

Standardized Underwriting Questionnaire for Chubb VHIS

安達自願醫保產品的標準核保問卷

Application No.: 申請書編號	Proposed Insured: 準受保人	Applicant/Owner: (if other than Proposed Insured) 保單申請人/持有人(如非準受保人)
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Part A - General Information 甲部 - 基本資料

1. Height 身高	centimetres (cm) 厘米	OR 或	feet/inches 呎/吋
2. Weight 體重	kilogrammes (kg) 公斤	OR 或	pounds (lbs) 磅

Please ✓ the appropriate boxes 請在適當方格上填上 ✓		Yes 是	No 否
3. Smoking habit 吸煙習慣 Do you smoke or have you smoked in the last 1 year? 您有沒有吸煙或在過去一年內曾否吸煙？ For the purpose of this question, the meaning of “smoking” includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如：電子煙)。 If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題 3.1 Type of tobacco product 煙草產品種類 _____ 3.2 Average daily consumption (pcs) 每日平均吸煙數量(支) _____ 3.3 Number of years 吸煙年期 _____ 3.4 If you no longer smoke now, 若您現時已沒有吸煙， (a) when did you quit smoking? 請問您是何時戒煙的？ _____ (b) are you advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？ _____		<input type="checkbox"/>	<input type="checkbox"/>
4. Alcohol consumption 飲酒 In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？ If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題 4.1 Type of alcoholic beverage 酒精飲品種類 _____ 4.2 Quantity of consumption per week 每週飲用量 _____ 4.3 If you no longer drink now, 若您現時已沒有飲酒， (a) when did you quit drinking? 請問您是何時戒酒的？ _____ (b) are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？ _____		<input type="checkbox"/>	<input type="checkbox"/>

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
<p>5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物</p> <p>In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month? 在過去五年內，您曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如：可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？</p> <p>If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題</p> <p>5.1 Type of drugs 藥物種類 _____</p> <p>5.2 Duration of drug use 用藥持續時間 _____</p> <p>5.3 Frequency of drug use 用藥頻密度 _____</p> <p>5.4 Average daily consumption 每日平均用藥份量 _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you engaged in the following activities within the last 12 months or will you engage/intend to engage in the following activities within the next 12 months? 您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？</p> <p>(a) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）</p> <p>(b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）</p> <p>If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題</p> <p>6.1 Type of activity 活動種類 _____</p> <p>6.2 Duration of engagement in the activity 參與活動的持續時間 _____</p> <p>6.3 Frequency of engagement in the activity 參與活動的頻密度 _____</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Part B – Health Information 乙部 – 健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below -
申請人須知：無需於乙部問題披露以下健康狀況或治療 -

Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/hyperopia/astigmatism/presbyopia.
傷風/感冒/喉嚨痛、腸胃炎/食物中毒（已痊癒）、消化不良（無需檢查）、瘡痍、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描/血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

If your answer to any of the questions 7 - 14 below is “Yes”, please proceed to answer the relevant follow-up questions in Part C.
若以下第 7 至 14 項任何一項問題之答案屬「是」，請於丙部回答相關的跟進問題。

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
<p>7. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況？</p> <p>(a) Cancer or carcinoma in situ 癌症或原位癌</p> <p>(b) Brain tumor 腦部腫瘤</p> <p>(c) Heart disease 心臟疾病</p> <p>(d) Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血，俗稱「小中風」）</p> <p>(e) Hypertension 高血壓</p> <p>(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
(g) Kidney disease 腎病	<input type="checkbox"/>	<input type="checkbox"/>
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	<input type="checkbox"/>	<input type="checkbox"/>
(i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	<input type="checkbox"/>	<input type="checkbox"/>
(j) Human immunodeficiency virus (“HIV”) infection 人體免疫力缺乏病毒 (愛滋病病毒) 感染	<input type="checkbox"/>	<input type="checkbox"/>
(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常)	<input type="checkbox"/>	<input type="checkbox"/>
(l) Physical defects, impairments, deformities, and/or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及/或影響活動能力、視力、說話能力或聽力的狀況	<input type="checkbox"/>	<input type="checkbox"/>
(m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況 (例如：抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症)	<input type="checkbox"/>	<input type="checkbox"/>
(n) Hypercholesterolemia or hyperlipidemia 高膽固醇血症或高血脂症	<input type="checkbox"/>	<input type="checkbox"/>
(o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病 (例如：乙型或丙型肝炎 (包括測試呈陽性反應)、脂肪肝或肝硬化)	<input type="checkbox"/>	<input type="checkbox"/>
(p) Multiple sclerosis 多發性硬化症	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you currently have any of the following diseases or medical conditions? 您目前是否患有以下列疾病或健康狀況？		
(a) Hernia 疝氣 (俗稱「小腸氣」)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Breast lesion (tumour/mass/lump/cyst/nodule/growth) 乳房病變 (腫瘤/硬塊/腫塊/囊腫/結節/增生)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Uterine or ovarian lesion (tumour/mass/lump/cyst/polyp/nodule/growth) 子宮或卵巢病變 (腫瘤/硬塊/腫塊/囊腫/癌肉/結節/增生)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Benign prostatic hypertrophy 良性前列腺肥大	<input type="checkbox"/>	<input type="checkbox"/>
(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石 (腎結石、輸尿管結石或膀胱結石)	<input type="checkbox"/>	<input type="checkbox"/>
(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	<input type="checkbox"/>	<input type="checkbox"/>
(g) Arthritis or other joint disorder 關節炎或其他關節疾病	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，您是否曾經或被建議定期或持續 (例如：每月、每兩個月、每半年、每年) 為任何疾病或健康狀況接受專業醫護人員 (例如：專科醫生、物理治療師、精神科醫生) 的跟進診治或醫療護理？	<input type="checkbox"/>	<input type="checkbox"/>
10. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，您是否曾被醫生建議定期 (例如：按醫生指示每日/每週一次/有需要時) 服用為期超過一個月的處方藥物？	<input type="checkbox"/>	<input type="checkbox"/>
11. In the last 5 years, have you been admitted into a hospital? 在過去五年內，您是否曾入住醫院？	<input type="checkbox"/>	<input type="checkbox"/>
12. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，您是否曾在非住院情況下接受外科程序 (包括內窺鏡檢查或活組織化驗)？	<input type="checkbox"/>	<input type="checkbox"/>

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
<p>17. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age insert a number not more than 60: 就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：</p> <p>(a) Cancer 癌症</p> <p>(b) Coronary heart disease 冠心病</p> <p>(c) Diabetes mellitus 糖尿病</p> <p>(d) Motor neuron disease 運動神經元疾病</p> <p>(e) Multiple sclerosis 多發性硬化症</p> <p>(f) Stroke 中風</p> <p>(g) Parkinson's disease 帕金森症</p> <p>(h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。</p> <p>If the answer is "Yes", please answer the following questions 如果答案屬「是」，請回答以下問題</p> <p>1. Which family member? 哪個親屬? _____</p> <p>Which family member? 哪個親屬? _____</p> <p>2. Which disease? 哪種疾病? _____</p> <p>Which disease? 哪種疾病? _____</p> <p>3. Onset age of disease 病發年齡</p> <p>□ Age at or below 30 30 歲或以下</p> <p>□ Age 31-40 31-40 歲</p> <p>□ Age 41-50 41-50 歲</p> <p>□ Age 51-60 51-60 歲</p> <p>□ Age at or below 30 30 歲或以下</p> <p>□ Age 31-40 31-40 歲</p> <p>□ Age 41-50 41-50 歲</p> <p>□ Age 51-60 51-60 歲</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

If more than two of your family members have been diagnosed with the above diseases or medical conditions, please supplement in the blank area below
如果您有多於兩位親屬於六十歲或以前被確診以上疾病或健康狀況，請於以下空白位置補充

Part C - Supplementary Health Information 丙部 - 健康資料補充

If the answer to any of the questions 7-14 in Part B is "Yes", please provide additional information as applicable -
若乙部第7至14項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 -

□ Question No. 題號	Follow-up questions to each of Q7-14 as applicable 題號 7-14 每題適用之跟進問題
(1) Disease/medical condition/sign and symptom 疾病/健康狀況/病徵及症狀	
(2) Date of first occurrence of sign and symptom (DD/MM/YY) 首次出現病徵及症狀的日期 (日/月/年)	
(3) (a) Treatment/investigations/tests/scans that have been performed 已進行的治療/檢查/測試/掃描 (b) Date of such treatment/investigation/tests/scan (DD/MM/YY) 有關治療/檢查/測試/掃描日期 (日/月/年)	
(4) Present condition (such as whether fully recovered, follow up action/medication/next follow up date) 現況 (例如：是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期)	
(5) Date of last follow-up medical consultation/treatment (DD/MM/YY) 最後覆診/治療日期 (日/月/年)	
(6) Name of doctor who treated the disease/sickness/medical condition/sign and symptom 治療有關疾病/不適/健康狀況/病徵及症狀的醫生姓名	
(7) Name of Hospital, where applicable 醫院名稱 (如適用)	

* Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
請盡量提供齊全資料 (例如：在未能回憶確實日期的情況下提供年份及月份) 以便作出公平核保決定。

Statement for Collection of Information 資料收集聲明

The following statement has stated the purpose of collecting information on the questionnaire and the applicant is required to provide the complete and accurate information to the best of his/her knowledge and belief.

- This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
- As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
- Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).

以下聲明闡述核保問卷收集資料之目的，以及申請人須盡其所知所信提供完整及準確的資料。

- 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。
- 即使已成功投保並獲簽發保單，若閣下未按(ii)所述盡其所知所信向本公司提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Name of Witness/Agent 見證人/保險代理姓名		Signature must be consistent with that in your life application form. 閣下簽署模式應與申請書上之簽署相同，以作核對。			
Signature of Witness/Agent 見證人/保險代理簽署	Date 日期	Signature of Proposed Insured 準受保人簽署 (Signature is required for the person whose age is 18 or above) (滿18歲或以上人士必須簽署)	Date 日期	Signature of Applicant/Owner 保單申請人/持有人簽署 (if other than Proposed Insured) (如非準受保人)	Date 日期