



8. Change of Sum Assured/ Notional Amount/Rider 更改保障額/名義金額/附加保障	Basic Plan/Rider 基本計劃/附加保障	New Addition ^ 新加 ^	Deletion # 刪除#	Increase ^ 增加 ^	Reduce # 減少#	New Sum Assured/ Notional Amount/Class 新保障額/名義金額/類別
Effective Month _____ / _____ 生效月份 mm 月 yyyy 年		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

^ New addition or increase of sum assured/notional amount or upgrade of benefit requires to submit "Statement of Insurability" for the application. Please submit NB428 "Standardized Underwriting Questionnaire for Chubb VHIS" if applying VHIS product.  
新加或增加保障額/名義金額或提升保障，需遞交“投保資料申報書”如申請自願醫保產品，請遞交NB428“安達自願醫保產品的標準核保問卷”。

^ New addition or increase of sum assured for product(s) with cash value requires to submit proposal.  
新加或增加保障額的產品如有現金價值需提交建議書。

# Rider deletion or reduction of sum assured/notional amount, **NO** back-dating is allowed. If the effective month is not specified, the request will be effective on the next premium due date or on the specified date as stated in product provisions of specific products.  
刪除附加保障或減少保障額/名義金額均**不接受**追溯日期。如沒有註明生效月份，有關之申請將安排在下一個保費到期日生效或根據個別產品條款內之指定日期生效。

**Target Healthcare Needs**  
**目標醫療保健需要**

(Only applicable to application of critical illness and/or medical insurance product. Apart from the mentioned products, please submit Financial Needs Analysis form.)  
(只適用於申請危疾及/或醫療保險產品。如非上述保險產品，請遞交財務分析表格。)

If you are considering critical illness and/or medical insurance product(s) to meet your objective of preparation for healthcare needs, what type(s) of the following critical illness and/or medical insurance product(s) will you consider to purchase? (You may tick one or more)  
如閣下有意考慮以危疾及/或醫療保險產品以應付醫療保健需要，閣下會考慮投保以下哪種類型的危疾及/或醫療保險產品？(可選多於一項)

☐ Product offering a lump sum payout if I were to be diagnosed with a critical or specific illness.  
當本人被診斷患有危疾或指定疾病時，提供一筆過保障賠償的產品。

☐ Product Reimbursing relevant medical expenses if I need to be hospitalized or undergo a surgery.  
當本人需要住院或進行手術時，實報實銷相關醫療費用的產品。

☐ Product providing small regular payouts during the period of hospitalization to compensate relevant loss or other expenses.  
於本人住院期間，提供小額定期賠償，以補償相關損失或支付其他費用的產品。

I confirm that I have conducted an assessment on the insurance product(s) to be purchased by me in order to ensure that I am able to pay the required premiums.  
本人確認就本人所選購的保險產品，本人已經進行了評估以確保本人有能力支付所需保費。

**Declaration: I/WE HEREBY DECLARE AND AGREE THAT:**

**聲明：本人/吾等 謹此聲明及同意：**

1. The above request for policy change or services will not take effect unless the following conditions are met: (i) Any required payment and documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Hong Kong Limited (hereinafter called **"the Company"**) during the lifetime and continued insurability of the Insured. 2. This request and evidence of insurability of the Insured if required by the Company shall be the basis for change in the Policy and will form part of the Policy unless otherwise specified. 3. All statements and answers to all questions whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. 4. Any personal data collected or held by the Company (whether contained in this application or otherwise), is provided and may be used, stored, disclosed, transferred (whether within or outside Hong Kong) by the Company to its affiliated companies, reinsurers and claims investigation company, industry association/federation, any members of the federation by the federation or any individuals/organizations associated with the Company to (i) process this application and claims; (ii) provide all services related to this application, administer the Policy and promote other financial products and services, perform direct marketing, and data matching, and communicate with me/us for such purposes; and (iii) enable the federation to carry out its regulatory functions or such other functions that may be assigned to the federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the federation. I/We understand that failure to supply required information may result in the Company being unable to process this application. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by the Company or be given reasons for any refusal of access. I/We also understand that a reasonable fee may be charged by the Company for process of any access and any questions regarding personal data or access to personal data should be forwarded to the Company at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong or at the then registered office of the Company. **5. For the above Section 4&8, I/We understand, acknowledge, and agrees that as a result of my/our Addition of Rider, Increase of Sum Assured/Notional Amount, Increase of Option to Purchase Paid-up Addition (if applicable), to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where 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.**

1. 上述之更改事項或服務必須符合下列所有條件方能生效：(i) 所有需要之款項及文件皆全數並完整無缺遞交。(ii) 申請在受保人在生及仍然符合受保條件時，經安達人壽保險香港有限公司（以下簡稱“貴公司”）批准。）2. 此申請書連同貴公司要求受保證明（如需要），將成為保單更改之根據，並作為保單之一部份（若有其他安排除外）。3. 上述一切陳述及問題的所有答案，不論是否本人/吾等親手所寫，就本人/吾等所知所信，均為事實之全部並確實無訛。4. 貴公司可以使用、儲存、透露、轉移（不論在本港或海外）任何貴公司所收集或持有之任何本人/吾等的個人資料（不論是否此更改保單事項通知書所載或從其他途徑所取得）給貴公司之任何關聯公司、再保公司及賠償調查公司、行業協會/聯會，聯會之成員及與貴公司有關之人士或機構，以 (i) 辦理此通知書及索償 (ii) 提供所有關於此通知書之服務，保單管理及推廣其他財務產品及服務，從事直接促銷及資料核對等用途，及因此等用途與本人/吾等聯絡(iii)執行聯會的監察功能；或執行本署保險業或任何聯會會員利益而付予聯會的其他功能。本人/吾等明白如所需資料未能提供，貴公司將無法辦理此通知書。此外，貴公司獲授權向聯會查閱及/或核實該會已搜集本人/吾等之資料。本人/吾等明白本人/吾等有權自貴公司查閱及申請更改所有貴公司持有之有關本人/吾等的任何資料，或獲得任何被拒絕查閱的理由，貴公司有權酌情收取任何查閱資料的要求之費用。欲查詢有關個人資料事宜，請送香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓「安達人壽保險香港有限公司」收。5. 以上第四及第八部份，本人/吾等明白、確知及同意，貴公司會就本人/吾等增加、新增附加保障或保障額/名義金額、增加購買附加繳清保險（如有），於本公司簽發此項申請及保單有效期內（包括續保期），向負責安排有關保單的獲授權保險經紀支付佣金。假如吾等為法人團體，代表吾等簽署的獲授權人員須向貴公司確認他/她已獲法人團體授權簽署。本人/吾等亦明白貴公司必須取得本人/吾等的同意，才可以處理有關申請。

## Collection of Levy by the Insurance Authority

### 保險業監管局收取的保費徵費

Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the policy owner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the policy owner a pecuniary penalty if such policy owner fails to pay the prescribed levy.

按照《保險業(徵費)規例》，由2018年1月1日起，獲授權保險公司發出的保險合約下的保單持有人，須在每次繳付保費時，亦就該筆保費向該保險公司繳付訂明徵費。否則，保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。

## Personal Information Collection Statement And Consent 個人資料收集聲明及授權

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the “Company”) is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the “Group Companies”), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company’s appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this form which is a condition precedent for me/us to apply for the policy change request. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company’s policies on personal information and privacy protection, please read the Company’s Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此申請書，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之個人資料。本人/吾等有責任提供此申請書上所需資料，以作為申請保單更改要求之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本申請書。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

#### NOTE 注意:

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record

簽署式樣需與保單紀錄相符

Signature of Policyowner

保單持有人簽署

Sign Date (dd/mm/yyyy)

簽署日期（日/月/年）

Signature of Assignee

承讓人簽署

(Only applicable if the policy has been assigned)

(適用於此保單已被轉讓)

Signature of Irrevocable Beneficiary

不可撤銷受益人簽署

(Only applicable if the designated beneficiary is an

Irrevocable Beneficiary)

(適用於此保單若指定受益人為不可撤銷受益人簽署)

Sign Date (dd/mm/yyyy)

簽署日期（日/月/年）