費(如有)。
I hereby authorise Assicurazioni Generali S.p.A. to charge my above credit card for the insurance premiums and levy (if any) of this insurance policy.

_____ _____
持卡人簽名 Cardholder's Signature 日期(日 / 月 / 年) Date (DD / MM / YYYY)

第四部分 – 刪減受保人 Part IV - Deletion of Insured Person(s)

	受保人姓名 Name of Insured Person	受保人與保單持有人關係 Relationship with Policyholder
1.		
2.		
3.		

第五部分 – 更改保障利益 Part V - Change of Benefit

所有受保人的保障均為一致 Same benefit is applied to all Insured Persons

只適用於智易保醫療保障計劃 For FlexiPlus Medical Insurance Plan ONLY

☐ 1a. 保障內容 ☐ 增加 ☐ 更改 Benefit(s) to be ☐ added ☐ changed

請填寫第八部分的健康聲明並連同並保費支票 (抬頭「忠意保險有限公司」) 寄回
Please complete the Health Declaration in Part VIII and return together with the premium payment cheque (payable to "Assicurazioni Generali S.p.A")

基本保障 - 住院及手術保障 Core Coverage - Hospital & Surgical Benefit

計劃 Plan	**傳統計劃 Traditional Plan**			**總額計劃 Lump Sum Plan**		
	標準計劃 Standard Plan	特級計劃 Superior Plan	尊尚計劃 Premier Plan	計劃 1 Plan 1	計劃 2 Plan 2	計劃 3 Plan 3
年自付額 Annual Deductible	☐ 港幣 HK$0 ☐ 港幣 HK$40,000	☐ 港幣 HK$0 ☐ 港幣 HK$80,000	☐ 港幣 HK$0 ☐ 港幣 HK$120,000	☐ 港幣 HK$0 ☐ 港幣 HK$50,000 ☐ 港幣 HK$100,000	☐ 港幣 HK$0 ☐ 港幣 HK$100,000 ☐ 港幣 HK$150,000	☐ 港幣 HK$0 ☐ 港幣 HK$150,000 ☐ 港幣 HK$300,000
自選保障 Optional Coverage	☐ 附加嚴重醫療保障 Supplementary Major Medical Benefit					
	☐ 門診保障 Outpatient Benefit ☐ 計劃 A Plan A ☐ 計劃 B Plan B ☐ 計劃 C Plan C			賠償百分率 Reimbursement ☐ 50% ☐ 80%		
	☐ 牙科保障 Dental Benefit					

☐ 1b. 刪除保障內容 Benefit(s) to be deleted
☐ 附加嚴重醫療保障 Supplementary Major Medical Benefit
☐ 門診保障 Outpatient Benefit
☐ 牙科保障 Dental Benefit

只適用於智康健醫療保障計劃 For GenHealth Medical Insurance Plan ONLY

☐ 1a. 保障內容 ☐ 增加 ☐ 更改 Benefit(s) to be ☐ added ☐ changed

請填寫第八部分的健康聲明並連同保費支票 (抬頭「忠意保險有限公司」) 寄回
Please complete the Health Declaration in Part VIII and return together with the premium payment cheque (payable to "Assicurazioni Generali S.p.A.")

	標準計劃 Standard Plan	特級計劃 Superior Plan	尊尚計劃 Premier Plan
住院及手術保障 Hospital and Surgical Benefit	☐	☐	☐
附加嚴重醫療保障 Supplementary Major Medical Benefit	☐	☐	☐
門診保障 Outpatient Benefit	☐	☐	☐

☐ 1b. 刪除保障內容 Benefit(s) to be deleted
☐ 附加嚴重醫療保障 Supplementary Major Medical Benefit
☐ 門診保障 Outpatient Benefit

第六部分 – 保單復效 Part VI - Reinstatement

☐ 1. 保單復效 Reinstatement
請填寫第八部分的健康聲明 Please complete the Health Declaration in Part VIII

- 復效申請可於保費到期日起計 90 日內申請。
  Reinstatement can be submitted within 90 days from the premium due date.
- 申請須通過核保，復效申請在批核前，保障均未生效。
  The request is subject to underwriting, coverage shall not take effect until the request is approved.
- 在保單失效期間之索償將不獲賠償。
  All claims incurred during the lapsed period shall not be covered.

第七部分 – 其他指示 Part VII - Other Instructions

第八部分 - 健康聲明 Part VIII - Health Declaration

簽署本健康聲明前，請填妥第五部分及 / 或第六部分的資料。請注意，任何因未經填報之健康狀況而引致之索償申請，將不獲接納。
Please ensure you have completed all the details under Part V and/or Part VI before signing this Health Declaration. Please note that insured person(s) will not be eligible for claims resulting from the non-disclosure of health information.

在過去任何時間，受保人是否：
At any time in the past, have / has the insured person(s):

		是 Yes	否 No
1.	過去十二個月內，體重是否曾增加或減少 7磅 / 3.2 公斤或以上？倘「是」，請註明原因 (若知道) 及磅數 / 公斤。 Any weight change in excess of 7 lbs / 3.2 kg in the last 12 months ? If "Yes", please give exact amount and reason, if known.	☐	☐
2.	是否曾患有或因下列各種疾病而接受治療？倘「是」，請填寫有關病情、日期和所有治療 (醫生處方與否) 的詳細資料。 Suffered from or received treatment for any of the following? If "Yes", please provide full details of condition, dates and any treatment (whether prescribed or otherwise).		
	a. 任何胸部或呼吸問題 (例如：哮喘、支氣管炎、肺結核或其他呼吸器官問題，包括流鼻血)？ Any chest or breathing complaint (e.g. asthma, bronchitis, tuberculosis or other respiratory problem including nasal bleeding) ?	☐	☐
	b. 任何心臟的疾病或胸口疼痛 (例如：風濕性發熱、高血壓、心絞痛、心臟雜音、心臟驟停)，或其他血液或血管疾病？ Any heart problem or chest pain (e.g. rheumatic fever, raised blood pressure, angina, murmur, heart attack) or other problem of the blood or blood vessels?	☐	☐
	c. 任何消化系統問題，肝 (包括肝炎或肝炎帶菌者)、胃、腸或直腸出血；任何腎、膀胱或泌尿系統疾病，包括腎石、內分泌疾病、糖尿病或甲狀腺疾病？ Any complaint of digestive system, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or urinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem ?	☐	☐
	d. 任何精神或腦部失常或影響神經系統問題，包括癲癇、癱瘓、痲痺、頭暈、長期頭痛、身體失去平衡或抽搐？ Any mental or brain disorder or problem affecting the nervous system including epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits ?	☐	☐
	e. 癌症或腫瘤、囊腫、腫塊或其他任何贅生物？ Cancer or tumour, cyst, lump or other growths of any kind ?	☐	☐
	f. 背部、脊椎、肌肉、關節疼痛或其他疾病、痛風或其他身體殘疾或任何影響視力、說話能力或聽覺的疾病？ Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing ?	☐	☐
3.	曾否接受、或打算接受與愛滋病、HIV 抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗；或曾出現疲倦、長期腹瀉或不尋常之皮膚潰傷的徵狀？ Ever received, or do expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do / did have any symptoms of fatigue, persistent diarrhoea or unusual skin lesions ?	☐	☐
4.	曾定期服用藥物？ Taken any regular medications ?	☐	☐
5.	投保醫療保險曾被拒、延遲受保或被限制受保範圍或增加受保條款？ Been declined, postponed or accepted with restricted benefits or additional conditions in medical insurance ?	☐	☐
6.	打算或現正、或曾於過去五年內在任何醫院、診所或醫務所接受： Any plan to attend, or is/are currently attending or have attended in the last 5 years any hospital, clinic or doctor for:		
	a. 一些診斷性之檢查如照X光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查 (因受聘而進行之例行身體檢查除外)？ Diagnostic tests such as X-ray, ultrasonogram, blood tests, CT scan, biopsy, ECG, urine or other investigations other than for routine employment purpose ?	☐	☐
	b. 以上各題沒有提及的疾病、手術或其他醫療諮詢或治療？ Illness, operation or other medical advice or treatment not stated under any previous questions ?	☐	☐

如果您就以上任何問題的回答為「是」，請在下方註明題號並說明詳情。如果空間不足，請在補充資料部分提供詳細資料。請提供相關醫療報告副本 (如有) 。
If your answer is "Yes" to any of the above questions, please identify the question number and give details of the medical condition in below. If there is insufficient space, please provide details in Supplementary Information Section. Please provide a copy of the relevant medical report(s), if any.

☐ 另加附件 With attachment

題號 Question Number	受保人姓名 Name of Insured Person(s)	病徵 / 診斷 Symptom / Diagnosis	治療 / 手術 / 藥物 Treatment / Operation / Medication	病發日期 / 痊癒日期 Date of Onset / Recovery	醫生姓名、地址及電話號碼 Name, Address and Tel. No. of Doctor

補充資料部分 Supplementary Information Section

第九部分 - 聲明及授權書 Part IX - Declaration and Authorization

本人 / 我們謹代表自己及 / 或可能擁有此申請書所列保險權益的任何人作出聲明及同意，此申請書內所提供之一切陳述及資料，就本人 / 吾等所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部分，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人 / 吾等在此聲明，並無隱瞞任何足以影響忠意保險有限公司香港分行（「忠意保險」）衡量應否接受此申請書的事實 (不論是否已包括在此申請書的問題內) 及假如未能確定某些資料是否重要，則應將有關事實予以披露。

I / We hereby declare and agree on behalf of myself and/or anyone who may have any interest in any insurance on this application that all statements and information provided in this Amendment Request Form are to the best of my / our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali") assessment and acceptance of this application has been withheld and understand that if I/we am/are uncertain as to whether or not a particular information is material, the information should be disclosed.

本人 / 我們謹此代表本人及各受保人，授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人 / 吾等或本人 / 吾等健康狀況之資料者，均可將該等資料提供給忠意保險或其授權代表或再保險公司或仲裁機構以作評核本申請及其後與保單有關的賠償事宜之用。

I/We on behalf of myself and other persons to be insured, hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who/which has any records or knowledge of me / us or my / our health, to divulge to Generali or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me / us for the purpose of evaluating this application and any claim arising from the policy.

本人 / 我們確認已經查閱並且明白由忠意保險的收集個人資料聲明（「該聲明」），該聲明可於忠意保險網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意保險，並允許忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "Statement") of Generali, which is available on Generali's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that Generali may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 我們確認我 / 我們已獲得每位受保人的充分授權，代表每位受保人提供資料，作出上述聲明並給予本申請書中所列的授權。

I /We confirm that I / we have full authority from each of the persons to be insured to provide information, make the above declarations and give the authorisation set out in this Form on behalf of each of the persons to be insured.

本人 / 我們明白、確知及同意，忠意保險會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向忠意保險確認他\她已獲該法人團體授權。

I / We, understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.

本人 / 我們亦明白忠意保險必須取得本人 / 我們的同意，才可以處理其申請。

I / We further understand that the above agreement is necessary for Generali to proceed with the application.

保單持有人簽署 Policyholder's Signature

日期 (日 / 月 / 年) Date (DD / MM / YYYY)

代理人 / 顧問姓名 (如適用)
Agent's / Broker's Name (if applicable)

代理人 / 顧問編號
Agent's / Broker's Code

代理人 / 顧問聯絡電話號碼
Agent's / Broker's Contact Tel. No.