NOW HEALTH INTERNATIONAL | API 亚太财险 Asia-Pacific P&C

《健享+》个人与家庭医疗保险：投保单
ChinaCare application form: Individuals and families

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:	

投保须知：

本投保单的各项内容由投保人如实详尽地填写并签名后将作为向本公司投保的依据。签署的投保单为投保人向本公司投保的基础。本投保单为保险合同的组成部分。在填写本投保单之前，请详细阅读投保单内容并确认理解条款含义。

投保单应由投保人用墨水笔亲笔填写，字迹清晰，不得有涂改。如投保单由他人代为填写，则应由投保人亲笔签名（或盖章）确认，否则，本投保单无效。

投保人应该仔细阅读保险条款和条件并特别关注其中免除保险人责任的内容。投保人有权要求保险公司销售人员对其详细说明有关内容。

本投保单需经本公司审核并出具保单，投保人按保单约定缴纳商定保险费后方产生保险效力。

一切与本投保单相关事项及保险合同条款和条件相违背或增减的销售人员说明或解释均无效。

未有告知所有的重要事实，可能会导致本公司解除保险合同及/或日后的理赔申请不被受理。重要事实指可能会影响本公司是否同意承保或提高保险费率的事实。如投保人不确定某事实是否属重要，投保人应披露该事实。

请保留一份投保人向本公司提供有关本申请的所有资料的记录。

如有的话，请在投保人的申请中附上医疗报告或检验结果。如果本公司需要更多资料，本公司可能要求投保人填写其他医疗问卷。投保人提供的所有资料均会被严格保密。

本公司会以投保人在本表格中所提供的资料为依据，决定是否接受投保人的申请，及是否需要适用特别条款。特别条款指适用于投保人保险的责任免除事项或条件。如投保人就任何现有医疗状况的治疗提出理赔申请，而并未在本投保单中向本公司告知或未能详尽告知该医疗状况，本公司可拒绝支付该理赔申请。本公司有权解除保险合同，或对投保人的保险合同订立特别条款，而该等条款将具有追溯效力。请务必确保完全及正确地填写本投保单。

如在投保人的投保单填妥后及在本公司的书面接受日期、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所提供资料的事情（如投保人的健康状况或连带被保险人的健康状况发生变化），投保人须书面告知本公司该等变化。

请透过您的保险中介向时康管理顾问(上海)有限公司寄送您填妥的申请表格，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。

Key Points for Applications:

The applicant should truly and as detailed as possible to fill out all the contents of this applications form and sign it. The signed application form will form the basis of application to the insurer. The application form is also part of the insurance contract. Before completing this application form, the applicant should carefully read the terms of the application form and confirm the understanding of their meaning.

The application form should be filled out in ink pen with clear hand writing and should not be altered. If the application form is filled out by others, it should be signed by the applicant (or sealed) to confirm the content. Otherwise, the application form is void.

The applicant should carefully read the insurance policy terms and conditions, in particular the exemption clauses. The applicant has the right to require the sales staff of the insurer to provide a detailed explanation.

The application form will be underwritten by the insurer which will issue the insurance policy. The insurance policy will become effective after the applicant has paid for the agreed insurance premium as per the insurance agreement.

All the sales staff's descriptions and explanations of various issues contrary to, different from the application form and the insurance terms and conditions are void.

Failure to disclose all material facts may lead to cancellation of the insurance policy by the insurer and/or non-acceptance of future claims. A material fact is one which is likely to influence the insurer to accept the application or to increase the premium rate. If the applicant is unsure whether a fact is material, the applicant should disclose it.

Please keep a record of all information the applicant supplies to the insurer in connection with this application.

Please enclose any medical reports or test results with the application if they are available. The insurer may ask the applicant to complete a further medical questionnaire if the insurer needs more information. All the information the applicant provides will be treated in strict confidence.

The insurer relies on the information that the applicant provides in this form to decide whether or not to accept the application, and whether or not the insurer needs to apply special terms. Special terms are exclusions or conditions that the insurer may apply to the applicant's cover. If the applicant submits a claim for the treatment of any pre-existing condition which the applicant did not tell the insurer about here or did not tell the insurer everything about, the insurer may refuse to pay that claim. The insurer also has the right to terminate the insurance contract, or the insurer may impose special terms on the applicant's policy which the insurer will apply retrospectively. Please take the greatest care to ensure that this application form is completed fully and accurately.

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

Please send the completed application form to the insurer via the applicant's intermediary 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.

第一部分：投保人姓名
Section 1: Name of Policyholder

名： First name(s):	姓： Family name:
我们应如何称呼您？ What does the applicant 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 applicant's full name is John Andrew Smith, the applicant might like to be called John or Mr Smith or Andy. The insurer will address all correspondence to the applicant in this way.)

第二部分：投保人/主被保险人详情
Section 2: Policyholder/Direct insured details

地址：
Address:

电邮地址：
Email address:

首选电话号码（包括国家代码）：
Preferred telephone number *(including country code)*:

该号码为投保人的 Is this the applicant's
手机电话 Mobile ☐ 家庭电话 Home ☐ 办公电话 Work ☐
如您希望以短讯的方式获得通知，请告知我们您的手机号码：
If the applicant would like SMS notifications, please tell us the applicant's mobile number:

性别：Gender: 男性 Male ☐ 女性 Female ☐
出生日期（日/月/年）：Date of birth (dd/mm/yyyy): / /

居住国家：
Country of residence:

国籍（护照签发国家）：
Nationality (Country of passport issuance):

身份证/护照号码：
ID/Passport number:

身高（厘米/英尺）：
Height (cm/ft):

体重（公斤/磅）：
Weight (kg/lbs):

职业：
Occupation:

行业：
Occupation industry:

第三部分：连带被保险人详情
Section 3: Dependant details

配偶详情
Spouse details

名：
First name(s):

姓：
Family name:

我们应如何称呼您？
What does he/she like to be called?

性别：Gender: 男性 Male ☐ 女性 Female ☐
出生日期（日/月/年）：Date of birth (dd/mm/yyyy): / /

居住国家：
Country of Residence:

国籍（护照签发国家）：
Nationality (Country of passport issuance):

身份证/护照号码：
ID/Passport number:

身高（厘米/英尺）：
Height (cm/ft):

体重（公斤/磅）：
Weight (kg/lbs):

职业：
Occupation:

行业：
Occupation industry:

连带被保险人详情 Dependant Details	连带被保险人 1 Dependant 1	连带被保险人 2 Dependant 2	连带被保险人 3 Dependant 3	连带被保险人 4 Dependant 4
名：First name(s):				
姓：Family name:				
我们应如何称呼他/她们？What do they like to be called?				
身份证/护照号码：ID/Passport number:				
性别：Gender:	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐
出生日期（日/月/年）：Date of birth (dd/mm/yyyy):	/ /	/ /	/ /	/ /
居住国家：Country of Residence:				
国籍：Nationality:				
身高（厘米/英尺）：Height (cm/ft):				
体重（公斤/磅）：Weight (kg/lbs):				
与投保人的关系：Relationship to policyholder:				
职业（16岁以上者）：Occupation (ages 16+):				

第四部分：生效日期
Section 4: Start Date

您希望您的个人《健享+》保险计划的生效日期为（日/月/年）：
Date on which the applicant wishes their policy to start (dd/mm/yyyy): / /

在本公司收到本投保单及正确保费，且投保人接受本公司的全部条款及条件后，保险方可生效。
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.

您可要求保险在本保单填妥后的60日内开始生效。
The applicant can apply for cover to start at a future date within 60 days of completion of this application form.

第五部分：保险计划选项
Section 5: Policy options

有关保险计划选择的详细资料，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。请指明投保人的保险
计划选择、免赔额及任何其他选项。

For detailed information about the policy choices available, please refer to ChinaCare Benefit Schedule. The currency the applicant pays his/her premium in is RMB and the policy excesses will also be denominated in this currency. Please indicate the applicant's plan choice, excess, and any additional options.

计划选项 Choice of 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	☐	☐	☐

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

第五部分：保险计划选项
Section 5: Policy options

计划免赔额 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*	☐ *可供选项150人民币* *Optional RMB 150*	☐ *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.

第六部分：付款人与保费的支付方式
Section 6: Payor and 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。

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.

如果本保险合同约定可以分期支付保险费，投保人在支付首期保险费后，投保人自保险人催告之日起超过三十日未支付当期保险费的，保险人可以解除保险合同，或者按照合同约定的条件减少保险金额。如果本保险合同约定为一次性支付保险费，但投保人没有支付保险费或者没有完全支付保险费，投保人自保险人催告之日起超过三十日仍未支付应当缴纳的保险费的，保险人可以解除保险合同，或者按照合同约定的条件减少保险金额。保险人解除保险合同的，自保险人解除合同之日起不承担保险责任。

If the premium of the policy is agreed to be paid by installments, where the policyholder has paid the first installment but does not pay any of the following installment after 30 days of the payment due date being notified, the insurer can terminate the policy or reduce the insurance liabilities of the contract. If the premium of the policy is agreed to be paid as one-off, where the policyholder does not pay or does not pay the required full premium after 30 days of the payment due date being notified, the insurer can void the policy or reduce the insurance liabilities of the contract. If the insurer decides to void the policy, the insurer will not be liable for the insurance liabilities incurred.

	年缴 Annually
银行转账 Bank transfer	☐
自动扣款（转账）授权 Direct Debit Authorisation * 请填写自动扣款（转账）授权书部份 (见第十三部分） * Please fill out the direct debit authorisation section (section 13)	☐

开具发票的相关注意事项，请参见第十五部分 — “付款人及发票抬头要求”。
The matters related to fapiao issuance, please refer to Section 15 — “The Payor and the Issuance of Fapiao Request”.

第七部分：赔偿方法
Section 7: Claim reimbursement method

银行汇款而言 For bank transfer

账户持有人姓名：
Account holder's name:

银行名称（含支行）：
Bank name (and branch name):

银行地址：
Bank address:

银行账户号码：
Bank account no.:

汇款路由代码（如Swift或sort代码）：
Routing code (e.g. Swift or sort code):

第八部分：保险详情
Section 8: Insurance details

8.1 投保人目前是否在另一家公司投有健康保险？
Does the applicant currently have health insurance with another company? 是 Yes ☐ 否 No ☐

如果是，请提供详情。
If yes, please give details:

8.2 投保人打算继续维持现有保险吗？
Does the applicant intend to continue with the existing insurance? 是 Yes ☐ 否 No ☐

第九部分：健康声明
Section 9: Health declaration

如投保人有超过五位连带被保险人，请使用另一张纸，并将其随附于本申请表格。
If the applicant has more than five dependants, please use a separate sheet of paper and attach it to this application.
投保人无需披露有关普通感冒、疫苗接种、花粉过敏、简单性骨折或切除盲肠手术的事宜。
The applicant does not need to disclose matters related to common colds, vaccinations, hayfever, uncomplicated fractures, or appendicectomy.

	投保人/主被保险人 Policyholder/ Direct Insured	连带被保险人（配偶） Dependant (Spouse)	连带被保险人1 Dependant 1	连带被保险人2 Dependant 2	连带被保险人3 Dependant 3	连带被保险人4 Dependant 4
9.1 在近五年来您是否曾经接受任何外科手术或在医院、诊所、疗养院、护理院或其他医疗机构看病或接受治疗，而因此停止工作超过一周，及/或接受超过10天的治疗？ Has the applicant in the last five years ever undergone any surgical procedure, been a patient or been treated in a hospital, clinic, sanatorium, nursing home or other medical institution where he/she was off work for more than one week, and/or received more than 10 days' treatment?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.2 您目前是否正在接受任何类型的药物（除口服避孕药外）或接受或计划接受任何治疗或测试，或预先安排任何日间留院或住院治疗？ Is the applicant currently taking any kind of medication (other than oral contraceptives), or is any treatment or tests currently being performed or planned, or any day or in-patient hospitalisation scheduled?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
您曾否罹患过以下疾病，或接受过以下疾病的治疗、测试或调查，或被诊断为患有以下疾病或因以下疾病而住院： Has the applicant ever suffered from, received treatment, tests or investigation for, been diagnosed with, or been hospitalised for:						
9.3 哮喘、支气管炎、肺结核、肺炎或任何其他呼吸系统疾病？ Asthma, bronchitis, tuberculosis, pneumonia or any other respiratory conditions?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.4 焦虑、抑郁、心理疾病、精神疾病、精神状况、毒品或酒精成瘾或滥用？ Anxiety, depression, psychological, psychiatric, mental condition, drug or alcohol addiction or abuse?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.5 血液失调、贫血、血友病、地中海贫血或其他血液测试异常？您是否曾经被检测出爱滋病或乙型或丙型肝炎呈阳性？ Blood disorders, anaemia, haemophilia, thalassemia or other abnormal blood tests? Has the applicant ever been tested positive for HIV, Hepatitis B or C?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.6 癌症、囊肿、息肉或任何恶性或良性的异常增生？ Cancer, cyst, polyp, or any abnormal growth whether cancerous or benign?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐

第九部分：健康声明
Section 9: Health declaration

您曾否罹患过以下疾病，或接受过以下疾病的治疗、测试或调查，或被诊断为患有以下疾病或因以下疾病而住院：
Has the applicant ever suffered from, received treatment, tests or investigation for, been diagnosed with, or been hospitalised for:

		投保人/主被保险人 Policyholder/ Direct Insured	连带被保险人（配偶） Dependant (Spouse)	连带被保险人1 Dependant 1	连带被保险人2 Dependant 2	连带被保险人3 Dependant 3	连带被保险人4 Dependant 4
9.7	消化系统疾病或功能异常，包括胃部、结肠、直肠、疝气或任何其他肠道疾病？ Digestive disorder including stomach, colon, rectum, hernia or any other bowel problems?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.8	肾脏、脾脏、肝脏、胰脏、膀胱、前列腺，及其它泌尿、生殖系统的疾病或功能异常？ Disorders of the kidneys, spleen, liver, pancreas, bladder, prostate, and urinary or reproductive conditions?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.9	糖尿病、甲状腺疾病或功能异常或体重异常？ Diabetes, thyroid disorders or weight management problems?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.10	癫痫、多发性硬化症或其他神经系统疾病？ Epilepsy, multiple sclerosis or other neurological conditions?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.11	高血压、心脏或循环系统疾病、中风或胆固醇水平过高？ High blood pressure, heart or circulatory conditions, stroke or higher than normal cholesterol level?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.12	膝部不适、背痛、皮肤疾病、风湿、痛风、关节炎或骨、脊柱、关节、肌肉或皮肤等相关联的疾病？ Knee, back or skin disorders, rheumatism, gout, arthritis or disease of the bone, spine, joint, muscles and skin related disease?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.13	在过去五年，有以下不适症状、曾经被诊断有或治疗过以下情况：反复咽痛、慢性咳嗽、咯痰、咯血、呼吸困难或其他呼吸系统症状、腰痛、尿频、尿急、尿痛、排尿困难、血尿、蛋白尿尿量异常、夜尿增多、面部浮肿、食欲减退、腹胀、腹痛、呕血、黑便、便血、黄疸、吞咽困难、心悸、活动后气促、下肢水肿或静脉曲张、胸部不适或胸闷、晕厥、风湿热或心脏杂音、心律不齐、乏力、头昏、牙龈出血、皮下出血、紫癜、骨痛、腰痛、食欲异常、多汗、多饮、多尿、双手震颤、肥胖、色素沉着、眩晕、晕厥、记忆力减退、视力障碍、震颤、抽搐、惊厥、瘫痪、感觉异常、白内障、青光眼或其他眼疾患、听力损失、任何身体障碍、先天性或遗传性障碍、残疾、复发性疾病、目前怀孕、任何妊娠并发症或胎儿有任何异常、重大损伤或医疗状况？ Any health problems or complaints, been diagnosed with, or had treatment for any of the following in the past 5 years: Repeated pharyngalgia, chronic cough, expectoration, hemoptysis, difficulty breathing or other symptoms of the respiratory system, back pain, frequent urination, urgency of urination, pain in urination, difficulty urinating, blood or protein in the urine, abnormal amount of urine, nocturia, swelling in the face, chronic loss of appetite, abdominal distention, abdominal pain, hematemesis, melena, hematochezia, jaundice, difficulty swallowing, palpitation, tachypnea after exercise, edema or varicose veins of lower extremity, chest discomfort or pressure, syncope, rheumatic fever or heart murmur, arrhythmia, fatigue, dizziness, subcutaneous, hemorrhage, purpura, pain in bone, neck pain and lumbar pain, abnormal appetite, hyperhidrosis, polydipsia, polyuria, tremor on hands, obesity pigmentation, vertigo, syncope, hypomnesis, disturbance of vision, tremor, convulsions, seizure, paralysis, sensory abnormity, cataracts, glaucoma, or any eye disorder, hearing loss, or any physical impairment, congenital or hereditary disorder, disability, recurrent illness, currently pregnant, any complications of pregnancy or abnormal of the fetus, major injury or medical condition.	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
9.14	如为女性，您是否曾罹患任何乳房或妇科疾病？ Females only. Has the applicant ever suffered from any breast or gynaecological disorders?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐

附加资料
Additional information

如您在第9.1题至9.14 题中的任何一条问题的回答为「是」，请在以下方框内提供详情 。
If the applicant answered 'Yes' to any of questions 9.1 to 9.14, please provide details in the box below.

姓名 Name	问题编号 Question number	请提供最详尽细节，包括诊断日期及性质、症状出现频率及严重程度、最近发作日期以及任何过往、目前或已知的日后治疗的详情 。 Please provide as much detail as possible, including the date and nature of diagnosis, frequency and severity of symptoms, date of last episode as well as details of any past, current or known future treatment.

第十部分：医生的联络资料
Section 10: Doctor's contact details

请提供您现时平常就诊的医生或对您的病历最熟悉的医生的详情 。
Please give details of the applicant's current usual doctor or the one who is most familiar with his/her medical history.

医生详情
Medical practitioner's details

姓名： Name:	电话号码： Telephone number:
地址： Address:	
最近就诊的日期及原因： Date of last attendance and reason:	

第十一部分：重要备注
Section 11: 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：
  1. 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
  2. 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天内有效，且报价按照亚太财产保险有限公司的《健享+》个人与家庭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。如在您于亚太财产保险有限公司的个人与家庭医疗保险计划的实际生效日期前，任何人士的年龄出现增长，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，且您接受本保险公司的全部条款及条件后，保险方可生效。
- 所报保费是根据您的的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:
  1. You have received treatment, tests or investigations for, been diagnosed with or been hospitalised for; or
  2. 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. medical insurance policy. 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 applicant's 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).

第十二部分：声明及授权
Section 12: Declaration and authorisation

本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+》个人与家庭医疗保险计划申请保险。

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

- 本人声明所填投保单各项及告知事项均属事实，确无欺瞒。本人知晓如有不如实告知，贵公司有权拒绝承保或解除保险合同。
- 本人明白本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。
- 就本投保申请而言，本人授权曾经对本投保单内列名的任何人士进行过治疗或作出过咨询的任何医生，向亚太财产保险有限公司提供其可能需要的、与本计划下索赔相关的任何治疗资料。本人已与本人的伴侣及有足够能力的成年连带被保险人讨论本授权书的条款，且本人已获取该等人士的同意以根据本授权书提供其医疗资料。
- 本人声明，本人已阅读并明白《健享+》个人与家庭医疗保险条款的以下章节：
  - 取消和终止权利
  - 有关个人与家庭保单的法律及司法管辖区
  - 个人与家庭保单用字及我们的服务
  - 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
- 本人明白，如亚太财产保险有限公司因任何原因无法收取本人的保费，且本人未在亚太财产保险有限公司提出使用其他支付方法的要求后的七天内，向亚太财产保险有限公司提供其它支付方法，因而令本人的保险计划失效，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申请。
- 本人同意如本人或本人的任何连带被保险人在指定医疗网络内接受治疗，包括但不止于门诊直付，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，本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。
- 本人明白并确认，如本人未偿还亚太财产保险有限公司基于诚信而垫付的不在保障范围之内的治疗费用，则本人其它的有效理赔申请可被欠付亚太财产保险有限公司的款项所抵消及/或本人的保险计划可能被终止直至欠付款项被全数结清。
- 本人承认，如亚太财产保险有限公司确定一项理赔申请为欺诈，本人的个人与家庭医疗保险计划可能被终止，且该终止将立即生效。
- 本人已阅读重要备注。
- 本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+》个人与家庭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。
- 本人已认真阅读并理解上述《投保须知》的内容，严格履行明确告知义务。
- 本人明白，如果本人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事实，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. insurance policy as specified above.

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

- **I declare that all information given in this application form is all true and there is no false information provided. I am aware that if there is any false declaration, 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.**
- **For the purpose of this application I authorise any doctor who has ever treated or advised any of the persons named in this application to provide Asia-Pacific Property & Casualty Insurance Co., Ltd. with any information they may require in connection with treatment related to any claim under this policy. I have discussed the terms of this authorisation with my partner and competent adult dependants, and I have obtained their consent to the release of their healthcare information pursuant to this authorisation.**
- **I declare that I have been made aware of the importance of and read and understood the following from the policy wording:**
  - **cancellation and termination rights**
  - **law and jurisdiction of the policy**
  - **language of the 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 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 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 me or any of my 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, I agree that I am 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 understand and confirm that where I have not repaid funds disbursed in good faith by Asia-Pacific Property & Casualty Insurance Co., Ltd. in respect of non-covered medical treatment, valid claims may be offset against outstanding funds due to Asia-Pacific Property & Casualty Insurance Co., Ltd. and/or my policy may be suspended until the outstanding amounts have been settled in full.**
- **I acknowledge that if it is determined by Asia-Pacific Property & Casualty Insurance Co., Ltd. that a claim was fraudulent my policy may be terminated with immediate effect.**
- **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. policy.**
- **I agree that if there is any inconsistency between the Chinese and English version of the insurance application form, the Chinese version will prevail.**
- **I have seriously studied and understood the content in the 'Key Points of application', and I have fulfilled my disclosure responsibility.**
- **I understand that if I am 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（被保险人/投保人）：
Signature (Insured/main applicant):

日期（日/月/年）：
Date (dd/mm/yyyy):

/ /

第十三部分：自动扣款（转账）授权
Section 13: Direct Debit Authorisation

账户持有人名称 (仅限于投保人，必须与银行系统中账户名完全一致)： The bank account holder's name (Limited to the policyholder. Must match the account holder name)：	
银联借记卡号： UnionPay Debit Card Number：	
开户银行名称： Bank Name (please fill in the Chinese bank above):	
身份证件/护照号码： ID / Passport number：	

请阅读以下授权声明：

本人授权亚太财产保险有限公司与开户银行，按保险合同约定的保险费缴付时间和保险费金额，从上述账户以转账方式自动扣划各期保险费。
如该账户终止或余额不足以缴纳保险费，由此所产生的保险契约自此不产生效力或保险合同中止或终止的任何责任由本人承担。
本人清楚，如本人终止保险费自动扣款（转账）授权或变更付款账户，应提前30天向亚太财产保险有限公司递交书面申请。

Please read the following authorised statement:

I hereby authorise Asia-Pacific Property & Casualty Insurance Co., Ltd. and the account opening bank to automatically debit the insurance premium payment from the above authorised bank account as per the premium and the payment period from my insurance policy contract. If the above bank account has been terminated or the balance is not sufficient to pay for the insurance premium, I am responsible for any liabilities that may arise, related to the above payment arrangement, including my insurance contract becoming void, terminated or lapsed. I am aware that should I wish to terminate the direct debit authorisation or change my bank account, I should submit my written request to Asia-Pacific Property & Casualty Insurance Co., Ltd. at least 30 days in advance.

备注:

若申请自动扣款（转账）授权，请投保人同时提供银行卡复印件，供我公司从相关银行划扣保险费之用。

Note:

If the policyholder would like to apply for the direct debit authorisation, they should provide a copy of their bank card.

签名: Signature (policyholder):	日期（日/月/年）： Date (dd/mm/yyyy):
	/ /