

**EasyCare (Medical & Life) Group Insurance Application Form**  
**易僱保 (醫療及人壽) 僱員福利保險計劃申請表**

**Part A: Company Details 第一部份：公司資料**

Company Name (The Policyholder) 公司名稱(投保公司): \_\_\_\_\_

Address 地址: \_\_\_\_\_

Contact Person 負責人姓名: \_\_\_\_\_ Position 職位: \_\_\_\_\_

Designated E-mail Address 指定電郵地址: \_\_\_\_\_ Fax 傳真號碼: \_\_\_\_\_ 電話: \_\_\_\_\_

Subsidiary Company Name 附屬公司名稱: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Nature of Business 業務性質: \_\_\_\_\_ Business Registration No. 商業登記編號: \_\_\_\_\_

**Part B: Policy and Scheme Details 第二部份：保單及計劃資料**

Policy Commencement Date: 保單生效日期: \_\_\_\_\_ (MM 月) / \_\_\_\_\_ (DD 日) / \_\_\_\_\_ (YYYY 年)

Eligibility for Employees Joining the Scheme 新受僱員可生效之日期:

Immediate Cover 即時生效  First Day Following \_\_\_\_\_ Months' Probation  
----- 個月試用期滿後之翌日

Medical Claims Reimbursement Method 醫療賠償付款方法:  Autopay 自動轉賬

The policy will be issued on a **Non-Contributory basis** 保單將會簽發由 **僱主繳付**

Entry Age 申請年齡: Full time employees and their legal spouse (aged below 65) 全職僱員 及其合法配偶 (65 歲或以下) **or 或**  
Unmarried child(ren) at 15 days and under 18 years old. 出生後 15 日至 18 歲之未婚子女 **or 或**  
Unmarried child(ren) and under age 23 with full time student proof. 23 歲以下而有全日制學生證明之未婚子女

**Part C: Classification of Insured Members 第三部份：受僱員定義**

(Please define the Insured Member Classes. 請界定僱員類別。)

Eg. Class 1 : Managers Class 2 : Other Staff 例如 類別計劃 1 : 經理 類別計劃 2 : 其他員工 Dependent Cover 家屬保障

Insured Member Class 1 僱員類別計劃 1	_____	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
Insured Member Class 2 僱員類別計劃 2	_____	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
Insured Member Class 3 僱員類別計劃 3	_____	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
Insured Member Class 4 僱員類別計劃 4	_____	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有

**Part D: Benefit Details 第四部份：投保項目**

(Tick ✓ as appropriate) 請在適當空格內 ✓

		Insured Member 受保人			
		Insured Member Class 1 僱員類別計劃 1	Insured Member Class 2 僱員類別計劃 2	Insured Member Class 3 僱員類別計劃 3	Insured Member Class 4 僱員類別計劃 4
Medical Benefit 醫療福利	<input type="checkbox"/> ALL Employee Average Age at 18-40 所有僱員平均年齡為 18 至 40 歲				
	<input type="checkbox"/> ALL Employee Average Age at 41-65 所有僱員平均年齡為 41 至 65 歲				
	<input type="checkbox"/> Hospitalization Benefit 住院福利	PLAN 計劃 _____	PLAN 計劃 _____	PLAN 計劃 _____	PLAN 計劃 _____
<input type="checkbox"/> # Out-patient Benefit (Optional Cover) # 門診福利 (附加保障)	<input type="checkbox"/> # 需要醫療卡 #Request Panel Card	PLAN 計劃 _____(80% / 100%) <input type="checkbox"/> # 需要醫療卡 #Request Panel Card	PLAN 計劃 _____(80% / 100%) <input type="checkbox"/> # 需要醫療卡 #Request Panel Card	PLAN 計劃 _____(80% / 100%) <input type="checkbox"/> # 需要醫療卡 #Request Panel Card	PLAN 計劃 _____(80% / 100%) <input type="checkbox"/> # 需要醫療卡 #Request Panel Card
	<input type="checkbox"/> 牙科 Dental (80%)	<input type="checkbox"/> 牙科 Dental (80%)	<input type="checkbox"/> 牙科 Dental (80%)	<input type="checkbox"/> 牙科 Dental (80%)	<input type="checkbox"/> 牙科 Dental (80%)

# Out-patient Medical Card Facility can be offered to Out-Patient Benefit Plan 1 to 3 members only. Please refer to Policy for employer's indemnity on medical shortfall credit risks. 門診醫療卡只適用於門診福利計劃一至三之受保人，有關僱主所提供的醫療信貸責任補償，詳情請參閱保單條款。

## The Policyholder 投保公司

1. agrees to furnish all information regarding all employees as required by Liberty for the purpose of premiums and/or benefits calculation.  
同意於需要時，提供全體僱員之資料，以便保險公司核算保險費用及福利。
2. agrees to request individual employees (if necessary) to take part in all underwriting requirements by Liberty.  
同意要求個別僱員(如必須) 參與保險公司所要求之驗身以便作核保之用。
3. agrees to pay all the required premium to Liberty.  
同意支付全數之保費予保險公司。
4. declares that all eligible employees are actively at work on the Policy Commencement Date.  
聲明在本保單生效當日，所有符合參加資格之僱員皆為正常在職之僱員。
5. declares that all statements made in this Application Form and Employees' Enrolment Form are complete and true. The Policyholder understands that this information shall form part of the Policy between the Policyholder and Liberty, and shall be the basis of Liberty's acceptance.  
聲明在此投保申請表及僱員登記表內陳述之資料均為完整及真確。投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份，亦會被視為保險公司核保之憑證。
6. authorizes Liberty to disclose the employee's data to the related assistance company and medical practices in carrying out emergency assistance and medical services.  
授權保險公司將僱員資料給予有關之緊急救援及醫療服務公司，以便提供相關服務。
7. understands all the information affecting the assessment of the risk has been disclosed, and is true to the best of my/our knowledge and belief  
明白任何足以影響風險估值的資料，均基於誠信原則據實呈報。
8. agrees to fully reimburse the difference or shortfall for any ineligible treatment or untitled benefits under the Policy and agrees to pay a HK\$30 replacement fee in the event of loss or theft of a Liberty Medical Card.  
同意全數支付由非保單包括之治療及保障所產生的差額。若利寶醫療卡遺失或偷竊，投保公司同意支付港幣 30 元以作每張新卡之補發費用。
9. agrees and authorizes Liberty International Insurance Ltd. to appoint Medical Doctor Network for providing medical and related services to each insured member under the Group Policy as notified by the Policyholder from time to time  
受僱主同意和授權於利寶國際保險有限公司選用指定之醫療網絡醫生，隨時為僱員提供有關之醫療團體服務。
10. understands this application shall be the basis of the insurance contract between me/us and Liberty. I/We further agree to accept Liberty's Policy terms and conditions, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.  
明白本投保申請書將會作為我(們)與利寶國際保險有限公司訂立保險契約之依據。我(們)同意接受利寶保單的條款及所附之除外責任和背書。
11. agrees to be bound by all the terms and conditions as set forth in the ENDOEX Form provided by Liberty to be used for submission of endorsements of information regarding our employees and /or dependents (e.g. enrollments, benefit changes and/or termination). Liberty is authorized to rely on the completed ENDOEX Form sent via email from the Contact Person and Designated Email Address as indicated to process the endorsements even though it may not bear any signature, company chops or other identification from our company.  
同意受利寶所提用以提交有關本公司僱員及/或家屬的附帶批單資料(如參與僱員投保登記、福利變動及/或保障終止等)的 ENDOEX 表格所載的所有條款及條件約束。即使 ENDOEX 表格並無任何簽名或加蓋公司圖章，或並無本公司的其他標識，利寶仍有權倚賴由聯絡人透過所示的指定電郵地址以電郵發送並經填妥 ENDOEX 表格以處理附帶批單。
12. agrees that we will notify Liberty if there are any changes to the Designated Email Address or Contact Person in writing as soon as the changes take effect. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with the failure to notify Liberty of such changes.  
同意盡快以書面通知利寶，有關指定電郵地址或聯絡人的任何變動。利寶概不就本公司、本公司僱員及彼等家屬因未有通知利寶有關變動而可能蒙受的任何損害承擔或負上責任。
13. agrees to provide enrollment related information of our employees and our company has authorized Liberty to use email for the purpose of distributing various types of reports (Claims Summary reports, Payment/Shortfall Advice, Hospital Analysis Sheet, etc.) indicated or offering insurance services to our Company and our employees.  
同意提供本公司僱員參與保險計劃的相關資料，而本公司已授權利寶以電郵方式向本公司及/或本公司僱員發送各類報告(如索償概要報告、付款/差額通知書、住院分析表等)及/或提供保險服務。
14. acknowledges that email services over the internet is not a secure medium where privacy can be ensured and that complete security and confidentiality over the internet is not possible at this time. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with any such breach of confidentiality or security.  
承認互聯網的電郵服務並非可確保私隱的安全媒介，而至現時為止互聯網服務或未能達致完全安全及保密的程度。利寶概不就本公司、本公司僱員及彼等家屬因任何有關違反保密或安全事宜而可能蒙受的任何損害承擔或負上責任。
15. understands that (1) it is duly authorized to release the information of its being the Insured and their Insured Dependents Member and will fully indemnify Liberty for any losses, damages, or claims that might result from the release of such information; (3) Liberty may not process this application if it fails to obtain any information requested in this Application; and (2) it has the right to obtain access to and to request amendments of any personal information held by Liberty concerning the Insured Members and to inform all Members regarding this contract before submitting their personal information to Liberty. Liberty shall not accept any liability for uninformed Members. You may contact Liberty's personal data privacy officer at the address below for any request to access and/or correct any information supplied to us. Moreover, Liberty is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance Industry.  
明白(1)本公司獲得正式授權，可以提供其僱員及其家屬的資料予利寶，並全面保障利寶免因提供該資料而遭受任何損失、損害或索償；(2)倘若申請人未能提供本申請所需的資料，利寶可能未能處理本申請；及(3)申請人有權查閱及要求更正利寶持有有關投保人的所有個人資料及在遞交所需之個人資料予利寶前，須就有關合約通知所有投保人。利寶不會就投保人未獲通知而負上任何責任。閣下可聯絡本公司個人資料私隱主任，地址如下，要求查閱/更改任何交予本公司閣下的個人資料。此外，在此授權利寶國際保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下的任何資料。

Authorized Signature with Company Chop  
簽署/連同公司蓋章

(MM 月) (DD 日) (YYYY 年)

Date  
日期Title  
職位

## Documents Checklist 所需文件：

1. Completed original application form 填妥申請表正本
2. Copy of Business Registration 商業登記副本
3. Member list 受保僱員名單 / Completed EndoEx Form 已填妥之 EndoEx 表格
4. Completed Health Declaration Form(s), if applicable / 已填妥之健康聲明書，如適用

“Tick” if provided 如已提供，請填上“✓”號

  
  
  


Witness by Broker/Agent:  
由保險顧問/代理人見證

Broker/Agent Company Chop:  
保險顧問/代理人公司印章