

供公司使用 — 保险中介详情及印章
For company use – intermediary details and stamp

保险中介公司： Intermediary company:	传真号码： Fax number:
	电邮地址： Email address:
联络姓名： Contact name:	官方印章： Official stamp:
电话号码： Telephone number:	

本投保单应由雇主(投保人)填写。请使用正楷字体填写本投保单。

投保人必须披露所有重要事实。如未披露所有重要事实可能会使团体保险保单无效。重要事实指可能会影响本申请的评估或受理的事实。如果投保人对于某事实是否重要存在疑问, 投保人应披露该事实。保险人建议投保人保留一份投保人向保险人提供有关本投保单的所有资料的记录。

如在投保人的投保单填写后及在保险人的书面接受日期、支付保费日期或投保人的生效日期/参保日期(以最迟者为准)前, 发生任何会影响投保人在本投保单中所提供数据的事情(如投保人的任何员工的健康状况发生变化), 投保人须书面告知保险人该等变化。

请通过您的保险中介或直接向时康管理顾问(上海)有限公司寄送您填写的申请表, 转交: 亚太财产保险有限公司, 中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室, 邮编: 200080。您亦可将其扫描及电邮至ChinaSales@now-health.com或传真至+(86) 400 077 7900。

To be completed by the employer (the policyholder). Please complete this form using BLOCK CAPITALS.

The applicant must disclose all material facts. Failure to do so may invalidate the group policy. A material fact is one which is likely to influence the assessment and acceptance of this application. If the applicant is in any doubt whether a fact is material, it should be disclosed. Please keep a record of all information supplied in connection with this application.

If, after completing the application form and before the latest of either the insurer's written acceptance, payment of premium or the start date/entry date, anything occurs which affects the information provided in this form, such as a change in the state of health of any employee, the applicant must tell the insurer in writing about the change.

Please send the completed application form via the applicant's intermediary or direct to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 1103-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China. The applicant can also scan and email it to ChinaSales@now-health.com or fax it to +(86) 400 077 7900.

第一部份：生效日期
Section 1: Start Date

在保险人收到本投保单及正确保费, 且投保人接受保险人的全部条款及条件后, 保险方可生效。投保人可要求在本投保单填写后的60日内保单开始生效。Cover cannot start until the applicant has accepted all of the insurer's terms and conditions following the insurer's receipt of this application form and the insurer has received the correct premium. The applicant can apply for cover to start at a future date within 60 days of completion of this application form.

团体保险计划将从(日/月/年)开始生效：
The date the group policy will start from (dd/mm/yyyy):

/ /

第二部份：投保人(公司)详情
Section 2: Policyholder (Company) details

公司名称： Company name:	
公司地址： Company address:	
公司注册编号： Company code:	
公司网址： Company website address:	业务类型： Type of business:

第三部分：投保人（公司）保单管理人详情

Section 3: Policyholder (Company) policy administrator details

名：
First name(s):

姓：
Family name:

我们应如何称呼您？
What does the policy administrator like to be called?

(如投保人的全名为 John Andrew Smith，投保人可能希望我们称他为 John 或 Smith 先生或 Andy。保险人将在所有通讯中以这种方式称呼他。)
(If the policy administrator's full name is John Andrew Smith, the policy administrator might like to be called John or Mr Smith or Andy. The insurer will address all correspondence to the policy administrator in this way.)

职位：
Job title:

地址（若与上述地址不同）：
Address (if different from above):

电话：
Telephone:

传真：
Fax:

电邮地址：
Email address:

第四部分：团体保险计划选项

Section 4: Group Policy options

有关团体保险计划选项的详细资料，请参阅《健享+》保障一览表。投保人的保费支付的币种为人民币，且计划免赔额亦以该货币计值。请选择投保人的保险计划选项、免赔额及任何其他选择。

For detailed information about the policy choices available, please refer to ChinaCare benefit schedule. The currency the policyholder pays their premium in is RMB and the policy excesses will also be denominated in this currency. Please indicate the preferred plan choice, excess, and any additional options.

团体保险计划选项 Choice of Group Policy

保障 Benefit	华安 Amber	华乐 Jade	华享 Crystal
年度最高计划限额 Maximum annual limit	100万人民币 RMB 1m	200万人民币 RMB 2m	300万人民币 RMB 3m
住院及日间留院护理 In-patient and day-patient care	▶	▶	▶
癌症治疗 Cancer treatment	▶	▶	▶
转运和送返 Evacuation and transportation for returning to city of residence/home city	▶	▶	▶
日间留院和门诊手术 Day-patient or out-patient surgery	▶	▶	▶
门诊医生费用 Out-patient charges	▶	▶	▶
康复治疗 Rehabilitation	▶	▶	▶
器官移植 Organ transplant	▶	▶	▶
先天性疾病 Congenital disorders	▶	▶	▶
慢性病症 Chronic condition cover	▶	▶	▶
生育保障 Maternity cover	▶	▶	▶
请选择 Please choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ 全额赔偿 Full refund ▶ 不予承保 Not covered ▶ 有限承保 Limited cover

第四部分：团体保险计划选项 Section 4: Group Policy options

团体保险计划免赔额 Group Policy Excess

如投保人希望从标准的免赔额改为其他选项，请勾选适当方框。请注意下列的计划免赔额适用于每名被保险人于每个保险期间的每个医疗状况。

If the applicant would like to change from the standard excess to one of the other options, please tick the appropriate box. Please note that the policy excess is per insured person, per medical condition, per period of cover.

保障 Benefit	华安 Amber	华乐 Jade	华享 Crystal
标准免赔额 Standard Excess	零 Nil	零 Nil	零 Nil
自选免赔额 Optional Excess 门诊就医免赔额方案 Out-patient Per Visit Excess	不适用 N/A	<input type="checkbox"/> 可供选项150人民币 Optional RMB 150	<input type="checkbox"/> 可供选项150人民币 Optional RMB 150

门诊直付医疗网络医院名单公布于<http://www.now-health.cn>。本公司对门诊直付医疗网络医院名单可能会进行不定期调整。在以上网址公布的门诊直付医疗网络医院名单，将视同通知并送达投保人及每一被保险人。每次就诊前，被保险人应及时上网查询最新的门诊直付医疗网络医院名单。因门诊直付医疗网络医院清单变动导致被保险人保障条件变化，本公司不承担责任。

The Out-Patient Direct Billing list can be found from the web site at <http://www.now-health.cn>. This list may be updated from time to time. The changes made in the Out-Patient Direct Billing list is deemed to be available and known to the policyholder and each respective insured person. The insured person should check for any changes in the list before selecting a medical facility and prior to each medical visit. The insurer is not responsible for billing procedures or other consequences caused by changes to the network list.

第五部分：保费的支付方式 Section 5: Frequency of premium payment

请注意，如投保人现根据指示性报价作出付款，在本公司审核本投保单后，应付金额可能会发生变动。投保人须在保险期开始前，同意并支付修改后的保费。请选择投保人支付保费的频率。请注意季度保费需支付3%的附加费。

Please note that if the payment the applicant is to make now is based on an indicative quote, the amount due may change once the insurer has reviewed this application. The applicant will need to both agree and pay the revised premium before cover can start. Please select the frequency the applicant would like to pay premiums in. Please note that quarterly premiums have a 3% surcharge.

	年缴 Annually	半年缴 Semi-annually	季缴（附加费3%） Quarterly (3% Surcharge)
银行转账 Bank transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

注意：

经保险人同意后的年终结算团体保单，保险期间内的人员变更所产生的保费，在本保险合同到期时可进行统一结算。但保险期间内人员变动比例超过期初时的15%时，保险人有权要求立即结算人员变更所产生的所有保费。

Remark:

For Year-end-adjustment group which is approved by insurer, if there is any change of the insurance premium caused by the member adjustment, the premium should be settled at the end of the insurance policy contract. During the insurance coverage period, if the membership change is 15% or more to the initial membership, the insurer has the right to request the policyholder to immediately settle all the outstanding premium caused by the change of the membership.

第六部分：购买过的医疗保险

Section 6: Previous Medical Insurance

如果投保人曾为公司的员工购买过私人医疗保险，请填写这部分；否则请参见第七部分。

Please complete this section if the applicant has previously had private medical insurance for their group members. Otherwise please go to section 7.

保险单编号：
Policy no.:

保障结束时间(日/月/年)：
Date cover expires/expired (dd/mm/yyyy): / /

保险人(公司)的名称：
Name of Insurer:

在过去三年，若曾有任何单一医疗状况理赔金额超过人民币189,000，请提供详情：
Details of any claims over RMB 189,000 for any one medical condition in the last three years:

第七部分：核保选项

Section 7: Underwriting Options

医疗核保 (FMU)

Full Medical Underwriting (FMU)

既往病史不咎 (MHD)

Medical History Disregarded (MHD)

医疗核保(FMU)是保险人用于在确定特殊条款是否适用时，对被保险人提供的细节评估的过程。医疗核保要求所有被保险人(员工和符合资格的连带被保险人)填写《健享+》团体员工(医疗核保)投保单。

Full Medical Underwriting (FMU) is the process where the underwriters assess the declared details in deciding if any special terms apply. For FMU, all members (employees and eligible dependants) are required to complete a ChinaCare Group (FMU) employee application form.

既往病史不咎(MHD)是指保险人可能会为投保人的员工进行承保，但不会详细询问他们先前的病史。既往病史不咎(MHD)适用于20名员工(或以上)的统一投保的团体保险。

Medical History Disregarded (MHD) is when the insurer may be able to cover the applicant's employees without asking detailed questions about their medical history up-front. MHD is available for compulsory groups of 20 or more employees.

保险人需要每位被保险人的名单，其中必须包含每位被保险人的详情如下。

The insurer needs a full membership list as follows and it must include these details for each person to be covered.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1. 名 First name(s) | 8. 员工类别 Employee category |
| 2. 姓 Family name | 9. 保险生效首日(日/月/年) — 参保日期
Entry Date – first day of cover (dd/mm/yyyy) |
| 3. 我们应如何称呼他/她们?
What do they like to be called?
<small>(如您的员工的全名为 John Andrew Smith，您可能希望我们称他为 John 或 Smith 先生或 Andy。我们将在所有通讯中以这种方式称呼您的员工。)
(If an employee's full name is John Andrew Smith, he might like to be called John or Mr Smith or Andy we will address all correspondence to him in this way.)</small> | 10. 居住国家 Country of Residence |
| 4. 性别 Gender | 11. 国籍 Nationality |
| 5. 出生日期(日/月/年) Date of birth (dd/mm/yyyy) | 12. 电邮地址 Email address |
| 6. 身份证/护照号码 ID/Passport number | 13. 电话号码 Telephone no. |
| 7. 职业 Occupation | 14. 与主被保险人的关系 Relationship to primary insured |
| | 15. 连带被保险人应包括在内 Dependants to be included |
| | 16. 入职日期(员工)(日/月/年)
Start date of employment (employees only) (dd/mm/yyyy) |

第八部分：被保险人资格

Section 8: Eligibility

请定义被保险人类别：
Please define the member category:

类别名称，如董事、经理、一般员工等 Name of category e.g. directors, managers, general employees	被保险人数量 Number of members

统一投保 Compulsory 或 or 自愿 Voluntary
仅员工 Employees only 或 or 员工和连带被保险人 Employees and Dependants
外籍员工 Expatriates 和/或 and/or 本国员工 Local Nationals

新员工的保障生效日期:

Start Date for New Employees:

入职首日起 First date of employment
 个月试用期后 After _____ month(s) probation period

如果连带被保险人年满18岁或以上，保险人可以要求其学校出具该连带被保险人接受全日制教育的书面确认资料。
For dependants aged 18 and over, the insurer may require written confirmation from their place of study that they are in full-time education.

如果保险人以统一投保的条件承保团体，而随后发现该团体为自愿投保团体，保险人保留调整保费的权利。
If the insurer have accepted the group plan on the basis that it is compulsory group and subsequently find out that the group plan is on a voluntary basis; the insurer reserve the right to adjust the premium.

第九部分：重要备注

Section 9: Important notes

注意:

- 请注意您的保险计划不承保投保前疾病及其相关疾病（不包括事先得到保险人书面同意承保的投保前疾病）
投保前疾病的定义为任何疾病或损伤在保单起始日期或者保单加入日期前：
 - 曾接受过治疗、测试或检查；或曾被确切诊断；或曾接受过住院治疗；或者
 - 曾出现过症状，无论是否有过确切诊断
- 在上述详情维持不变的条件下，报价将在30日内有效，且报价按照亚太财产保险有限公司的《健享+》团体医疗保险计划的条款、条件及责任免除事项发出。
- 所报保费是根据每人于报价日期的年龄计算。如在被保险人于亚太财产保险有限公司的团体医疗保险计划的实际生效日期前，任何被保险人士的年龄出现增长，或实际符合资格的被保险人人数与亚太财产保险有限公司在报价阶段收到的原始人员清单不符，保费可能会因此而改变。在本保险公司收到本投保单及正确保费，且投保人接受本保险公司的全部条款及条件后，保险方可生效。
- 所报保费是根据身体质量指数在正常限度内厘定。

资料保障

在审核您的投保申请以及与被保险人往来（如已向其出具保险计划）的过程中，保险人将收集到部分与被保险人相关的信息。该信息将被用于确认您的保障范围、管理已签发的保险计划以及处理赔案。被保险人的信息可能因为上述目的而被转交至核保人、医生、医疗援助公司及理赔管理人。

任何协助管理您的保险计划的第三方亦需承担相同的保密责任。除上述者外，被保险人的姓名及联系资料将不会向其他组织披露。

Remark:

- Pre-Existing Medical Conditions
Your policy does not cover you for treatment of Pre-Existing Medical Conditions and Related Conditions unless accepted by the insurer in writing.
A Pre-Existing Medical Condition means any disease, injury or illness for which:
 - You have received treatment, tests or investigations for, been diagnosed with or been hospitalised for; or
 - You have suffered from or experienced symptoms; whether the medical condition has been diagnosed or not, at any time before your start date/entry date into the plan.
- Quotations are valid for 30 days subject to the above details remaining the same and are issued in accordance with Asia-Pacific Property & Casualty Insurance Co., Ltd. medical insurance policy terms, conditions and exclusions.
- The premiums quoted have been calculated based on each person's age at the date of the quotation. Premiums may be subject to change if the age of any person increases prior to the actual start date of the applicant's Asia-Pacific Property & Casualty Insurance Co., Ltd. group policy or if the number of members eligible to participate in the group plan is different to the original census provided that Asia-Pacific Property & Casualty Insurance Co., Ltd. quoted on. Cover cannot start until the applicant has accepted all of the insurer's terms and conditions following the receipt of this application form and the insurer has received the correct premium.
- The premiums quoted have been based on the applicants' Body Mass Index being within normal limits.

Data protection

The insurer will collect certain information about the insured member in the course of considering the applicant's application and if a policy is issued to the insured member, conducting the insurer's relationship with the members. This information will be processed for the purposes of underwriting the insured member's insurance coverage, managing any policy issued and administering claims. The insured members' information may be passed to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes.

The same duty of confidentiality is required of any third parties to whom the administration of your policy may be subcontracted. The insured members' name and contact details will not be disclosed to other organisations (except as stated above).

第十部分：声明及授权

Section 10: Declaration and authorisation

投保人特此代表本投保单中列名的所有人士就上文指明的亚太财产保险有限公司《健享+》团体医疗保险计划申请保险。

投保人已收取并阅读本团体保险计划的保障一览表、条款及条件、定义、保障和责任免除事项。投保人明白投保单、团体保险协议、保险凭证、保障一览表、《健享+》会员手册以及附有本团体保险计划条款和条件的团体保险条款，将构成我们双方之间的合同以及本团体保险计划协议的所有部分。投保人知道投保覆盖范围将根据协议提供。

- 投保人声明所填本投保单的资料乃属真实，就本投保单的各名人士作出的披露乃属完整，即便所提供的若干资料并非投保人亲笔书写。投保人明白，投保人明白，投保人为欺诈或企图欺诈亚太财产保险有限公司而向亚太财产保险有限公司提供错误、不完整或有误导性的事实，贵公司有权拒绝承保或解除保险合同。
- 投保人明白投保人须在书面接受日期、支付保费日期或生效日期/ 参保日期（以最迟者为准）前，通知亚太财产保险有限公司关于本投保单内所载事实的任何变动，包括本投保单内列名的任何人士的健康状况的变化。
- 投保人同意被保险人或被保险人的任何连带被保险人在指定医疗网络内接受治疗，包括但不限于门诊直付、预先审核住院等等，而最后该治疗或医疗状况所涉及的费用，根据保险计划的条款及条件被确定为不予偿付的，投保人同意负责向亚太财产保险有限公司偿还其已垫付的所有上述费用。
- 投保人声明，投保人已阅读并明白《健享+》团体医疗保险条款和《健享+》团体医疗保险协议的以下章节：
 - 取消和终止权利
 - 有关团体保单的法律及司法管辖区
 - 团体保单的用字及我们的服务
 - 赔偿安排
 - 责任免除
 - 时康管理顾问(上海)有限公司代表亚太财产保险有限公司安排及管理保单及支付索赔
- 投保人明白，如亚太财产保险有限公司因任何原因无法收取投保人的保费，且投保人未在亚太财产保险有限公司提出使用其他支付方式的要求后的七日内，向亚太财产保险有限公司提供其它支付方式，因而令投保人的团体保险计划失效，亚太财产保险有限公司对此不承担责任亦因此无需支付理赔。
- 投保人已阅读重要备注。
- 投保人同意上述声明并明白保险乃根据亚太财产保险有限公司《健享+》团体医疗保险的条款及条件提供。
- 本人同意如果投保单的中英文内容存在不一致时，以中文文本的内容为准。
- 本人明白，如果本投保单中任何人士能够向其他保险保单索赔任何治疗费用或其他保障，亚太财产保险有限公司仅负责理赔总额中相应比例的部分。
- 本人和本保单其他的被保险人同意贵司在管理我们保单时，需要收集我们的个人信息和使用它们。其涵盖范围可能需要分享我们的个人信息与时康管理顾问公司，保险人，医疗机构和其他各方以方便其履行对我们的服务。据本人所知，我们的个人资料将被安全地保存，并在严格保密处理。
- 本人已经收到并仔细阅读保险条款，尤其是对责任免除、投保人义务、被保险人义务、赔偿限额、免赔额、自付比例等保险人用黑体字特别标明提醒本人特别注意的内容，保险人已经进行说明和解释，本人能够理解并知晓法律后果，对保险条款包括保险人用黑体字特别注明部分的内容没有异议，本人已经充分理解和清楚保险条款的全部内容。上述所填写内容均属实，同意以此投保单作为订立保险合同的依据。

I hereby apply for cover on behalf of all the persons named in this application form for a Asia-Pacific Property & Casualty Insurance Co., Ltd. group policy as specified above.

I have received and read the benefit schedule, terms and conditions, definitions, benefits and exclusions of this group policy. I understand that the application form, group agreement, certificate of insurance, benefit schedule and ChinaCare Member's handbook and the policy wording incorporating the group policy terms and conditions make up the contract between the insurer and the policyholder and all form part of the group policy agreement. I am aware that cover shall be provided in accordance with the agreement.

- I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me to knowingly provide false, incomplete or misleading facts or information to Asia-Pacific Property & Casualty Insurance Co., Ltd. for the purpose of defrauding or attempting to defraud Asia-Pacific Property & Casualty Insurance Co., Ltd. The insurer has the right to refuse underwriting or to terminate the insurance policy.
- I understand that I must notify Asia-Pacific Property & Casualty Insurance Co., Ltd. of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the start date/entry date.
- The policyholder agree that where medical treatment is received within the provider network, including but not limited to out-patient direct billing, pre-authorised in patient, etc. by the insured or any of insured's dependants and, if the insurer determine in the course of treatment or when receiving the final invoice and medical records that the medical condition is excluded from the terms and conditions of the policy, the policyholder agree that they are liable to Asia-Pacific Property & Casualty Insurance Co., Ltd. for all claims settled for such medical treatment in connection with any non-covered claim.
- I declare that I have been made aware of the importance of and read and understood the following from the policy wording and group agreement:
 - cancellation and termination rights
 - law and jurisdiction of the group policy
 - language of the group policy and our service
 - compensation arrangements
 - exclusions
 - Now Health International (Shanghai) Limited is acting on behalf of Asia-Pacific Property & Casualty Insurance Co., Ltd. for the purposes of preparing and administering policy, and paying claims.
- I understand that Asia-Pacific Property & Casualty Insurance Co., Ltd. cannot be liable and therefore will not pay claims if my group policy is lapsed should Asia-Pacific Property & Casualty Insurance Co., Ltd. be unable to collect my premium for whatever reason and I do not provide Asia-Pacific Property & Casualty Insurance Co., Ltd. with an alternate method of payment within seven days of Asia-Pacific Property & Casualty Insurance Co., Ltd. requests for alternative methods of payment.
- I have read the important notes.
- I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Asia-Pacific Property & Casualty Insurance Co., Ltd. group policy.
- I agree that if there is any inconsistency between the Chinese and English version of the insurance application form, the Chinese version should prevail.
- I understand that if any of the persons named in this application are able to claim any costs from another insurance policy for the cost of any treatment or benefits received, Asia-Pacific Property & Casualty Insurance Co., Ltd. will only be liable for a proportional share of the total costs.
- I and those covered under this policy consent to the collection and use of our personal information in the administration of our policy. This may include sharing our personal information with Now Health offices, our insurer, medical providers and other parties to the extent needed to fulfill our policy. I understand that our data will be kept securely and handled in strict confidence.
- I have received and carefully read the insurance policy, especially for the insurance exclusions, the policyholder and the insured's obligations, maximum claim amount, co-insurance, deductible, excesses etc. which the sections have been bolded by the insurer to alert the policyholder to be careful in the content. The insurer has already explained and clarified the terms and conditions of the insurance policy. I am fully aware and understand the legal consequence. I have no disagreement to the particular sections including the policy wordings that are bolded. I fully understood and I am aware the content of all the policy wordings. All the above sections signed are truth and facts and I agree to use this application form as the base for our insurance contract.

签署（被授权人/保单管理员）：
Signature (Authorised person/policy administrator):

日期（日/月/年）：
Date (dd/mm/yyyy):

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保险合同由亚太财产保险有限公司签发，并委托时康管理顾问(上海)有限公司进行保单管理。
亚太财产保险有限公司地址：中国深圳市福田区中心区福华一路免税商务大厦29-30楼，邮编：518048
时康管理顾问(上海)有限公司地址：中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编：200080
Policies are issued by Asia-Pacific Property & Casualty Insurance Co., Ltd. Registered Office: 29-30F, Dutyfree Business Building, 1st Fuhua Road, Futian CBD, Shenzhen 518048, China.
Policies are administered by Now Health International (Shanghai) Limited. Room 1103-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.

