



AXA Chronic Disease Management Programme Enrolment Form

AXA 安盛慢性疾病管理計劃報名表格

(Applicable for AXA WiseGuard Pro Medical Insurance Plan only)
(只適用於 AXA 安盛智尊守慧醫療保障)

Ref./參考_____ (Policy Number/保單編號)

Important Notes

重要資料

1. This enrolment form is used for enrolment of AXA Chronic Disease Management Programme (the “Form”) and should be read in conjunction with the AXA Chronic Disease Management Programme leaflet (the “Programme leaflet”).
此報名表格（「表格」）用作參與 AXA 安盛慢性疾病管理計劃，並須與 AXA 安盛慢性疾病管理計劃宣傳單張一併閱讀（「宣傳單張」）。
2. The Programme is offered by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) (“AXA”, “the company” or “we”), subject to the terms and conditions of the Programme. For details, please refer to the Programme leaflet.
計劃由安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）（「AXA 安盛」、「本公司」或「我們」）提供，並受條款及細則約束。詳情請參閱宣傳單張。
3. The Programme is applicable to AXA WiseGuard Pro Medical Insurance Plan only. For further details concerning the eligibility to participate in the Programme, please refer to the Programme leaflet.
計劃只適用於 AXA 安盛智尊守慧醫療保障。有關參加資格詳情，請參閱宣傳單張。
4. The eligibility to participate in the Programme and the entitlement to receive premium rebate associated with the Programme are not guaranteed and are subject to AXA’s approval. In case of dispute, the decision of AXA shall be final and conclusive.
計劃之參加資格及計劃相關的保費回贈並非保證，並須以 AXA 安盛最終批核為準。如有任何爭議，AXA 安盛之決定將為最終及具決定性。
5. The Form must be submitted together with the Insurance Application Form or when AXA WiseGuard Pro Medical Insurance is in force.
表格必須與保險投保書一併提交或於 AXA 安盛智尊守慧醫療保障仍然生效時提交。
6. Each customer can only submit one Form for the Programme.
每名客戶只限就計劃提交一份表格。
7. The customer acknowledges that his / her decision to enrol in the Programme is not associated directly or indirectly with his / her decision to apply for AXA WiseGuard Pro Medical Insurance Plan, and its supplement (if applicable).
客戶知悉並同意購買 AXA 安盛智尊守慧醫療保障及其附加契約（如適用）的決定，與參加此計劃的決定是獨立分開的，沒有直接或間接關係。
8. AXA may request the customer to provide further information and / or documents to assist in processing this Form if necessary.
如有需要，AXA 安盛會要求客戶進一步提供資料及/或文件以協助處理申請。
9. Unless otherwise stated, capitalised terms used in this Form shall have the same meanings as defined in the terms and conditions of the Programme. For details, please refer to the Programme leaflet.
除另加註明，否則此表格上的專用字眼與本計劃條款及細則的定義相同。有關詳情，請參閱宣傳單張。



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Part A. Information of the proposed owner and the proposed insured

(Information provided herein must be the same as the information provided in the Insurance Application Form).

Please complete in BLOCK letters.

甲部分 建議持有人及建議被保人資料

(所提供的資料須與保險投保書的資料相同)

請以英文正楷填寫。

Name of proposed owner in English:

建議持有人之英文姓名:

Surname _____ Given Name _____

姓 _____ 名 _____

Name of proposed insured in English:

建議被保人之英文姓名:

Surname _____ Given Name _____

姓 _____ 名 _____

Part B. List of designated third- party service providers

乙部分 指定第三方醫療服務提供者名單

Please “√” one from the below selected designated third- party medical service providers: (in alphabetical order)

請選擇以下其中一個第三方醫療服務提供者，並於適當方格內填上“√”（英文字母順序排列）

- CUHK Medical Clinic Limited 香港中文大學醫務中心有限公司
 HKSH Medical Group Limited 養和醫療集團
 Hong Kong Diabetes Specialist Centre Company Limited 香港糖尿病專科中心
 Virtus Medical Group Limited 尚至醫療集團

Remark: Customer is required to select the designated third-party medical service provider during the enrolment and the selected medical service provider cannot be changed once the Form has been submitted to AXA.

備註：客戶在申請過程中，必須選擇指定的第三方醫療服務供應商，表格一經提交予 AXA 安盛，所選的醫療服務提供者便無法更改。

Part C. Programme type options

丙部分 計劃類別選項

Please “√” the Programme type to be enrolled on:

請選擇其中一個計劃類別，並於適當方格內填上“√”

Annual Programme Fee:

計劃年費：

HKD25,000.00 (“medication included” version)/港元 25,000.00 (「包括藥物」版)

HKD13,000.00 (“medication not included” version)/港元 13,000.00 (「不包括藥物」版)

- “medication included” version/「包括藥物」版
 “medication not included” version/「不包括藥物」版

Part D. Personal Information Collection Statement

Any personal data contained in this Form or collected by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) (“AXA”, “the Company” or “we”) is necessary. If you do not provide the above personal data, AXA may not be able to proceed with your enrolment in the AXA Chronic Disease Management Programme.

Any personal data contained in this Form shall be solely used for the purposes of verifying the identity of the proposed owner and the proposed insured, administration and qualification for the Programme. The personal data may be provided to any of AXA’s affiliates, any person associated with AXA, any agent or third party who provides administrative or other services to AXA and / or its affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same in relation to the Programme. Personal and health related

information of the proposed insured will be collected during the Programme for product research and development purpose only and does not affect any current and future underwriting and claims decisions with AXA. You give your consent to AXA to use your personal data in the above purposes. If personal data is not provided or is incomplete, you understand that this form will not be processed as you will not be eligible to participate in the Programme.

Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether AXA holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request AXA to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by AXA should be addressed in writing to the Data Privacy Officer, AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability), Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong. A reasonable fee may be charged to offset AXA's administrative and actual costs incurred in complying with your data access requests.

丁部分 個人資料收集聲明

任何於此表格所載或由安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司)「(AXA 安盛」、「本公司」或「我們」)收集之個人資料均屬必要。如您無法提供上述個人資料，AXA 安盛或無法處理您對 AXA 安盛慢性疾病管理計劃的申請。

於此表格所載之個人資料，將只用作核實建議持有人及建議被保人的身分、管理及釐訂此計劃之獲享資格。個人資料可提供給位於香港或香港以外其他地方為 AXA 安盛及 / 或其有關聯方提供行政或其他服務的任何 AXA 安盛有關聯方、任何相關聯人士、任何經紀或第三方，並對計劃的個人資料負有保密義務。於計劃期間收集建議被保人個人及健康相關資料只會作內部產品研究及開發用途，不會影響 AXA 安盛現在及將來的核保決定或賠償決定。您同意 AXA 安盛使用您的個人資料作以上用途。如無提供個人資料或個人資料不全，您明白此表格將不獲處理，您將不符合參加計劃的資格。

根據個人資料(私隱)條例，您有權查明 AXA 安盛是否持有您的個人資料，獲取該資料的副本，以及更正任何不準確的資料。您還可以要求 AXA 安盛告知您 AXA 安盛所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及 AXA 安盛所持的資料種類的資料，均應以書面形式發送至個人資料保護主任，香港銅鑼灣勿地臣街 1 號時代廣場 2 座 20 樓 2001 室安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司)。AXA 安盛可能會向您收取合理的費用，以抵銷 AXA 安盛為執行您的資料查閱要求而引致的行政和實際費用。

Declaration

1. The proposed owner (and proposed insured) declares that all the information provided above is true and same as the information provided to the Insurance Application Form in all aspects, and will be used to participate in the Programme.
2. The proposed owner (and proposed insured) has read, understood and agreed to the contents of this Form.
3. The proposed owner (and proposed insured) acknowledges that the terms, "insured" and "owner" mentioned in this form shall bear the same meaning as "Insured Person" and "Policy Holder" stated in the terms and benefits of AXA WiseGuard Pro Medical Insurance Plan.

聲明

1. 建議持有人(及建議被保人)就此作聲明，上述提供之資料全屬真確無誤，並與保險投保書相同，及將用作參加此計劃之用。
2. 建議持有人(及建議被保人)已閱讀、明白及同意此表格上之內容。
3. 建議持有人(及建議被保人)知悉並同意此表格內有關「持有人」及「被保人」的定義與 AXA 安盛智尊守慧醫療保障中的條款及細則上的「保單持有人」及「受保人」的定義相同。

Signature of the proposed owner/proposed insured/建議持有人簽署/建議被保人簽署:

Date (YYYY/MM/DD)/日期(年/月/日): _____

Must correspond with the signature of the Insurance Application Form./必須與保險投保書上的簽署相同。



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Signature of the proposed insured (If different from the proposed owner)/ 建議被保人簽署 (如與建議持有人不同):

Date (YYYY/MM/DD)/日期 (年/月/日): _____

Must correspond with the signature of the Insurance Application Form./必須與保險投保書上的簽署相同。

Financial Consultant/理財顧問

Code/編號: _____

Name/姓名: _____

Mobile number/手提電話: _____

Financial Consultant Checklist/理財顧問核對清單

- Completed all the information in this Form/已填妥此表格的資料
- Both proposed owner and proposed insured (if applicable) have signed the Form/建議持有人及建議被保人 (如適用) 均已在表格上簽署
- Programme fee/計劃費用