



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員



Employees Medical Contract 僱員醫療保障計劃



2009年7月1日生效
With effect from
1st JUL 2009

僱員醫療保障計劃

醫療保健及僱員福利是穩定員工隊伍、維持生產力所不可或缺的要素。藍十字充分了解僱主需要以最具成本效益的方法，為僱員提供適切的保障。我們精心設計的「僱員醫療保障計劃」，不論在保費或計劃內容，均比同類型計劃優越，定能顧及貴公司各方面的需要。

福利簡介

住院及手術保障

- 如因意外或疾病入院診治，可獲取指定金額的住院開支賠償。

重症醫療保障附約

- 提升僱員基本住院賠償限額，棄用先扣減「免賠額」的傳統計算賠償方法。

門診保障附約

- 註冊醫生診治費，或經醫生書面推薦而接受物理治療、脊椎治療服務、X光診斷及化驗，以及專科醫生診症，均可獲取賠償。

特別為中小企而設的保障

藍十字「僱員醫療保障計劃」是特別為各中小型企業而設的團體醫療保險計劃，因應機構個別需要，為員工提供全面醫療福利。

增值海外旅遊保障

中國緊急醫療支援

倘於中國境內遭遇突發緊急事故，需要入院接受治療，只要憑本計劃提供的「任中橫」醫療卡，可於全國超過100間網絡醫院或醫療單位接受治療，無需繳付任何入院保證金。

藍十字全球緊急援助服務

當你身處外地時，只需致電藍十字全球緊急援助熱線，便可在世界各地獲得專業的醫療、法律及旅遊諮詢服務。

額外海外意外醫療保障

在海外因意外受傷需要入院接受治療，提供高達5,000港元的額外住院及手術保障賠償。

多種福利項目及選擇

- 各級住院及門診福利項目均可靈活配搭，以迎合不同職級僱員的需要。
- 可選擇門診福利100%賠償，為僱員提供十足保障。
- 可於超過1,000間診所使用醫療卡，享更大方便。
- 客戶服務熱線解答手術費用及安排事項等查詢。
- 一站式網上保單及賠償資料查詢。
- 電子賠償通知書。

會籍延續權益

轉換團體會籍至個人會籍

藍十字的團體會員（已連續受保於團體計劃內最少12個月）因退休或終止受僱，可投保指定的個人保障計劃，已受保於團體計劃內的既有疾病亦獲繼續承保。

投保簡易

申請手續簡單，無須驗身、個別健康核保或申報健康狀況。你只需於退休或終止受僱30天內遞交投保書並支付保費，保障隨即生效。

住院及手術保障

在指定保障限額內，每項傷病最高可獲可償費用的100%賠償。

港元	2009MH1 頭等房	2009MH2 二等房	2009MH3 普通房	2009MH4 普通房	2009MH5 普通房	
病房費用 (90天為限) 每天最高費用	2,200	1,350	700	450	300	
醫院雜項費用	30,000	20,000	12,000	10,000	5,000	
外科醫生費用	複雜	112,000	88,000	64,000	52,000	40,000
	大型	56,000	44,000	32,000	26,000	20,000
	中型	28,000	22,000	16,000	13,000	10,000
	小型	11,200	8,800	6,400	5,200	4,000
麻醉科醫生費用	最高達可償外科醫生費用的30%					
手術室費用	最高達可償外科醫生費用的30%					
醫生巡房費用 (90天為限) 每天最高費用	2,200	1,350	700	450	300	
專科醫生費用	10,000	7,500	5,000	3,000	1,000	
深切治療 (18天為限) 每天最高費用	5,000	5,000	3,000	3,000	不適用	
每日現金保障 (90天為限)	1,100	675	350	225	不適用	

額外海外旅遊保障

中國緊急醫療支援

伸延保障

藍十字全球緊急援助服務

不設上限保障

海外意外醫療保障

5,000港元

本計劃內容由2009年7月1日起生效。

重症醫療保障附約*

根據合理慣例收費，就賠償住院及手術保障利益後之餘額及可享有的病房級別，支付可償費用的80%，以下列每宗傷病最高賠償額為限。

受保病房級別	港元	2009MM1 頭等房	2009MM2 二等房	2009MM3 普通房	2009MM4 普通房	2009MM5 普通房	
病房費用 (超過90天) 每天最高費用		2,200	1,350	700	450	300	
醫院雜項費用		支付合理慣例的費用					
外科醫生費用 (按手術明細表計算)		最高達可償住院及手術保障利益內之外科醫生費用的50%					
麻醉科醫生費用		最高達可償重症醫療保障利益內之外科醫生費用的30%					
手術室費用		最高達可償重症醫療保障利益內之外科醫生費用的30%					
醫生巡房費用 (超過90天) 每天最高費用		2,200	1,350	700	450	300	
專科醫生費用		支付合理慣例的費用					
深切治療每天最高費用		支付合理慣例的費用					不適用
每項傷病最高賠償限額		150,000	100,000	50,000	50,000	50,000	
* 重症醫療保障必須與同等級別的住院及手術保障項目一併選用。							
* 若受保人所住病房和所用服務的級別高於受保級別，本公司將按調整系數計算高於賠償百分比的額外費用。							

門診保障附約

在指定保障限額內，最高可獲可償費用的80%或100%賠償。

	港元	2009MC1/ 2009MN1	2009MC2/ 2009MN2	2009MC3/ 2009MN3	2009MC4/ 2009MN4	2009MC5	
普通科醫生診症* 每天1次 每次限額		300	240	180	140	120	
網絡醫生自付費 (80%賠償)		30					50
網絡醫生自付費 (100%賠償)		0					不適用
醫生書面推薦的專科醫生診症 每天1次，每年最多10次 每次限額		600	480	360	280	240	
網絡醫生自付費 (80%賠償)		30					70
網絡醫生自付費 (100%賠償)		0					不適用
對治療受病症所需的X光診斷及化驗 每年限額		2,000	1,500	1,000	800	500	
醫生書面推薦所需的物理或脊椎治療服務 每天1次，每年最多10次 每次限額		300	240	180	140	不適用	
中醫治療 (包括骨傷及針灸)* 每天1次，每年最多5次 每次限額		250	200	150	120	100	

* 以上「普通科醫生診症」及「中醫、骨傷及針灸治療」兩者的綜合求診次數為每年合共最多25次。

不保事項

不保事項包括：節育、不育、體格檢查、牙科治療、自我傷害、後天免疫力缺乏症、性病、精神及心理不平衡、先天性及既有傷病等等。

既有傷病指受保人曾察覺或應合理地察覺表徵或徵狀的傷病，或在適用於受保人的保障生效日期前90天內曾接受醫療或手術護理或治療的傷病，該定義在受保人接受本保單保障不少於365天後釋除。

(保費計算表，請參閱第6頁)

註：本小冊子只供參考之用；有關詳盡條款及規定及所有不保事項，請參閱保單原文。本冊子的中、英文本如有歧異，概以英文本為準。

Employees Medical Contract (EMC 2009)

For employers, healthcare and employee benefits are important elements for maintaining a stable and productive workforce. Being a leader in providing healthcare services and employee benefits, Blue Cross fully understands the needs of employers to give well balanced protection to employees at the most cost effective setting. We are confident that our Employees Medical Contract, flexible in its design, will be the most competitive and suitable solution for your company.

BENEFIT DESCRIPTION

Hospital and Surgical Benefits

- Reimburse hospital expenses due to accident or sickness.

Major Medical Benefits Rider

- Expand the basic hospitalisation coverage without conventional "deductible".

Outpatient Benefits Rider

- Reimburse clinical expenses and pay for physiotherapy or chiropractic services, diagnostic x-rays and laboratory tests and specialist's consultation upon written referral by a registered doctor.

SPECIAL BENEFITS FOR SME

"Employees Medical Contract" is a group medical insurance scheme specifically designed for the SME providing a full range of medical benefits to their workforce.

VALUE ADDED OVERSEAS TRAVEL PROTECTION

Emergency Medical Assistance in China

In case of emergency requiring hospitalisation in China, simply present the "Medpass Card" and you will be able to access a network of over 100 hospitals or medical units without paying any deposits.

Blue Cross Worldwide Emergency Aid

Whilst travelling abroad, you can call the "Blue Cross Worldwide Emergency Aid 24-hour Alarm Centre" to receive professional medical, legal and travel advice and services anywhere in the world.

Extra Medical Expenses for Overseas Accidental Injury

An amount up to HK\$5,000 is payable in excess of the Hospital and Surgical Benefits in the event of accidental injury requiring hospitalisation overseas.

A Wide Range of Benefit Provisions & Options

- Flexible combinations of hospitalisation and outpatient benefits for different classes of employees.
- Optional outpatient coverage offers 100% payment reimbursement.
- Healthcare card gives extra convenience in over 1,000 clinics.
- Customer Service Hotline for pre-surgical fee assessment and surgical arrangement.
- "Super Care", one stop information platform on Internet.
- Powerful e-claim notice.

CONVERSION PRIVILEGE

Conversion of Membership from Corporate to Individual Level

Blue Cross group medical insurance members (covered under a group policy for at least 12 consecutive months) are eligible to join the designated individual medical insurance plan(s) upon his/her retirement or termination of employment. Pre-existing conditions previously covered under the group insurance plan will continue to be covered.

Easy Enrolment

Application is free from medical examination, individual health underwriting or health declaration. Your coverage will be effective once you have submitted the application form together with the premium payment within 30 days from the date of retirement or termination of your employment.

Hospital and Surgical Benefits

Pays 100% of eligible expenses up to the maximum limit per disability.

	HK\$	2009MH1 Private	2009MH2 Semi-Private	2009MH3 Ward	2009MH4 Ward	2009MH5 Ward
Room and Board, limit per day (up to 90 days)		2,200	1,350	700	450	300
Miscellaneous Hospital Charges		30,000	20,000	12,000	10,000	5,000
Surgeon's Fees	Complex	112,000	88,000	64,000	52,000	40,000
	Major	56,000	44,000	32,000	26,000	20,000
	Intermediate	28,000	22,000	16,000	13,000	10,000
	Minor	11,200	8,800	6,400	5,200	4,000
Anaesthetist's Fee		Up to 30% of the eligible Surgeon's Fees				
Operating Theatre Charges		Up to 30% of the eligible Surgeon's Fees				
Physician's Hospital Visits, limit per day (up to 90 days)		2,200	1,350	700	450	300
Specialist's Fee		10,000	7,500	5,000	3,000	1,000
Intensive Care, limit per day (up to 18 days)		5,000	5,000	3,000	3,000	N/A
Daily Cash Benefit, limit per day (up to 90 days)		1,100	675	350	225	N/A

Extra Benefits available while overseas

Emergency Medical Assistance in China

Extended

Blue Cross Worldwide Emergency Aid

Unlimited Coverage

Medical Expenses for Overseas Accidental Injury

HK\$ 5,000

This Plan is effective from 1 July 2009.

Major Medical Benefits Rider *

Pays 80% of eligible expenses which are reasonable and customary in excess of Hospital and Surgical Benefits under the entitled level of accommodation, up to the maximum limit per disability.

Entitled Level of Accommodation	HK\$	2009MM1 Private	2009MM2 Semi-Private	2009MM3 Ward	2009MM4 Ward	2009MM5 Ward	
Room and Board, limit per day (in excess of 90 days)		2,200	1,350	700	450	300	
Miscellaneous Hospital Charges		Such amount as is Reasonable & Customary					
Surgeon's Fees		Up to 50% of the eligible Surgeon's Fees payable under the Hospital and Surgical Benefits					
Anaesthetist's Fee		Up to 30% of the eligible Surgeon's Fees payable under the Major Medical Benefits					
Operating Theatre Charges		Up to 30% of the eligible Surgeon's Fees payable under the Major Medical Benefits					
Physician's Hospital Visits, limit per day (in excess of 90 days)		2,200	1,350	700	450	300	
Specialist's Fee		Such amount as is Reasonable & Customary					
Intensive Care Treatment each day		Such amount as is Reasonable & Customary					N/A
Overall Maximum Limit per Disability		150,000	100,000	50,000	50,000	50,000	
* Major Medical Benefits must be taken in conjunction with the corresponding Hospital and Surgical Benefits.							
* If the insured is confined to a higher level of hospital facilities and services than the entitled level, the respective adjustment factors will be applied.							

Outpatient Benefits Rider

Pays 80% or 100% of eligible expenses up to the maximum limit.

	HK\$	2009MC1/ 2009MN1	2009MC2/ 2009MN2	2009MC3/ 2009MN3	2009MC4/ 2009MN4	2009MC5
General Practitioner's Consultation* 1 visit per day Limit per visit		300	240	180	140	120
Network Doctor Co-payment (80% Reimbursement)		30				50
Network Doctor Co-payment (100% Reimbursement)		0				N/A
Specialist's Consultation per visit upon written referral by a doctor. 1 visit per day, maximum 10 visits per year Limit per visit		600	480	360	280	240
Network Doctor Co-payment (80% Reimbursement)		30				70
Network Doctor Co-payment (100% Reimbursement)		0				N/A
Diagnostic X-rays & Laboratory Tests Necessary for treatment of a covered disability. Limit per year		2,000	1,500	1,000	800	500
Physiotherapy or Chiropractic Services upon written referral by a doctor. 1 visit per day, maximum 10 visits per year Limit per visit		300	240	180	140	N/A
Chinese Medicine Practitioner Treatment* (including bonesetting and acupuncture). 1 visit per day, maximum 5 visits per year Limit per visit		250	200	150	120	100

* "General Practitioner's Consultation" and "Chinese Medicine Practitioner Treatment" are subject to an overall maximum limit of 25 visits per year.

Exclusions

Maternity, birth control, routine checkup, dental expenses, self-inflicted injuries, HIV related disabilities, venereal disease, mental and psychic disorders, congenital and pre-existing conditions, etc.

Pre-existing Conditions - Disabilities which presented signs or symptoms of which the insured was aware or should reasonably have been aware or for which the insured received medical or surgical care or treatment within 90 days immediately preceding the effective date of coverage applicable to such insured, unless the insured has been covered under the Policy for not less than 365 days.

(For Premium Worksheets, please refer to P.6)

Note: This brochure is for reference only. Please refer to the actual policy for exact terms and conditions and full list of exclusions. If discrepancy exists between the English version and the Chinese version of this brochure, the English version shall prevail

Checklist of Application 核對申請文件清單

EMC2009 僱員醫療保障計劃	
Application Form 投保書	✓
Enrollment Form 計劃參加表格	✓
Business Registration Certificate 商業登記證	✓
Minimum Number of Employees 最少參與僱員人數	Three employees or above 3位或以上之受聘僱員
Conditions requiring the submission of Individual Health Evidence 需提交「個人健康狀況證明」的情況	No. of insured employees less than 10 受保僱員人數少於10人
Individual Health Evidence Form 「個人健康狀況證明」的表格	Personal Health Record Form 個人健康記錄
HealthCare Card - Outpatient Card* 醫療門診卡*	<ol style="list-style-type: none"> Annual payment mode; and 保費必須以年繳方式繳付； Complete Application Form & tick "Yes" for HealthCare Card; and 填妥投保書並於申請醫療門診卡一欄選擇「是」； Subject to the final assessment and approval of Blue Cross. 所有申請，須經藍十字審閱及批核，方可生效。

* Terms & Conditions for using Blue Cross Healthcare Card ("the Medical Card") 藍十字醫療卡(「醫療卡」)使用條款

- The Medical Card is valid only after it has been signed by the cardholder.
- The Medical Card is not transferable.
- The cardholder must present the Medical Card and his/her HKID card to the healthcare providers for identification prior to receiving the medical services. The cardholder's name, membership number and benefit codes will be displayed on the Medical Card for identification purpose.
- The cardholder should sign the medical voucher[#] as evidence of receipt of the medical services.
- In case of loss or theft of the Medical Card, the Policyholder should notify Blue Cross in writing immediately.
- The Policyholder is responsible for collecting and returning to Blue Cross any Medical Card(s) in respect of terminated member(s) and all Medical Cards if the policy has lapsed. Otherwise, the Policyholder and the cardholder shall be liable to Blue Cross for any amount incurred as a result of the use of unreturned Medical Card(s).
- For the replacement of each Medical Card, a handling fee of HK\$30 will be charged.
- The Policyholder and the cardholder are liable for any ineligible expenses which are not covered by the Policy or any expenses exceeding the benefit limit, which are charged to the Medical Card. The Policyholder and the cardholder agree to reimburse Blue Cross immediately for all ineligible expenses or excess incurred upon written demand. Prevailing interest rate will be charged on any outstanding amount that remains overdue for more than thirty (30) days.
- Blue Cross can withdraw the Medical Card service anytime by giving a prior written notice of 30 days.
- The Policyholder acknowledges that medical and healthcare services are provided by independent healthcare providers and agrees to the arrangement of direct billing and settlement between Blue Cross and the healthcare providers of all expenses incurred in respect of such medical and healthcare services.
- Blue Cross assumes no responsibilities for the services provided by the healthcare providers and no warranty, representation, endorsement or recommendation is given by or may be implied from any information provided by Blue Cross about such healthcare providers in relation to their quality or competence.
- Blue Cross reserves the rights to make any amendments to the above terms and conditions as and when it shall consider necessary.

[#]All medical vouchers submitted to Blue Cross for settlement shall be completed and signed by the medical practitioner with the following details:

- date of consultation and the diagnosis of the condition being treated;
- breakdown of charges relating to all medical services; and
- any amount paid by the cardholder.

For specialist consultation, the referral letter signed by the medical practitioner must be attached.

- 醫療卡須由持卡人簽署後方為有效。
- 醫療卡不可轉讓予別人。
- 使用醫療服務前，持卡人須出示醫療卡及香港身份證予醫療機構，以作核對身份之用。持卡人姓名、會員號碼及保障編號將顯示於醫療卡作核對身份之用。
- 持卡人須簽署有關醫療單據[#]以作確認使用醫療服務。
- 醫療卡如有遺失或遭盜竊，保單持有人須立即以書面形式通知藍十字。
- 於受保人終止受保或保單停止生效的情況下，保單持有人須收回並退還有關醫療卡予藍十字。否則，保單持有人及持卡人須負責所有因使用未退回醫療卡而引致的所有費用。
- 補發新醫療卡之服務費用為每張30港元。
- 保單持有人和持卡人須負責支付記帳於醫療卡之任何不在承保範圍內的不受保服務開支或超出保障金額的醫療費用；並同意於接獲書面付款要求後，立即向藍十字償付所有不受保或超額費用。逾期30天之欠款，將會徵收利息。
- 藍十字可於發出30天通知後撤銷醫療卡服務。
- 保單持有人明白有關醫療及護理服務是由獨立醫療機構提供，並同意藍十字與該等醫療機構就有關醫療及護理服務所引致的一切費用作出直接結帳及付款安排。
- 藍十字概不就有關醫療機構所提供之服務負責，並且不會就該等醫療機構之質素或勝任能力作出任何保證、聲明、確認或建議，而藍十字提供的任何資料亦不作此默示。
- 藍十字保留隨時修改以上條款之權利。

[#]所有遞交藍十字之醫療單據必須由主診醫生填寫及簽署並包括以下資料：

- 診症日期及所須治療之病症名稱；
- 每項服務所收取之費用明細表；及
- 持卡人繳付之費用。

如屬專科治療，必須附上由醫生簽署之介紹信。

Premium Worksheets (HK\$) 保費計算表(港元)

Employees Medical Contract (EMC 2009) 僱員醫療保障計劃

Hospital and Surgical Benefits 住院及手術保障

* Employee/Dependant Age 僱員/家屬年齡		2009MH1 Private 頭等房		2009MH2 Semi-Private 二等房		2009MH3 Ward 普通房		2009MH4 Ward 普通房		2009MH5 Ward 普通房	
		No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費
Employee/ Spouse 僱員/配偶	Up to 65 years old 65歲或以下		6,426		3,595		2,011		1,477		888
Child** 子女	15 days to 18 years old 15日至18歲		5,141		2,876		1,609		1,181		711
	19 to 23 years old 19至23歲		6,426		3,595		2,011		1,477		888

Major Medical Benefits Rider 重症醫療保障附約

* Employee/Dependant Age 僱員/家屬年齡		2009MM1 Private 頭等房		2009MM2 Semi-Private 二等房		2009MM3 Ward 普通房		2009MM4 Ward 普通房		2009MM5 Ward 普通房	
		No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費	No. of Insured 受保人數	Premium 保費
Employee/ Spouse 僱員/配偶	Up to 65 years old 65歲或以下		2,121		1,238		680		503		375
Child** 子女	15 days to 18 years old 15日至18歲		1,697		990		544		402		300
	19 to 23 years old 19至23歲		2,121		1,238		680		503		375

Outpatient Benefits Rider 門診保障附約

* Employee/Dependant Age 僱員/家屬年齡		2009MC1/2009MN1*		2009MC2/2009MN2*		2009MC3/2009MN3*		2009MC4/2009MN4*		2009MC5*					
		Premium 保費		Premium 保費		Premium 保費		Premium 保費		Premium 保費					
		No. of Insured 受保人數	80% 賠償	100% 賠償	No. of Insured 受保人數	80% 賠償	100% 賠償	No. of Insured 受保人數	80% 賠償	100% 賠償	No. of Insured 受保人數	80% 賠償			
Employee/ Spouse 僱員/配偶	Up to 65 years old 65歲或以下		3,585	4,660		2,541	3,303		1,970	2,562		1,585	2,060		1,529
Child** 子女	15 days to 18 years old 15日至18歲		5,377	6,989		3,812	4,956		2,956	3,842		2,377	3,090		2,294
	19 to 23 years old 19至23歲		3,585	4,660		2,541	3,303		1,970	2,562		1,585	2,060		1,529

Total Annual Premium
每年總保費

* MC - 80% Reimbursement 80%賠償
MN - 100% Reimbursement 100%賠償

† Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the application date, the premium rate will be based on your next age attained. Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date.

年齡以最近的生日日期計算。如你下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。

** Full-time Student identification has to be submitted for children aged 19-23. 家屬子女年齡19至23歲必須提供全日制學生證明。



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍龍騰雅道418號創紀之城5期東亞銀行中心29樓
Tel/電話: 3608 2988 Fax/傳真: 3608 2989
www.bluecross.com.hk

Employees Medical Contract Enrollment Form 僱員醫療保障計劃參加表格

Please use separate forms for different policy numbers and return to us 30 days prior to the effective date of coverage of such insured. 如屬不同保單號碼，請分開另表填寫，及在此受保人的保障生效日期前30天內交回本公司。
(This Form is to be read and construed in conjunction with the Employees Medical Contract Application Form. 此表格應依僱員醫療保障計劃申請表一併閱讀。)

Please complete this Form in **BLOCK LETTERS**. 請以英文正楷填寫下列部份。

Employer Name
僱主名稱

Medical Policy No.
醫療保單號碼

Sheet _____ of _____ Sheets
總 _____ 頁第 _____ 頁

Employee/Dependent Name (as on bank account) 僱員/家屬姓名(以銀行戶口姓名為準)	Occupation 職業	Class 類別	Sex 性別 (M/F) (男/女)	Marital Status ¹ 婚姻狀況 S/M/D	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	HKID Card/Passport No. 香港身分證/護照號碼	Date Joined Company (dd/mm/yy) 受僱日期 (日/月/年)	Date Joined Scheme (dd/mm/yy) 參加計劃日期 (日/月/年)	Relationship ² 關係 E/S/C	Bank Name and Account No. ³ 銀行名稱及戶口號碼			
										Bank Name 銀行名稱	Bank Code (3 digits) 銀行號碼 (3位數字)	Branch Code (3 digits) 分行號碼 (3位數字)	Account Code (9 digits) 戶口號碼 (9位號碼)
Surname 姓氏										Email Address ⁵ 電郵地址			
Given Name 名字										Email Address ⁵ 電郵地址			
										Email Address ⁵ 電郵地址			
										Email Address ⁵ 電郵地址			
										Email Address ⁵ 電郵地址			

Note 註:

1. Marital Status: S - Single 未婚 M - Married 已婚 D - Divorced 離婚
婚姻狀況: E - Employee 僱員 S - Spouse 配偶 C - Child⁴ 子女

2. Relationship Code: 關係:

3. The autopsy A/C No. shall apply to all dependants. Only bank account with 15 digits or below is acceptable. 所有受保家屬必須以同一戶口作為賠償過數之用。只接受15位數字或以下之戶口。
4. Please provide a copy of full-time student card as evidence for child who is of age 19 to 23. 19至23歲之子女請提供全日制學生證的副本以作證明。

5. Maximum of 40 characters is acceptable. 接受40位或以下字母。

Name & Title of Authorised Person
獲授權人姓名及職位

Signature of Authorised Person with Company Chop
獲授權人簽署及公司蓋章

Date (dd/mm/yy)
日期 (日/月/年)



Employees Medical Contract Application Form

僱員醫療保障計劃申請表

Please complete this form in **BLOCK LETTERS**.
請以英文正楷填寫下列部份。

(I) Details of Applicant 申請公司資料

Name of Policyholder
保單持有人名稱

Business Address
公司地址

Nature of Business
業務性質

Email Address
電郵地址

Is there any affiliated company to be covered? If "Yes" please attach supplementary sheet providing the same information as above.
是否包括附屬公司？如答案為「是」者，請另頁提供附屬公司的申請資料（所需資料同上）。

Yes No
是 否

Separate Billing
獨立賬戶

Yes No
是 否

Contact Person 聯絡人

Name
姓名

Title
職位

Contact Tel No.
聯絡電話

Fax No.
傳真號碼

(II) Details of Policy 保單資料

Policy Effective Date (Policy Renewal Date will be the same for each subsequent year)
保單生效日期 (往後每年的保單續保日期將會相同)

_____ dd 日 _____ mm 月 _____ yy 年

Will employer pay full premium?
僱主是否支付所有保費？

Yes No
是 否

Apply HealthCare Card (Outpatient Card)? * 申請醫療門診卡? *

Yes No
是 否

(* Please refer to the Terms & Conditions for using Blue Cross Healthcare Card as stated in Page 5.
請參考列載於第5頁的《藍十字醫療卡使用條款》。)

Claims Reimbursement Method 賠償付款方法

By Autopay to Employee Bank Account
自動轉帳至受保僱員銀行戶口

By Cheque to Employee
以支票付予受保僱員

Claims Advice Mailing Instruction 賠款通知書傳送方式

By Email
電郵

By Post
郵寄

(III) Eligibility for Membership 參加資格

All present employees (employed on or before Policy Effective Date) shall be eligible for benefit
所有現職員工(受聘於保單生效日或之前)的參加資格

Upon Policy Effective Date
於保單生效日生效

Follow the eligibility table as below
保單生效日期將根據下列資料而定

Class 類別	Description (i.e. Manager or above, all staff, etc.) 類別內容(如：經理或以上，所有員工等)	Dependant Coverage* 家屬保障*	New Employees (employed after Policy Effective Date) 新聘員工(受聘於保單生效日之後)
1.		<input type="checkbox"/>	<input type="checkbox"/> Immediate Coverage 即時生效 Or <input type="checkbox"/> After _____ months of Employment _____ 個月後生效(受僱滿)
2.		<input type="checkbox"/>	<input type="checkbox"/> Immediate Coverage 即時生效 Or <input type="checkbox"/> After _____ months of Employment _____ 個月後生效(受僱滿)
3.		<input type="checkbox"/>	<input type="checkbox"/> Immediate Coverage 即時生效 Or <input type="checkbox"/> After _____ months of Employment _____ 個月後生效(受僱滿)

*Dependant Coverage is offered to the spouse and child(ren) of the insured employees. Please tick in the appropriate box.
家屬保障提供予受保僱員之配偶及子女，並請在適當的空格內加上☑號。

(IV) Medical Cover 醫療保障資料 (Please tick in the appropriate box. 請於適當空格填上 號。)

Class 類別	Hospital and Surgical Benefits 住院及手術保障					Major Medical Benefits Rider 重症醫療保障附約	Outpatient Benefits Rider 門診保障附約								
							80% Reimbursement 80%賠償					100% Reimbursement 100%賠償			
2009	MH1	MH2	MH3	MH4	MH5		MC1	MC2	MC3	MC4	MC5	MN1	MN2	MN3	MN4
1.															
2.															
3.															

(V) Declaration 聲明

I/WE, HEREBY DECLARE AND AGREE:

- That the answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
- That the insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
- That the Applicant shall have the authority to provide the information requested on this application and to deal with, receive or request for information from the Company concerning the Insured(s) in relation to claims or any matters arising from the policy issued pursuant to this application. I/We further acknowledged that the Insured(s) have been explicitly informed that his/her/their personal data would be transferred to the Company for the purpose of this application and his/her/their rights under the Personal Data (Privacy) Ordinance. Any request(s) for access to and correction of personal information held by the Company can be made in writing to the Company's Corporate Data Protection Officer at 29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.
- That on behalf of the eligible Insured(s) of the Policyholder and the covered affiliated companies (if any), to accept the terms & conditions for using Blue Cross Healthcare Card (if applicable) as may be amended by the Company from time to time and to reimburse the Company for any ineligible expenses which are not covered by the policy or any expenses exceeding the benefit limit upon demand; and further understand all the medical services and healthcare providers are independent contractors, and the Company assumes no responsibilities for the services provided by the healthcare providers and no warranty, representation, endorsement or recommendation is given by or may be implied from any information provided by the Company about such healthcare providers in relation to their quality or competence.

本人 / 我們，謹此聲明並同意：

- 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及同意此申請書之內容及聲明將成為此項保險合約之承保根據。本人 / 我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
- 一概保障必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始可生效。
- 投保人有關提供本保單所需之資料，及就一切有關於受保人的索償或按本申請所簽發之保單的相關事宜，與貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人 / 我們並確認受保人已獲明確通知，其個人資料將會轉介予貴公司作辦理本申請之用，同時亦已知會受保人在有關個人資料（私隱）條例保障下所享有的一切權利。如有任何查閱及要求更正貴公司持有之個人資料，應以書面向貴公司的個人資料保障主任提出，地址為香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓。
- 代表保單持有人及受保附屬公司（如有）的所有合資格受保人接受藍十字醫療卡（如適用）之使用條款，及依照指示繳付任何不在承保範圍內的不受保服務開支或超出保障金額的醫療費用；更明白所有參與提供醫療及護理服務的機構均是獨立運作。本公司概不就有關醫療機構所提供之服務負責，並且不會就該等醫療機構之素質或勝任能力作出任何保證、聲明、確認或建議，而本公司提供的任何資料亦不作此默示。

The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and English version, the English version shall prevail.

本申請表的中文譯本只供參考之用，如有爭議，應以英文原義為準。

Date at 簽署地 HONG KONG	Signature of Authorised Person with Company Chop 獲授權人簽署及公司蓋章	Date (dd/mm/yyyy) 日期（日/月/年）
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For Agent/Broker Use Only 保險經紀/代理人專用

Agent/Broker Name 經紀/代理人姓名	Agent/Broker Code 經紀/代理人編號	Signature of Agent/Broker 經紀/代理人簽署
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Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong
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Tel電話：3608 2988 Fax傳真：3608 2989
www.bluecross.com.hk

Personal Health Record Form - Employees Medical Contract 個人健康紀錄 - 僱員醫療保障計劃

To be filled in **BLOCK LETTERS** by each person included in the policy. (Parents are required to fill in this form on behalf of children.) No claims will be processed unless the form is duly completed and returned. 每位申請加入醫療保險單內的受保人必須用英文正楷填寫此表格(父母可替子女填寫)。若未填妥交回，本公司概不處理索償。 Please return to us 30 days prior to the effective date of the policy. 請在保單生效日期前30天內交回本公司。

(I) Personal Information 個人資料

Name of Policyholder/Employer 保單持有人或僱主名稱		Policy No. 保單號碼		
Name of Insured (Employee/Dependant)(same as bank account) 受保人(僱員/家屬)姓名(以銀行戶口姓名為準)	Date of Birth (dd/mm/yy) 出生日期(日/月/年)	Sex 性別	HKID Card/Passport No. 香港身分證/護照號碼	Marital Status 婚姻狀況
Occupation/Job Nature 職業/工作性質	Email Address ¹ 電郵地址 ¹			
Bank Name 銀行名稱	Bank Account No. ² 銀行戶口號碼 ²			
Name of Employee (If Insured is a Dependant of Employee) 僱員姓名(倘受保人是僱員家屬)	Relationship of Insured with Policyholder/Employee ³ 受保人與保單持有人/僱員之關係 ³			
Date Joined Company (dd/mm/yy) 受僱日期(日/月/年)	Effective Date (dd/mm/yy) 生效日期(日/月/年)	Class 類別		

1. Maximum of 40 characters is acceptable. 只接受 40 位或以下字碼。 2. The autopay A/C No. shall apply to all dependants. Only bank account of employee with 15 digits or below is acceptable. 所有受保家屬必須以同一戶口作為賠償過數之用。只接受 15 位數字或以下之僱員銀行戶口。 3. Relationship Code 關係: E - Employee 僱員 S - Spouse 配偶 C - Child 子女 4. Please provide a copy of full-time student card as evidence for child who is of age 19 to 23. 19 至 23 歲之子女請提供全日制學生證的副本以作證明。

(II) Health Details 健康狀況

<input type="checkbox"/> Stone or kidney diseases 腎石或腎病	<input type="checkbox"/> Varicose Veins 靜脈曲張	<input type="checkbox"/> Rheumatic Fever 風濕熱	For Female Only 只適用於女性： <input type="checkbox"/> Gynecological conditions 婦科疾病 <input type="checkbox"/> Diseases/complications or conditions associated with pregnancy 與妊娠有關之疾病或其併發症 Please attach complete details for any other disorders/diseases not listed here. 任何以上未提及之其他疾病，請附上詳細資料。
<input type="checkbox"/> Ulcer of any kind 各類潰瘍症	<input type="checkbox"/> Hernia 疝氣	<input type="checkbox"/> Epilepsy 癲癇	
<input type="checkbox"/> Cancer or tumours of any kind 各類癌症或腫瘤	<input type="checkbox"/> Deviated nasal septum (or turbinates) 鼻中隔或鼻甲骨偏側	<input type="checkbox"/> Infection by Human Immunodeficiency Virus (HIV) 後天免疫能力缺乏症病毒感染	
<input type="checkbox"/> Asthma or respiratory diseases 氣喘病或呼吸疾病	<input type="checkbox"/> Hallux Valgus 姆趾外翻	<input type="checkbox"/> Gout 痛風	
<input type="checkbox"/> Mental disorder or psychiatric problems/diseases 精神病	<input type="checkbox"/> Diabetes 糖尿病	<input type="checkbox"/> Anal Fistulae 肛瘻	
<input type="checkbox"/> Venereal diseases 性病	<input type="checkbox"/> Hypertension 高血壓	<input type="checkbox"/> Alcoholism or drug addiction 酗酒或藥癮	
<input type="checkbox"/> Arthritis 關節炎	<input type="checkbox"/> Cardio Vascular or circulatory diseases 心臟血管或循環系統疾病	<input type="checkbox"/> Hepatitis B 乙型肝炎	
<input type="checkbox"/> Malaria 瘧疾	<input type="checkbox"/> Thyroid Diseases 甲狀腺病	<input type="checkbox"/> Others 其他	
<input type="checkbox"/> Hemorrhoids 痔瘡	<input type="checkbox"/> Spinal or muscular skeletal conditions/diseases 脊椎或肌肉及骨骼病		

- During the last five years, have you suffered from or been treated for any of the above disorders/diseases? If "Yes", please tick the appropriate items above. 在過去5年內，你是否曾感染上列疾病或接受有關治療？若「是」，請於上列適當空格內劃上☑號。 Yes 是 No 否
- During the last five years, have you been in a hospital or sanitorium for surgery, observation or treatment? 在過去5年內，你是否曾經在醫院或療養院內接受外科手術、診察或治療？ Yes 是 No 否
- Are you currently under observation or taking any treatment or medication? 你是否現正接受健康診察、治療或服用藥物？ Yes 是 No 否
- Have you ever had any medical, hospitalisation, accident or life insurance application rejected or policy cancelled, rated or restricted? 你是否曾經在投保醫療險、住院險、或人壽險時，申請書被拒絕接受或保險單被取消、加費或限制？ Yes 是 No 否

If you answered "Yes" to any of the above questions 1 to 4, please give details including medical history, diagnosis, care & treatment received, date of last consultation and related medical reports, etc. (If the space provided is insufficient, please use a separate sheet.) 若上述 1 至 4 項問題的答案為「是」者，請詳述過往之健康狀況、症狀、所接受之護理及治療、上次求診日期以及有關之醫療報告等。(若空位不足，請另頁詳加說明)

(III) Declaration and Authorisation 聲明及授權

I/WE HEREBY DECLARE AND AGREE:

1. That the answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.

2. That authorisation shall be given to any physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, or any individual or organisation/institution that has any records or knowledge of my/our or the insured's health and medical history or any treatment or advice that has been or may hereafter be consulted to disclose such information to the Company or its authorised representative. A photocopy of this authorisation shall have the same effect as the original.

本人/我們，謹此聲明並同意：

1. 上述所有問題的答案包括所有資料及細節均是準確無誤、真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請書之內容及聲明將為此項保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字(亞太)保險有限公司(「貴公司」)任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。

2. 授權任何醫生、醫學界執業人士、醫院、診所及其他醫療機構、保險公司或任何知悉本人/我們的健康狀況及病歷或任何治療或諮詢紀錄及曾為或將為本人/我們診治之機構組織及人士向貴公司或其代理人透露有關資料。此授權書之正本及副本皆具同等效力。

Personal Information Collection Statement 收集個人資料聲明

I/We understand and agree that any personal information collected or held by the Company (whether contained herein or otherwise obtained verbally or in writing) may be used, stored, disclosed, or transferred (within or outside Hong Kong) to any individuals/organisations associated with the Company or to any third party for the Company may consider necessary including any other company carrying on insurance or reinsurance related business, any intermediary, claims investigator, medical facilities, other service providers relevant to the insurance business, professional advisor, government authority, or industry association/association for the purposes of: (1) processing this application/request and provision of insurance or financial related product or service or any addition, alteration, variation, cancellation, renewal, or reinstatement thereof; (2) any scope of insurance coverage, claim processing, investigation, or analysis and data matching; (3) promotion of financial products or services by the Company and its affiliated companies; (4) communicating with me/us/the insured or any relevant organization/person as the Company considers appropriate; and (5) meeting any disclosure requirements imposed by law or court order or pursuant to guidelines issued by regulatory or other relevant authorities. I/We have the right to access and to request correction of any personal information concerning myself/ourselves held by the Company. I/We understand that if I/we do not want my/our personal information to be used for the purpose (3) above, I/we may notify the Company at any time. Such request(s) or notice(s) can be made in writing to the Company's Corporate Data Protection Officer at 29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

本人/我們明白並同意由貴公司收集或持有的任何個人資料(不論是否載於此或由其他途徑以口頭或書面形式取得)，均可供使用、儲存、透露或轉交予(香港境內或境外)任何與貴公司有關人士/機構或貴公司認為有需要的任何第三者，包括其他從事保險或再保險業務有關的公司、中介人、理賠調查員、醫療機構、與保險業務有關的服務供應商、專業顧問、政府機關、或保險業組織或協會，用於：(1) 處理此申請/要求及提供有關保險或財務的產品或服務，或該等產品或服務的增、改、轉、更、取、消、更新或復效；(2) 任何有關保險範圍的事項、賠償審理、調查、分析及資料配對；(3) 任何貴公司及相關聯公司的財務產品或服務推廣；(4) 與本人/我們/受保人或貴公司認為合適的有關機構/人士的通訊；及(5) 符合法律或法院頒令的資料披露規定；或根據監管或其他有關機構所發出的指引而作出披露。本人/我們有權查閱及要求更正貴公司持有有關本人/我們的個人資料。本人/我們明白如不接受將個人資料用於上述第(3)點目的，本人/我們可隨時通知貴公司。該(等)要求或通知應以書面向貴公司的個人資料保障主任提出，地址為香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓。

Date (dd/mm/yy) 日期(日/月/年)	Signature of Insured 受保人簽署
Name & Title of Authorised Person 獲授權人姓名及職位	Signature of Authorised Person with Company Chop 獲授權人簽署及公司蓋章
	Date (dd/mm/yy) 日期(日/月/年)

*The Chinese copy of this health record form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail. 本健康紀錄的中文譯本只供參考之用，如有爭議，請以英文原義為準。

Blue Cross (Asia-Pacific) Insurance Limited

Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a member of The Bank of East Asia Group. With nearly 40 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services, including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers.

Throughout the years, Blue Cross has received major awards in recognition of its contributions in the spheres of insurance provision and customer service, such as The Best Recommendation Awards 2008, Quality Life Awards 2008 – Quality Insurance Service Award, Capital Weekly Service Award 2008 – Medical Insurance, The Most Popular Travel Insurance Company Award (2005-2008), Caring Company (2005/06 and 2008/09), Hong Kong Award for Services – Innovation Award of the Year, Asia Pacific Customer Relationship Excellence Award – Innovative Technology of the Year, High Flyer Achievement Award – Health Insurer, Superbrands status, and Hong Kong Top Service Brand Awards – Emerging Service Brand.

藍十字(亞太)保險有限公司

藍十字(亞太)保險有限公司(「藍十字」)乃東亞銀行集團成員，於香港經營保險業務近40年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。

多年來，藍十字屢獲殊榮，引證了其在保險及客戶服務上的卓越成就。獲頒獎項包括「2008最佳保險服務大獎」、「2008優質生活大獎—優質保險服務大獎」、「資本一週服務大獎2008—醫療保險」、「最受歡迎旅遊保險公司大獎」(2005-2008)、「商界展關懷公司」(2005/06及2008/09)、「香港服務業獎—創意獎」、「亞太顧客服務協會—最佳創意科技獎」、「傑出企業成就獎—醫療保險」、「超級品牌」及「香港服務名牌選舉—最具潛質服務品牌」等。



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

Blue Cross (Asia-Pacific) Insurance Limited

藍十字(亞太)保險有限公司

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