



SunMaster Employee Benefits Group Life Insurance Program

**A Comprehensive
Benefit Solution
for Your Employees**



Sun Life
永明金融

Comprehensive • Simple • Affordable

YOUR SOLUTION

SunMaster Employee Benefits – Group Life Insurance Program is an affordable solution designed to meet the needs of Hong Kong SMEs that have 3 to 50 employees. The program offers employers a competitive scope of group life and accident benefits which is also simple in design making it easy to share with your employees. In addition, it is an affordable solution giving you the benefit of being able to limit your benefits spending while still standing out from the crowd as a caring employer.

FEATURES HIGHLIGHT

Comprehensive coverage

- All-in-one group life insurance program includes Life Benefit (with Simplified Critical Illness and Terminal Illness Benefits) and Accidental Death and Disablement Benefit
- A maximum of 5 benefit levels for selection
- Extended coverage to senior employees aged up to 69¹
- Worldwide Emergency Assistance Benefits² including medical evacuation, repatriation after treatment, repatriation of mortal remains/ashes and compassionate visit, etc.

Simple application procedure

- No medical examination is required
- Groups with 10 employees or less are required to complete the health declaration only for confirmation of eligibility³

Affordable premium

- No minimum policy premium is required
- The annual premium per employee starts from just HKD155 subject to the employees' attained age and the level of coverage selected
- A very cost-effective way to provide employee benefits

¹ Extended coverage is applicable for those who are insured under the Policy before attaining the age of 65. For Insureds aged from 65 to 69, standard underwriting will be applicable at each Policy Anniversary and only Life Benefit (excluding Simplified Critical Illness Benefit and Terminal Illness Benefit) shall be provided.

² The Worldwide Emergency Assistance Benefits is provided by a third party company, Inter Partner Assistance Hong Kong Limited ("I.P.A.") and is not guaranteed renewable. The types and limit of services provided by I.P.A. are governed by the Emergency Assistance Benefits Provisions of I.P.A.. Please refer to the Provisions for the latest service details.

³ Sun Life Hong Kong Limited reserves the right to reject providing coverage to any individual employee who cannot pass the underwriting based on his/her declaration of insurability.

COVERAGE

1. Life Benefit - with Simplified Critical Illness and Terminal Illness Benefits

(a) Life Benefit

- A lump sum equals to the face amount of the life insurance is payable if the Insured Member dies due to any cause

(b) Simplified Critical Illness Benefit⁴

- Advance 50% of the face amount of the Life Benefit to the Insured Member if he/she is diagnosed by a registered western Medical Practitioner to be suffering from any one of the following Critical Illnesses before age 65:
 - Kidney Failure;
 - Paralysis; and
 - Coma

(c) Terminal Illness Benefit⁵

- Advance 50% of the face amount of the Life Benefit to the Insured Member if he/she is diagnosed to be suffering from any terminal illness and is certified by a registered Medical Practitioner of imminent death within 6 months from the date of certifying such illness before age 65

2. Accidental Death and Disablement Benefit

- A lump sum up to the face amount of the Accidental Death and Disablement Benefit is payable if the Insured Member has suffered loss of life or sustained the following losses caused solely by accidental means before age 65:
 - Loss of two limbs or permanent total loss of use of two limbs;
 - Loss of sight of one or both eyes;
 - Permanent loss of speech and hearing;
 - Major burns, etc.

3. Worldwide Emergency Assistance Benefits⁶

- If Insured Member suffers injury or sickness or is in need of medical, legal, administrative or emergency assistance while outside of his/her Country of Residence, Inter Partner Assistance Hong Kong Limited (IPA) will directly provide the Emergency Assistance Services and Benefits, such as medical evacuation, repatriation after treatment, repatriation of mortal remains/ashes and compassionate visit, etc.

SCHEDULE OF BENEFITS

Type of Benefits	Amount of Insurance (HKD)				
	Benefit Code				
	SML01	SML02	SML03	SML04	SML05
Life Benefit (with Simplified Critical Illness and Terminal Illness Benefits)	100,000	200,000	300,000	400,000	500,000
Accidental Death & Disablement Benefit [#]	100,000	200,000	300,000	400,000	500,000
<i>The Amount of Insurance for Simplified Critical Illness or Terminal Illness Benefits shall equal 50% of the Amount of Insurance of Life Benefit.</i>					
<i>Insureds aged under 65 are automatically covered for Life (with Simplified Critical Illness and Terminal Illness) and Accidental Death & Disablement Benefits once accepted into the Policy.</i>					

[#] The benefit payable resulting from any one accident shall not exceed the maximum benefit of Accidental Death & Disablement Benefit stated in the Schedule of Losses and Benefits at the Policy Document.

4 Upon admittance of any claim under Simplified Critical Illness Benefit by Sun Life Hong Kong Limited, the amount of Life Benefit shall be reduced by the total amount of paid or payable under this benefit. This benefit will terminate after any one of the stated Critical Illnesses is successfully claimed. No payment shall be made under this benefit if a claim has been admitted and paid under the Terminal Illness Benefit prior to the payment.

5 Upon admittance of any claim under Terminal Illness Benefit by Sun Life Hong Kong Limited, the amount of Life Benefit shall be reduced by the total amount of paid or payable under this benefit. This benefit will terminate after Terminal Illness Benefit is successfully claimed. No payment shall be made under this benefit if a claim has been admitted and paid under the Simplified Critical Illness Benefit prior to the payment.

6 The Worldwide Emergency Assistance Benefits is provided by a third party company, Inter Partner Assistance Hong Kong Limited ("I.P.A.") and is not guaranteed renewable. The types and limit of services provided by I.P.A. are governed by the Emergency Assistance Benefits Provisions of I.P.A.. Please refer to the Provisions for the latest service details.

PREMIUM TABLE

Attained Age	No. of Insured Employees	Annual Premium (HKD)				
		SML01	SML02	SML03	SML04	SML05
15 - 30	Below 20	155.00	310.00	465.00	620.00	775.00
	20 or above	147.25	294.50	441.75	589.00	736.25
31 - 50	Below 20	305.00	610.00	915.00	1,220.00	1,525.00
	20 or above	289.75	579.50	869.25	1,159.00	1,448.75
51 - 60	Below 20	700.00	1,400.00	2,100.00	2,800.00	3,500.00
	20 or above	665.00	1,330.00	1,995.00	2,660.00	3,325.00
61 - 64	Below 20	1,261.00	2,522.00	3,783.00	5,044.00	6,305.00
	20 or above	1,197.95	2,395.90	3,593.85	4,791.80	5,989.75
65 - 69*	Below 20	1,795.00	3,590.00	5,385.00	7,180.00	8,975.00
	20 or above	1,705.25	3,410.50	5,115.75	6,821.00	8,526.25

* The above premiums are only applicable for those who are insured under the Policy before attaining age of 65.

ELIGIBILITY & REQUIREMENTS

Minimum number of participating employees	3 enrolled employees^ are required for policy issuance
Age Limit	<ul style="list-style-type: none"> ■ Aged between 15 to 64; and ■ Aged between 65 to 69 (for renewal only)
Occupational Class#	<ul style="list-style-type: none"> ■ Applicable for occupational classes 1 - 2 only <ul style="list-style-type: none"> • Class 1 – White collar staff involved in management and office duties (e.g. accountant and clerk, etc.); and • Class 2 – Blue collar and supervisory staff involved in light manual labour (e.g. retail shop worker, salesmen (outdoor) and hair dresser, etc.)
Maximum Number of Plan	<ul style="list-style-type: none"> ■ 1 plan for the group of 5 employees or less; ■ 2 plans at most for the group of 6 to 20 employees; ■ 3 plans at most for the group of 21 employees or more
Underwriting Requirements	<ul style="list-style-type: none"> ■ Simplified underwriting is required for groups with 10 employees or less through employees' health declaration ■ Normal underwriting is required on a yearly basis for employees who are aged 65 to 69
Special Discount & Payment	<ul style="list-style-type: none"> ■ Groups with 20 employees or more can enjoy 5% premium rate discount ■ Payment is in annual mode ■ The employer pays all the premiums
Participation	<ul style="list-style-type: none"> ■ All eligible employees must participate

^ Enrolled employees means eligible insured members after underwriting.

Occupational class is determined by Sun Life Hong Kong Limited ("Sun Life Hong Kong") and reviewed from time to time. If the employees' duties have been subsequently changed after enrollment and fall outside the above Occupational Classification, the employer is required to inform Sun Life Hong Kong to exclude the insured member from the policy. Please contact Sun Life Hong Kong for more details.

General Exclusions

I. Key Exclusions

We will not pay any claims or expenses directly or indirectly caused by or resulting from any of the following:

- Exclusions for Simplified Critical Illness Benefit
 1. Any pre-existing or recurring critical conditions which was diagnosed or sought medical advice or treatment for symptoms prior to the effective date of coverage;
 2. war whether declared or not or riot;
 3. suicide or self-inflicted injury while sane or insane;
 4. intentionally self-inflicted injuries;
 5. intoxication by alcohol, narcotics, drugs, medicine, sedative or poison not prescribed by a Medical Practitioner;
 6. poison, gas or fumes whether voluntarily or involuntarily taken other than in a fire accidental to the Insured;
 7. pregnancy, childbirth, miscarriage, abortion and all complications in connection therewith;
 8. unreasonable failure to seek or follow medical advice;
 9. the Insured's committing or attempting to commit a criminal offence or participating in any brawl; or
 10. Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.
- Exclusions for Accidental Death and Disablement Benefit
 1. War whether declared or not or riot;
 2. aviation except as a fare-paying passenger with a licensed carrier on a scheduled air-route or a licensed charter service;
 3. participation in any hazardous sport which includes but is not limited to any kind of racing on horse or wheel, any form of combat or any underwater activities requiring the use of breathing apparatus; or
 4. suicide or self-inflicted injury while sane or insane.
- Exclusions for Worldwide Emergency Assistance Benefits
 1. Pre-existing conditions which manifested themselves prior the commencement of the trip;
 2. pregnancy, maternity or any related complications;
 3. Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, deep-sea diving utilizing a hard helmet with air hose attachments, scuba-diving, water motorcycling, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes or guides, parachuting or martial arts;
 4. costs which would have been payable if the event giving rise to the intervention of Inter Partner Assistance Hong Kong Limited ("I.P.A.") had not occurred;
 5. any treatment that can be reasonably delayed according to I.P.A.'s doctor's opinion until the Insured returns to his or her Country of Residence;
 6. drug addiction or abuse, alcohol abuse, sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases;
 7. congenital abnormalities;
 8. injuries sustained or illnesses contracted as a result of participation in illegal acts;
 9. services rendered without the authorization and/or intervention of I.P.A.;
 10. expenses incurred where the Insured, in the opinion of the I.P.A.'s doctor, is physically able to return to his or her Country of Residence sitting as a normal passenger and without a medical escort;
 11. medical conditions related to psychiatric disorders; or
 12. the Insured's engaging in any form of aerial flight except as a fare paying passenger on a regular scheduled flight or licensed charter aircraft over an established route.

The final list of exclusion is subject to the group insurance policy issued by Sun Life Hong Kong Limited.

II. Key Product Risks

1. The cost of living and medical cost in the future are likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet the Insureds' needs even if Sun Life Hong Kong Limited ("Sun Life Hong Kong") meets its contractual obligation. The Policy Owner should hence consider the impact of inflation when planning the benefit for its Insureds.
2. This plan is an insurance policy issued by Sun Life Hong Kong and the benefits are subject to the paying ability of Sun Life Hong Kong. In the event that Sun Life Hong Kong becomes insolvent and is unable to meet the contractual obligation under the policy, the Policy Owner and Insureds with premium contribution (if applicable) may lose all or part of their premium paid and benefits.
3. This plan is not guaranteed renewable.
4. Renewal premium may be adjusted according to the overall loss ratio and member censuses such as age and sex of the SunMaster Employee Benefits. Sun Life Hong Kong shall have the right to accept or reject any application and offer renewal.
5. i. Sun Life Hong Kong has the right to terminate this policy upon the earliest of the following:
 - a. Premium is still unpaid and the grace period[#] expires; or
 - b. On any Premium due date when fewer than the total number of Insureds then eligible for insurance are insured hereunder, if the insurance plan is non-contributory, or less than seventy-five (75) percent of the total number of Insureds then eligible, if the insurance plan is contributory, provided that Sun Life Hong Kong shall give the Policy Owner at least 30 days' notice of its intent to terminate.
- ii. After termination of this policy, the Policy Owner may apply for reinstatement which shall be subject to the consent of Sun Life Hong Kong and to the terms and conditions which Sun Life Hong Kong may impose including the payment of any premium due and not paid together with interest at a rate to be decided upon by Sun Life Hong Kong.
- iii. The benefit riders (if any) shall automatically terminate on the discontinuance of Life Insurance Policy. Any benefit riders on any individual insured shall terminate automatically on the Insured's Benefit cessation age or his sixty-five (65) birthday or on the occurrence of any losses under a benefit rider for such Insured which Sun Life Hong Kong has assessed and admitted as benefit payable, whichever is the earlier.

[#]See point 3 of Important Information.

III. Important Information

1. The policy shall be effective subject to the completion of Application Form and payment in advance of the first premium due on the Policy Effective Date.
2. This product brochure is a product summary intended for reference and use in Hong Kong only. Please refer to the Policy Document for definition of capitalized terms, and full terms, conditions and exclusions. If there is any conflict between the Policy Document and this brochure, the Policy Document shall prevail.
3. A grace period of thirty (30) days from the Premium due date will be allowed for the payment of each Premium after the first. During the grace period, this Policy will remain in force unless terminated and accordingly, if an Insured shall die or the event on which the insurance become payable shall occur, the Company will, subject to the terms and conditions of this Policy, pay the insurance. If any Premium with respect to any or all Insureds or any class of Insureds is not paid before the expiration of the grace period, the insurance under this Policy shall automatically discontinue with respect of all such Insureds at the expiration of the grace period, except that if the Policy Owner shall have given the Company written notice in advance of discontinuance at the commencement of or during the grace period, the insurance under this Policy shall discontinue with respect to all such Insureds as of such earlier date. The Policy Owner will be liable to the Company for all unpaid Premiums with respect to any Insured for the period (including a pro-rata premium for the grace period or fraction thereof) during which the insurance under this Policy was in force with respect to such Insureds.
4. Under the Insurance Ordinance (Cap. 41), Insurance (Levy) Order and Insurance (Levy) Regulation, all in-force policies are subject to a levy. The levy rate and the maximum levy payable per Policy Year is set out in the below table.

Policy Inception Dates / Policy Anniversary Dates (Both dates inclusive)	Levy rate	Maximum Amount of Levy (HKD) per Policy Year for Group Life Policy	Maximum Amount of Levy (HKD) per Policy Year for Group Medical policy
1 January 2018 to 31 March 2019	0.040%	40	2,000
1 April 2019 to 31 March 2020	0.060%	60	3,000
1 April 2020 to 31 March 2021	0.085%	85	4,250
1 April 2021 onwards (Inclusive of that date)	0.100%	100	5,000

5. Levy payable is calculated at applicable levy rate of premium.
6. Policy Owners shall pay the levy in FULL on each premium payable.
7. Levy collected will be remitted to the Insurance Authority in accordance with the prescribed arrangements.

For more information, please contact your Sun Life Financial Consultant / insurance intermediary

Sun Life Hong Kong Limited

(Incorporated in Bermuda with limited liability)

Client Service Centre

Ground Floor, Cheung Kei Center Tower B, No. 18 Hung Luen Road, Hung Hom, Kowloon

Hotline: (852) 3183 2099

www.sunlife.com.hk

A member of the Sun Life group of companies. Head Office in Toronto, Canada.

Issued by Sun Life Hong Kong Limited
Printed in June 2022

Application Form for SunMaster Employee Benefits – Group Life Insurance Program 永明僱員福利計劃系列 – 智選團體人壽保險計劃投保書



APPLICATION PROCEDURE 申請程序

Please submit the following items with your completed SunMaster Employee Benefits – Group Life Insurance Program Application Form for our processing:

請將填妥之智選團體人壽保險計劃投保書連同下列文件一併遞交，以便處理申請：

- Employee Enrolment Form for SunMaster Employee Benefits – Group Life Insurance Program fully completed
已填妥之智選團體人壽保險僱員登記表格
- Declaration of Insurability fully completed by each employee (for the group with 10 employees or less)
每一位僱員已填妥之可保資料聲明（僱員人數為十人或以下的團體）

Please complete in ENGLISH and in BLOCK LETTERS and tick (✓) where appropriate. 請以英文正楷填寫及在適當方格內填上 (✓) 號。

SECTION I DETAILS OF THE APPLICANT / PROPOSED POLICY OWNER 第一部分 投保人／建議保單持有人詳情

1. Applicant / Proposed Policy Owner 投保人／建議保單持有人 _____

Is the Applicant / Proposed Policy Owner a company listed on any stock exchange? 投保人／建議保單持有人是否上市公司？

☐ Yes 是 ☐ No 否 If yes, please specify the place of listing 如是，請列明上市地點 _____

2. Business Address 公司地址 _____

Contact Person 聯絡人 _____ Title 職位 _____ Telephone No. 電話號碼 _____

Fax No. 傳真號碼 _____ Email Address 電郵地址 _____

3. Please provide the following information of an e-Services contact person who acting on behalf of the Authorized Person of the Applicant / Proposed Policy Owner to receive the Username and Password issued by Sun Life Hong Kong Limited for providing your company particulars information (e.g. Authorized Persons / Beneficial Owners / Senior Managing Officials / Directors etc.) and accessing the Insureds' data in Group Insurance e-Services. Username and Password will be sent directly to the below email address. Please note that the maximum length of the email address is 50 characters. 請提供代表投保人／建議保單持有人之授權人的網上服務聯絡人之以下資料，以接收由香港永明金融有限公司發出之有關網上服務的用戶名稱及密碼，並作為在團體保險網上服務內提供貴公司資料之詳情（例如：授權人／實益擁有人／高級管理人員／董事等）及查詢受保人資料。用戶名稱及密碼將會直接寄到以下電郵地址。請注意電郵地址不能多於50個字母。

☐ Same as #2 above 與以上 #2 項相同 ☐ If different, please specify below 如不同，請在下列註明：

Name 姓名 _____ Title 職位 _____ Telephone No. 電話號碼 _____

Email Address for Registration 登記電郵地址 _____

4. Place of Incorporation 成立地方 ☐ Hong Kong 香港 ☐ Other (Please specify) 其他（請註明） _____

Date and Number of Registration / Incorporation 公司註冊／成立日期及號碼 ☐ N/A 不適用 ☐ Refer to certified true copy of certificate of incumbency 參考註冊資料證明書之認證副本

☐ Refer to Certificate of Incorporation or Certificate of Registration of Overseas Company 參考公司註冊證書或海外公司登記證明書

Form of Incorporation 成立之類別 ☐ Sole Proprietor 獨資 ☐ Partnership 合夥 ☐ Limited Company 有限公司 ☐ Charitable Institution 慈善團體

☐ Other (Please specify) 其他（請註明） _____

Registered Office Address in the Place of Incorporation 成立地方的註冊公司地址 ☐ N/A 不適用 ☐ Refer to annual return 參考周年申報表

☐ Refer to certified true copy of certificate of incumbency 參考註冊資料證明書之認證副本

Business Registration Number 商業登記證號碼 ☐ N/A 不適用 ☐ Refer to business registration certificate 參考商業登記證

Nature of Business 業務性質 _____ Name of Regulator 監管機構名稱 _____

5. Please complete this section if you are applying for group life insurance for and on behalf of any third parties for example your affiliated companies or subsidiaries. Note 1, 2 倘若閣下欲為第三者如附屬公司或子公司申請本團體人壽保險計劃，請填寫以下部分 備註 1, 2：

Name of Third Party 第三者名稱 _____

Business Address 公司地址 _____

Business Registration Number 商業登記證號碼 ☐ N/A 不適用 ☐ Refer to business registration certificate 參考商業登記證

Notes 備註：

- Use a separate sheet to provide additional necessary information if more space is needed.
如位置不敷應用，請另紙填寫。
- Affiliated companies / subsidiaries shall be a corporation or legal entity.
附屬公司／子公司須為公司或法團。

SECTION II ELIGIBILITY 第二部分 參加資格

☐ For full time permanent employees upon completion of _____ month(s) of employment 全職長期僱員服務滿 _____ 個月後 (unless the effective date is otherwise specified in the "Report of New Employee/Dependent" Form or related notification) (於新增僱員／家屬申報表格或相關通知內另有註明生效日期除外)

SECTION III PLAN INFORMATION 第三部分 計劃詳情

Objective in sourcing group insurance 購買團體保險的目的

☐ Offering the insurance as part of a competitive employee benefit package 提供保險以增加僱員福利的競爭力

☐ Provide group insurance coverage for employees 提供團體保險的保障給僱員

☐ Sourcing a group insurance within budget 在預算範圍內購買團體保險

☐ Others 其他 _____

No. of Employees/Members 僱員／成員數目 _____

Policy Effective Date 保單生效日期 _____ / _____ / _____ (dd日 / mm月 / yyyy年)

Policy Anniversary Date 保單周年日 01 / _____ (mm月)

Plan 計劃	Definition of Insureds 受保人分類	Benefit Code 福利編號
1		SML
2		SML
3		SML

SECTION IV CHOICE OF BENEFITS & PREMIUM TABLE 第四部分 保障選擇及保費表

Type of Benefits 保障類別	Amount of Insurance (HK\$) 保障金額 (港幣)					Attained Age 實際年齡	No. of Insured Employee 受保僱員人數	Annual Premium (HK\$) 全年保費 (港幣)				
	Benefit Code 福利編號							Benefit Code 福利編號				
	SML01	SML02	SML03	SML04	SML05			SML01	SML02	SML03	SML04	SML05
Life (with simplified Critical Illness and Terminal Illness) 人壽保障 (附有精簡危疾保障及末期危疾保障)	100,000	200,000	300,000	400,000	500,000	15-30	Below 20 20人或下	155.00	310.00	465.00	620.00	775.00
							20 or above 20人或以上	147.25	294.50	441.75	589.00	736.25
						31-50	Below 20 20人或下	305.00	610.00	915.00	1,220.00	1,525.00
							20 or above 20人或以上	289.75	579.50	869.25	1,159.00	1,448.75
Accidental Death & Disablement 意外身故及傷殘保障	100,000	200,000	300,000	400,000	500,000	51-60	Below 20 20人或下	700.00	1,400.00	2,100.00	2,800.00	3,500.00
							20 or above 20人或以上	665.00	1,330.00	1,995.00	2,660.00	3,325.00
The Amount of Insurance for Simplified Critical Illness or Terminal Illness Benefits shall equal 50% of the Amount of Insurance of Life Benefit. 精簡危疾或末期危疾之保障金額相等於人壽保障金額之百分之五十。						61-64	Below 20 20人或下	1,261.00	2,522.00	3,783.00	5,044.00	6,305.00
							20 or above 20人或以上	1,197.95	2,395.90	3,593.85	4,791.80	5,989.75
Insureds aged under 65 are automatically covered for Life (with Simplified Critical Illness and Terminal Illness) and Accidental Death & Disablement once accepted into the Policy. 人壽、意外身故及傷殘、精簡危疾及末期危疾保障將於受保後自動給予六十五歲以下受保人。						65-69	Below 20 20人或下	1,795.00	3,590.00	5,385.00	7,180.00	8,975.00
							20 or above 20人或以上	1,705.25	3,410.50	5,115.75	6,821.00	8,526.25

Notes 備註：

3. Upon admittance of any claim under Simplified Critical Illness Benefit or Terminal Illness Benefit by Sun Life Hong Kong Limited, the Amount of Insurance of Life Benefit shall be reduced by the total amount paid or payable under the Benefits.
當香港永明金融有限公司接納精簡危疾保障或末期危疾保障的賠償申請時，人壽保障的保險金額將會因應已賠償或應付賠償的精簡危疾保障或末期危疾保障福利而作出相應扣減。

4. The above premiums are only applicable for those who were insured under the Policy before attaining the age of 65. For Insureds aged from 65 to 69, standard underwriting will be required at each Policy Anniversary and only Life Benefit (excluding Simplified Critical Illness Benefit and Terminal Illness Benefit) shall be provided after satisfactory underwriting.
以上保費只適用於於六十五歲前已受保於計劃內之受保人。而年齡介乎六十五歲至六十九歲之受保人，須於每保單周年接受健康審核，若審核結果滿意，將可享有人壽保障（不包括精簡危疾保障及末期危疾保障）。

5. Groups with 20 employees or more as at Policy Effective Date or subsequent Policy Anniversary can enjoy a 5% discount on the total annual premium.
於保單生效日或其後保單周年日的受保僱員人數為二十人或以上可享有九五折保費優惠。

6. The premium rates are not guaranteed. Sun Life Hong Kong Limited reserves the right to renew the premium rates on a yearly basis.
本計劃之保費為非保證保費。香港永明金融有限公司保留按年檢討計劃保費的權利。

SECTION V PREMIUM DEPOSIT PAYMENT 第五部分 暫繳保費

☐ A crossed cheque payable to "Sun Life Hong Kong Limited" for HK\$ _____ is attached to this application as premium deposit.
現附上新付「香港永明金融有限公司」之劃線支票合共港幣 _____ 元作為此申請之暫繳保費。

☐ No deposit of premium is attached with this application. Payment will be made upon receipt of invoice.
本申請並未附有暫繳保費，保費將於接獲發票後繳付。

SECTION VI INFORMATION OF AUTHORIZED PERSON(S) 第六部分 授權人資料

Any of the following signatories will be authorized (as Authorized Person(s)) to handle all group insurance related matters with the Company. If there are any changes in the following information, please inform the Company in writing immediately.

下列任何一個簽署人將獲授權代表本人／吾等辦理與公司所有團體保險相關事宜，如以下資料有任何更改，請以書面立即通知公司。

Signature Specimen 簽署式樣				Signature Specimen 簽署式樣			
Name ^{Note 7, 8} 姓名 ^{備註 7, 8}		Nationality 國籍		Name ^{Note 7, 8} 姓名 ^{備註 7, 8}		Nationality 國籍	
Date of Birth 出生日期 (dd 日 / mm 月 / yyyy 年)		Title 職位		Date of Birth 出生日期 (dd 日 / mm 月 / yyyy 年)		Title 職位	
HKID Card / Passport No. ^{Note 7} 香港身份證／護照號碼 ^{備註 7}				HKID Card / Passport No. ^{Note 7} 香港身份證／護照號碼 ^{備註 7}			
Additional Information 附加資料				Additional Information 附加資料			
Former Name 曾用姓名				Former Name 曾用姓名			
Place of Birth 出生地點				Place of Birth 出生地點			
Gender 性別 (Male / Female 男／女)				Gender 性別 (Male / Female 男／女)			
Residential Address 居住地址				Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表		<input type="checkbox"/> If different, please specify below 如不同，請在下列註明：		<input type="checkbox"/> Refer to annual return 參考周年申報表		<input type="checkbox"/> If different, please specify below 如不同，請在下列註明：	

Notes 備註：

7. Same as identity document. Please provide a copy of HKID Card / Passport of the above Authorized Person.

與身份證明文件相同。請提交上述授權人的香港身份證或護照副本。

8. Only accept authorization by a Director / Beneficial Owner listed in the latest Annual Return or the certified true copy of certificate of incumbency of the Applicant / Proposed Policy Owner. If the Authorized Person is not the Director / Beneficial Owner, please provide authorization letter or board resolution or certification by independent department for the person acting on behalf of the Applicant / Proposed Policy Owner. 只接受申請人／建議保單持有人的最近週年報表或註冊資料證明書之認證副本內之董事／實益擁有人之授權，若授權人並非董事／實益擁有人，請就簽署人代表該申請人／建議保單持有人行事提供授權書或董事會議記錄或獨立部門發出的證明。

SECTION VII INFORMATION OF ALL BENEFICIAL OWNERS 第七部分 所有實益擁有人資料[#]

Please select one of the following 請選擇以下其中一項：

☐ No Beneficial Owner, please complete the below information for a Senior Managing Official^A of the Applicant / Proposed Policy Owner 請於以下填寫投保人／建議保單持有人之高級管理人員^A的資料

OR 或

☐ Please complete below information for all Beneficial Owners 請於以下填寫所有實益擁有人的資料

[#] Beneficial Owner(s) means 實益擁有人是指：

(A) in relation to a corporation 就法團而言，

- (i) means an individual who (a) owns or controls, directly or indirectly, including through a trust or bearer share holding, over 25% of the issued share capital of the corporation; (b) is, directly or indirectly, entitled to exercise or control the exercise of over 25% of the voting rights at general meetings of the corporation; or (c) exercises ultimate control over the management of the corporation; or 指符合以下說明的個人 (a) 直接或間接地擁有或控制（包括透過信託或持票人股份持有）該法團已發行股本的多於25%；(b) 直接或間接地有權行使在該法團的成員大會上的投票權的多於25%，或支配該比重的投票權的行使；或 (c) 行使對該法團的管理最終的控制權；或
- (ii) if the corporation is acting on behalf of another person, means the other person. (如該法團是代表另一人行事) 指該另一人。

(B) in relation to a partnership 就合夥而言，

- (i) means an individual who (a) is entitled to or controls, directly or indirectly, over 25% share of the capital or profits of the partnership; (b) is, directly or indirectly, entitled to exercise or control the exercise of over 25% of the voting rights in the partnership; or (c) exercises ultimate control over the management of the partnership; or 指符合以下說明的個人 (a) 直接或間接地有權攤分或控制該合夥的資本或利潤的多於25%；(b) 直接或間接地有權行使在該合夥的投票權的多於25%，或支配該比重的投票權的行使；或 (c) 行使對該合夥的管理最終的控制權；或
- (ii) if the partnership is acting on behalf of another person, means the other person. (如該合夥是代表另一人行事) 指該另一人。

(C) In relation to an unincorporated body other than a partnership 就除合夥外不屬法團團體而言，

- (i) means an individual who ultimately owns or controls the unincorporated body; or 指最終擁有或控制該不屬法團團體的個人；或
- (ii) if the unincorporated body is acting on behalf of another person, means the other person. 如該不屬法團團體是代表另一人行事，指該另一人。

^A Senior Managing Official (SMO) means management officials at the highest level in the corporation such as Chief Executive Officer, Chairman of the Executive Committee, or Chairman of the Board, or equivalent. In case of club/society such as non-profit organization, SMO can be chairperson, Treasurer and Secretary. 高級管理人員是指法團最高級別的管理人員，例如行政總裁、執行委員會主席或董事會主席或同等職位。如果是會所／社團，例如非牟利組織，高級管理人員可以是主席、司庫或秘書。

Name of Person (Full Name in English) 姓名 (英文全名)		HKID Card / Passport No. 香港身份證／護照號碼	
Nationality 國籍		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男／女)	
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Person (Full Name in English) 姓名 (英文全名)		HKID Card / Passport No. 香港身份證／護照號碼	
Nationality 國籍		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男／女)	
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Person (Full Name in English) 姓名 (英文全名)		HKID Card / Passport No. 香港身份證／護照號碼	
Nationality 國籍		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男／女)	
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

SECTION VIII INFORMATION OF ALL DIRECTORS 第八部分 所有董事資料

(a) Please complete the below information if director is a natural person 若董事是自然人，請於以下填寫所有董事的資料：

Name of Director (Full Name in English) 董事姓名 (英文全名)		Additional Information 附加資料	
Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男／女)	
Nationality 國籍	HKID Card / Passport No. 香港身份證／護照號碼	Date of Birth 出生日期 (dd日/mm月/yyyy年)	
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Director (Full Name in English) 董事姓名 (英文全名)		Additional Information 附加資料	
Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男／女)	
Nationality 國籍	HKID Card / Passport No. 香港身份證／護照號碼	Date of Birth 出生日期 (dd日/mm月/yyyy年)	
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Director (Full Name in English) 董事姓名 (英文全名)					
Additional Information 附加資料					
Former Name 曾用姓名		Place of Birth 出生地點		Gender 性別 (Male / Female 男/女)	
Nationality 國籍		HKID Card / Passport No. 香港身份證/護照號碼		Date of Birth 出生日期 (dd日/mm月/yyyy年)	
Residential Address 居住地址					
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：					

Name of Director (Full Name in English) 董事姓名 (英文全名)					
Additional Information 附加資料					
Former Name 曾用姓名		Place of Birth 出生地點		Gender 性別 (Male / Female 男/女)	
Nationality 國籍		HKID Card / Passport No. 香港身份證/護照號碼		Date of Birth 出生日期 (dd日/mm月/yyyy年)	
Residential Address 居住地址					
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：					

(b) Please complete the below information if director is an entity 若董事是實體，請於以下填寫所有董事的資料：

Name of Entity ^{Note 9} 實體名稱 ^{備註 9}			
Additional Information 附加資料			
Place of Incorporation 成立地方			
Registered Office Address in the Place of Incorporation 成立地方的註冊公司地址			
Business Address 公司地址			
Business Registration Number 商業登記證號碼	<input type="checkbox"/> N/A 不適用 <input type="checkbox"/> Refer to business registration certificate 參考商業登記證		
Date and Number of Registration / Incorporation 公司註冊/成立日期及號碼	<input type="checkbox"/> N/A 不適用 <input type="checkbox"/> Refer to certified true copy of certificate of incumbency 參考註冊資料證明書之認證副本 <input type="checkbox"/> Refer to Certificate of Incorporation or Certificate of Registration of Overseas Company 參考公司註冊證書或海外公司登記證明書		

Notes 備註：

9. Please submit the required document(s) as listed in Section X Checklist of Application Documents.
請提供於第十部分申請文件清單所列之所需文件。

SECTION IX DECLARATION AND AUTHORIZATION 第九部分 聲明及授權

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

- I/We am/are duly authorized by employees, members, representatives and/or dependents and have obtained their consent to disclose, release or transfer their personal information to Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company").
- I/We acknowledge that I/We have verified the identity of employees, members, representatives and/or dependents on the basis of documents, data or information provided by a governmental body (including the Hong Kong Identity Card), a relevant authority or any other reliable and independent source that is recognized by the relevant authority.
- The personal information of employees, members, representatives and/or dependents held by or on behalf of the Company (whether contained herein or otherwise obtained and including personal information obtained after the date of this application) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the Personal Information Collection Statement as set out overleaf.
- I/We am/have been authorized to act on behalf of the Applicant/Proposed Policy Owner to handle all group insurance related matters with the Company.
- I/We acknowledge that I/We have identified each authorized signatory stated in this form (if applicable), and further confirms that I/We have verified his/her identity on the basis of documents, data or information provided by a governmental body (including the Hong Kong Identity Card), a relevant authority or any other reliable and independent source that is recognized by the relevant authority.
- All statements and answers I/we provide and those provided over the signature of all eligible employees, members, representatives 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 collection 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, and I/We understand that failure to make this disclosure renders the contract voidable.
- All premiums owing under the insurance contract with the Company shall be paid by me/us.
- I/We understand that this Group Life Insurance Program is not guaranteed upon policy renewal.
- I/We confirm that the Company has conducted a suitability assessment according to the the essential information collected (e.g. nature of business, total number of employees, employee demographic and objective in sourcing insurance) about me/us during the application process.
- As a result of purchasing the policy to be issued by the Company, then, during the continuance of the policy including renewals and reinstatements, in respect of any premiums received by the Company or any increase thereof (whether as a result of any change of benefit, inclusion of new employee members and/or their dependents, or otherwise), the Company will pay the authorized insurance broker a commission. Where I/we are a body corporate, the Authorized Person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application and/or renewals and/or reinstatements of the policy.**

本人／吾等（投保人／建議保單持有人）謹此聲明、同意及明白各項（視乎情況適用而定），並在此投保書簽署作實：

- 本人／吾等已獲本公司之僱員、成員、代表及／或其家屬授權及已獲取他們的同意，向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」）披露、發放或轉交有關人等的個人資料。
- 本人／吾等確認本人／吾等已根據由政府機構、有關當局或有關當局認可的任何其他可靠及獨立來源所提供的文件、數據或資料（包括由政府機構發出的香港身份證）核實本公司之僱員、成員、代表及／或其家屬的身份。
- 由公司所持有及由本人／吾等提供有關僱員、成員、代表及／或其家屬的個人資料，公司（不論是否從此申請書或其他途徑，包括在此申請後所得）可持有、使用、發放或轉交予有關人等作於後頁訂明《個人資料收集聲明》中提及的用途。
- 本人／吾等已獲授權代行投保人／建議保單持有人辦理與公司所有團體保險相關事宜。
- 本人／吾等確認本人／吾等已識別本表格所填寫的每位授權人（如適用）的身份、本人／吾等同時確認已根據由政府機構、有關當局或有關當局認可的任何其他可靠及獨立來源所提供的文件、數據或資料（包括由政府機構發出的香港身份證）核實其身份。
- 所有由本人／吾等提供之陳述或答案及所有由合資格僱員、成員、代表及家屬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，均視為本投保書之一部分，亦為永明金融核保之憑據。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合約無效。
- 本人／吾等須支付全部保費。
- 本人／吾等明白此團體人壽保險計劃於續保時並非保證。
- 本人／吾等確認公司已根據所收集之本人／吾等的基本資料（例如業務性質、僱員人數、僱員背景資料及購買保險目的等）在申請過程中進行了合適性評估。
- 因為本人／吾等購買公司簽發的保單，因此，於保單有效期內，包括續保及保單復效，就公司所收到或增加的任何保費（無論是因為更改保單之保障或新增僱員及／或家屬、或其他有關情況），公司會向負責安排有關保單的獲授權保險經紀支付佣金。假如本人／吾等為法人團體、代表本人／吾等簽署的獲授權人員亦向公司確認他／她已獲法人團體授權簽署。本人／吾等亦明白公司必須取得本人／吾等以上的同意，才可以處理有關申請及／或保單續保及／或復效。**

Authorized Signature ^{Note 10} of the Applicant/Proposed Policy Owner with Company Chop 申請人／建議保單持有人的授權簽署 ^{Note 10} (連公司蓋章)		Name ^{Note 11} 姓名 ^{Note 11}		
		Nationality 國籍		
		Date of Birth 出生日期 (dd/mm/yyyy年)		
		HKID Card / Passport No. ^{Note 11} 香港身份證／護照號碼 ^{Note 11}		
		Title 職位		
		Date at Hong Kong on 在香港簽訂日期 (dd/mm/yyyy年)		

Additional Information 附加資料

Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男／女)
Residential Address 居住地址		
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：		

Witness 見證人		Name 姓名	
		HKID Card / Passport No. 香港身份證／護照號碼	
		Title 職位	
		Date at Hong Kong on 在香港簽訂日期 (dd/mm/yyyy年)	

Notes 備註：

- Only accept authorization by a Director/Beneficial Owner listed in the latest Annual Return or the certified true copy of certificate of incumbency of the Applicant/Proposed Policy Owner. If the Authorized Person is not the Director/Beneficial Owner, please provide authorization letter or board resolution or certification by independent department for the person acting on behalf of the Applicant/Proposed Policy Owner. 只接受申請人／建議保單持有人的最近週年報表或註冊資料證明書之認證副本內之董事／實益擁有人之授權，若授權人並非董事／實益擁有人，請就簽署人代表該申請人／建議保單持有人行事提供授權書或董事會會議記錄或獨立部門發出的證明。
- Same as identity document. Please provide a copy of HKID Card / Passport of the above authorized person. 與身份證明文件相同。請提交上述授權人的香港身份證或護照副本。

SECTION X CHECKLIST OF APPLICATION DOCUMENTS 第十部分 申請文件清單

The Company may not take effect if you do not submit all required documents. We may request you to further provide other related documents to assess this application. 如未能提供全部所需文件，可能會引致此申請不能生效。公司可能會要求提供其他相關文件核實此申請。

Document Type 文件類別	Applicable for 適用於
Signed Application Form 已簽署之申請表格	Applicant/Proposed Policy Owner 投保人／建議保單持有人
HKID Card / Passport copy 香港身份證或護照副本	1) Authorized Person(s) 授權人 2) Beneficial Owner(s) and Senior Managing Official(s) who are not listed in the latest Annual Return or a certified true copy of certificate of incumbency of the Applicant/Proposed Policy Owner 非投保人／建議保單持有人的最近週年報表或註冊資料證明書之認證副本內之實益擁有人及高級管理人員
Copy of Certificate of Incorporation (if applicable) 公司註冊證書副本（如適用）	Applicant/Proposed Policy Owner, affiliated companies or subsidiaries and Director is an entity 投保人／建議保單持有人、附屬公司或子公司及董事是實體
Copy of valid Business Registration Certificate (if applicable) 有效商業登記證副本（如適用）	Applicant/Proposed Policy Owner, affiliated companies or subsidiaries and Director is an entity 投保人／建議保單持有人、附屬公司或子公司及董事是實體
Copy of the company's Memorandum and Articles of Association (M&A) (if applicable) 公司組織章程大綱及細則副本（如適用）	Applicant/Proposed Policy Owner 投保人／建議保單持有人
Ownership Chart signed by Authorized Person (if applicable) 由授權人簽署的擁有權架構表（如適用）	Applicant/Proposed Policy Owner with complex company structure 擁有複雜公司架構的投保人／建議保單持有人
Copy of Partnership Deed / Agreement 合夥契約或協議副本	Applicant/Proposed Policy Owner that is a partnership company 合夥公司的投保人／建議保單持有人
A certified true copy of a company search report issued within the last 6 months certified by a company registry or professional third party (e.g. certified public accountant or solicitor) or a certified true copy of a certificate of incumbency issued within the last 6 months certified by a professional third party. 由當地註冊處或專業第三者認證（例如：註冊會計師或律師）之公司查冊報告之副本（須於過去六個月內簽發），或由專業第三者認證（例如：註冊會計師或律師）之註冊資料證明書之認證副本（須於過去六個月內簽發）。	Company incorporated overseas 海外成立公司
Authorization Letter or Board Resolution (if applicable) 就簽署人代表該公司行事提供授權書或董事會會議記錄（如適用）	Applicant/Proposed Policy Owner 投保人／建議保單持有人
Copy of trust deed or similar instrument or Trustee's declaration 信託契據或類同文書或受託人聲明	Applicant/Proposed Policy Owner or share holding company that is a trust 投保人／建議保單持有人或股東公司為信託

5000037/06-2022W

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

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 will not use personal data to contact clients with any marketing information.

The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk.

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定的其他人士、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輔道中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。公司可就此處理任何該等要求收取合理費用。公司可不在其網站www.sunlife.com.hk提供最新的《個人資料收集聲明》。

FOR AGENT / BROKER USE ONLY 只供代理人／經紀使用

Name of Agent / Broker	Agent / Broker Code
Date	Existing Sun Life Hong Kong's Group Insurance Policy No. / MPF Scheme No. (if applicable)

SunMaster Employee Benefits - Group Life Insurance Program

智選團體人壽保險計劃



Declaration of Insurability

可保資料聲明

Name of Owner 保單持有人名稱	Full Name of Proposed Insured 準受保人全名	Policy Number 保單號碼
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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

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 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Occupation 職業	Height 身高 cm 公分	Weight 體重 kg 公斤	In the past year 在過去一年內	
			Gain/(Loss) in Weight 增加/(減少)之體重 kg 公斤	If weight changes over 5kgs, state reason 若體重變更超過 5 公斤，需列明原因

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 ** Please tick (✓) the appropriate box 請於適當空格內劃上(✓)號		Yes 是	No 否	If any answer to Question 3 to 6 is "Yes" , please give full particulars below and state the question number. Details should be included (a) dates of illness/injury/examination, (b) duration of illness/injury, (c) reason/diagnosis, (d) treatment taken, (e) last follow-up date, (f) current condition and (g) name, address and reference of attending doctor/hospital. 倘若第3至6條問題中曾答「是」，請在此欄提供詳細資料並註明題號。答案須包括下列詳情：(a)患病/受傷/進行檢驗日期(b)患病/受傷持續時間(c)原因/診斷結果(d)曾接受之治療(e)最後覆診日期(f)現時情況及(g)主診醫生姓名/醫院名稱、地址以及檔案編號。
1 Has any application for Life, Accident, Critical Illness, Disability, Health or Major Illnesses insurance (including reinstatement applications) on your life ever been declined, postponed/deferred, issued with exclusions, issued with an extra premium or otherwise modified by Sun Life Hong Kong Limited or any other insurance company? If "Yes", please provide the reason, name of insurance company, application date and policy number. 閣下曾否因申請人壽、意外、危疾、傷殘、醫療或嚴重疾病保障(包括保單復效)而被香港永明金融有限公司或其他保險公司拒絕接受投保、延期受保、徵加不受保項目、提高保費或須更改受保條款始獲接受?如「是」，請提供原因、投保公司之名稱、投保日期及保單號碼。 Name of Insurance Company 投保公司之名稱 _____ Policy Number 保單號碼 _____ Reason 原因 _____ Application Date 投保日期 _____		<input type="checkbox"/>	<input type="checkbox"/>	
2 Do you participate or intend to participate in any hazardous sports or activities such as any kind of racing on horse or wheel, any form of combat, any underwater activities requiring the use of breathing apparatus, piloting an aircraft, mountain climbing or parachuting? 閣下是否曾參與或計劃參與任何危險活動或運動如任何類型之賽馬或賽車、任何形式之搏擊、任何需要呼吸輔助器材之潛水活動、駕駛飛機、攀山或跳降傘等? If "Yes", please specify 如「是」，請註明 _____		<input type="checkbox"/>	<input type="checkbox"/>	
3 In the past 12 months, have you had any health symptoms or complaints for which a physician has not been consulted (exclude flu, minor injury or pregnancy)? 閣下在過去十二個月內曾否出現任何病徵、病狀或身體不適而沒有向醫生求診(流行性感冒、小損傷或懷孕除外)?		<input type="checkbox"/>	<input type="checkbox"/>	
4 Have you ever suffered from or been treated for diabetes, kidney, high blood pressure, heart disorder, coronary artery disease, stroke, cancer, mental or nervous disorder, any form of hepatitis (including Hepatitis B carrier) or liver disease, blood or bowel disorders, respiratory disorders, musculoskeletal or joint disease, HIV infection, AIDS, AIDS related complex or any other physical impairment or deformity? 閣下曾否患有或曾因以下疾病接受治療：糖尿病、腎病、高血壓、心臟病、冠心動脈疾病、中風、癌症、精神病或神經系統疾病、任何類型的肝炎(包括乙型肝炎帶菌者)或肝病、血液失調或腸疾病、呼吸系統疾病、肌肉筋骨或關節疾病、人類缺乏免疫力病毒感染、愛滋病、與愛滋病有關的併發症或任何身體上的缺陷等?		<input type="checkbox"/>	<input type="checkbox"/>	
5 In the past 10 years, have you had any health symptoms or complaints for which a physician has not been consulted or are you taking any prescribed medication for a condition not mentioned above (exclude birth control pills or estrogen replacement therapy)? 閣下在過去十年內曾否出現任何病徵、症狀或身體不適而沒有向醫生求診或曾否因上述提及的疾病以外而需要服用藥物(避孕藥或雌激素替代療法除外)?		<input type="checkbox"/>	<input type="checkbox"/>	
6 In the past 10 year, have you at any time undergone any surgical operation at a hospital or clinic or undergone any ECG, x-ray, blood, urine or other laboratory or diagnostic tests with findings other than normal results? 閣下在過去十年內曾否於醫院或診所內接受任何手術或進行心电图、x光、驗血、驗尿或其他化驗或診斷性檢驗而檢驗結果有不正常的發現?		<input type="checkbox"/>	<input type="checkbox"/>	

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, Hung Hom, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.

The Company will not use personal data to contact clients with any marketing information.

The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk.

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，或是透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(及其運筆者)；(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。

公司不會使用客戶之個人資料與其聯絡作任何資訊推廣。

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》。

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

Employee Enrolment Form for SunMaster Employee Benefits - Group Life Insurance Program

永明僱員福利計劃系列 – 智選團體人壽保險計劃僱員登記表格



Name of Owner 保單持有人名稱 _____

Name of Affiliated Company 附屬公司名稱 _____

Life Policy Number
人壽保單號碼

GSL

J

Employee HKID Card No. / Staff No. 僱員香港身份證號碼 ／員工編號	Name of Employee (Same as HKID Card / Passport) 僱員姓名（必須與香港身份證／護照相同）		Date of Birth (DD/MM/YY) 出生日期 （日／月／年）	Sex 性別	Date of Employment (DD/MM/YY) 入職日期 （日／月／年）	Effective Date (DD/MM/YY) 生效日期 （日／月／年）	Exact Duties [e.g. clerical work, salesmen(outdoor), machine operators or driver etc] 主要工作範圍 (例如：文職工作、營業員（戶外）、機器操作員或司機等等)	Country of Residence 原居地	Benefit Plan 投保計劃	Premium Amount (HKD) 保費（港幣）
	Surname 姓氏	Given Name 名字								

* Unless otherwise specified by Insured in written, Inter Partner Assistance (IPA) will consider Hong Kong as the country of residence of all Insureds and repatriate relevant Insured to Hong Kong when medically necessary. 除非受保人特別以書面通知，否則國際救援（亞洲）公司將設定香港為所有受保人之原居地，於有醫療需要時護送有關受保人回香港。

DECLARATION AND AUTHORIZATION 聲明及授權

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

申請人／保單持有人（本人／吾等）聲明、同意及明白以下各項（視乎情況適用而定），並在此申報表格簽署作實：

- 1.I/We am/are duly authorized by employees, members and/or dependents and have obtained their consent to disclose, release or transfer their personal information to Sun Life Hong Kong Limited, including its successors or assignees (collectively refer to as “the Company”).
本人／吾等已獲本公司之僱員、成員、及／或配偶或子女授權或已獲取他們的同意，向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」）披露、發放或轉交有關人等的資料。
- 2.I/We acknowledge that I/we have verified the identity of employees, members, representatives and/or dependents on the basis of documents, data or information provided by a governmental body (including the Hong Kong Identity Card), a relevant authority or any other reliable and independent source that is recognized by the relevant authority.
本人／吾等確認本人／吾等已根據由政府機構、有關當局或有關當局認可的任何其他可靠及獨立來源所提供的文件、數據或資料（包括由政府機構發出的香港身份證）核實本公司之僱員、成員、代表及／或其家屬的身份。
- 3.The personal information of employees, members and dependents held by or on behalf of the Company (whether contained herein or otherwise obtained and including personal information obtained after the date of this application) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the Personal Information Collection Statement as set out overleaf.
由公司所持有及由本人／吾等提供有關僱員、成員及配偶或子女的個人資料，公司（不論是否從此申請表或其他途徑，包括在此申請後所得）可持有、使用、發放或轉交予有關人等作於後頁訂明之《個人資料收集聲明》中提及的用途。
- 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 of 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.
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，均視為本申報表之一部份，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.I/We understand that employees shall become eligible Insured in accordance with the Eligibility Requirements specified in the Group Insurance Policy Contract (unless the effective date is otherwise specified in this application or related notification).
本人／吾等明白僱員將根據團體保險合約中規定的資格要求成為合資格受保人（於此申請表格或相關通知內另有註明生效日期除外）。
- 6.I/We understand that no changes herein in relation to my company's Group Insurance Policy Contract (Life) and/or Group Insurance Policy Contract (Medical) shall be effected with retrospective effect for more than two months from the date of receipt of this application by the Company. If the application is received by the Company after two months from the effective date appearing therein, the Company is entitled at its absolute discretion to take any date within the two months before the Company receives the application as the effective date.
本人／吾等明白所有在本申報表內列明有關本公司之團體保險（人壽）合約及／或團體保險（醫療）合約之更改，將不會被追溯生效超過公司收到本申報表之日期之前兩個月。若公司在本申報表內所填報之生效日期之後兩個月才收到申報表，公司有權將生效日期定為收到本申報表之前兩個月內的任何一天。
- 7.I/We further authorized: (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 and any claims arising therefrom; 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 and any claim arising therefrom. 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.
本人／吾等同時授權：（甲）任何擁有任何本人／受保人之記錄、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由此所引起之索償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由此所引起之索償之本人／受保人的健康情況。此授權書對本人／受保人之繼承人及受讓人有約束力，並於本人／受保人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。

Authorized Signature with Company Chop 授權人簽署及公司蓋章

Date 日期

5000038/38/06-2022M

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, Hung Hom, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.

The Company will not use personal data to contact clients with any marketing information.

The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk.

《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輔街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。

公司不會使用客戶之個人資料與其聯絡作任何資訊推廣。

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》。