



Liberty International Insurance Ltd
 利寶國際保險有限公司
 13/F DCH Commercial Centre
 25 Westlands Road, Quarry Bay, Hong Kong
 Tel: (852) 2892 3888
 Fax: (852) 2572 8071
 Website: www.libertyinternational.com.hk

保單持有者
 Policyholder: _____
 保單號碼
 Policy Number: _____
 申報日期
 Report Date: _____

附屬公司
 Affiliated Company Name : _____
 附屬公司保單號碼
 Sub-policy Number : _____

Report Of Enrollments 新增受保人登記報告

Cert. No. 編號	Plan 計劃	Employee Name 僱員姓名	Dependent Name 家屬姓名	Sex 性別	Marital Status 婚姻狀況	Date of Marriage 結婚日期 (mm/dd/yy)	Date of Birth 出生日期 (mm/dd/yy)	# HKID No. 身份證號碼	# Email Address 電郵地址	Date of Employment 僱用日期 (mm/dd/yy)	Effective Date 生效日期 (mm/dd/yy)	Bank Account No. 銀行戶口號碼			Monthly Salary / Sum Assured 月薪/保額
												Bank Code	Branch Code	Account No.	

To Enjoy Free 'E-services', HKID No. and Email must be provided. 閣下必須同時提供身份證號碼及電郵地址以享用免費電子服務

The Policyholder and Affiliated Company : 保單持有人及其附屬公司
 (1) declare that all particulars and answers given above are true and complete to the best of my knowledge and belief.
 聲明本報告內所陳述之資料均為完整並真實無訛及為本人所知的全部。
 (2) also understand that any misrepresentation or omission may nullify this report and coverage for employees and dependants.
 同時明白任何不實之陳述或遺漏會導致此報告或該僱員/家屬之保障無效。

For report via email, please send this completed form to the following email addresses: group.admin@libertymutual.com.hk
 如經電郵傳送此報告至本公司，請將完整表格傳送至以下電郵地址: group.admin@libertymutual.com.hk。

Authorized Signature & Chop



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Report Of Terminations 終止投保報告

Cert. No. 編號	Plan 計劃	Employee Name 僱員姓名	Dependent Name 家屬姓名	Sex 性別	Last Date of Employment 最後受僱日 (mm/dd/yy)	Remark 備註

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Report Date: _____

附屬公司
Affiliated Company Name : _____
附屬公司保單號碼
Sub-policy Number : _____

Amendment Of Data 更改資料報告

Cert. No. 編號	Plan 計劃	Employee Name 僱員姓名	Dependent Name 家屬姓名	Sex 性別	Date of Marriage 結婚日期 (mm/dd/yy)	Date of Birth 出生日期 (mm/dd/yy)	# HKID No. 身份證號碼	# Email Address 電郵地址	Date of Employment 僱用日期 (mm/dd/yy)	Monthly Salary/Sum Assured(HK) 月薪/保額	Bank Account No. 銀行戶口號			Effective Date of Change 生效日期 (mm/dd/yy)
											碼 Account No.	Bank Code	Branch Code	

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Report of Change In Benefits 更改投保福利報告

Cert. No.編號	Plan 計劃	Employee Name 僱員姓名	Dependent Name 家屬姓名	Effective Date of Change 生效日期 (mm/dd/yy)	New Class/Plan (新)計劃	Monthly Salary/Sum Assured(HK)月薪/保額	Email Address 電郵地址

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