

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，请仔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。如有他的话，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写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/批单签发日（以最近者为准）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。

保险人有权拒绝或接受被保险人的投保申请，或在订立特殊条款的前提下接受被保险人的投保单。

请通过您的保险中介向时康管理顾问(上海)有限公司寄送您填写的申请表格，然后连同政府颁发的身份证/护照复印件转交：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.

We reserve the right to decline or accept Your application or to accept Your application form with special terms.

Please send the completed application form along with a copy of Your government issued identity document to the insurer via the applicant's intermediary to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 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):		国籍(护照签发国家)： Nationality (Country of passport issuance):	
该号码为投保人的 Is this the applicant's	手机电话 Mobile <input type="checkbox"/>	家庭电话 Home <input type="checkbox"/>	办公电话 Work <input type="checkbox"/>
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 <input type="checkbox"/>	女性 Female <input type="checkbox"/>	出生日期(日/月/年) Date of birth (dd/mm/yyyy): / /
居住国家 Country of Residence:		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:	
您或本投保单的任何预定成员，或其家庭成员或紧密联系人有否涉及政治风险？(如是，请提供进一步的细节) Are You or any intended member of this policy, or any family member or close associate a politically exposed person? (If yes please provide further details)		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

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?		国籍(护照签发国家)： Nationality (Country of passport issuance):	
性别 Gender:	男性 Male <input type="checkbox"/>	女性 Female <input type="checkbox"/>	出生日期(日/月/年) Date of birth (dd/mm/yyyy): / /
居住国家 Country of Residence:		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:	
您或本投保单的任何预定成员，或其家庭成员或紧密联系人有否涉及政治风险？(如是，请提供进一步的细节) Are You or any intended member of this policy, or any family member or close associate a politically exposed person? (If yes please provide further details)		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

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
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 <input type="checkbox"/> 女性 Female <input type="checkbox"/>	男性 Male <input type="checkbox"/> 女性 Female <input type="checkbox"/>	男性 Male <input type="checkbox"/> 女性 Female <input type="checkbox"/>
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

您希望您的个人全球保保险计划的生效日期为(日/月/年) Date on which he 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：我们的环境政策 — 您的文件递送设置 Section 5: Our environmental policy – Your document delivery settings

As an international organisation, we are committed to reducing our carbon footprint by working to minimise the impact of printing and shipping on the environment. To opt out of our environmental policy and receive printed documents, please check this box ☐. You will automatically receive a physical membership card for every insured person on your plan no matter which option you choose and you can access all of your remaining plan documents in your secure online portfolio. 作为一家国际组织, 我们致力于减少我们的碳足迹, 将印刷和运输对环境的影响降到最低。如果希望退出我们的环境政策并接收印刷文件, 请勾选此框 ☐。不论您的选择如何, 您都将自动接收您的保险计划上每个被保险人的实体会员卡。您可以通过您的网上会员平台查看您的其他保险计划文件。

第六部分：保险计划选项 Section 6: Policy options

有关保险计划选择的详细资料, 请参阅全球保障一览表。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 WorldCare Benefit Schedule. The currency the applicant pays his/her premium in is RMB and the policy deductible will also be denominated in this currency. Please indicate the applicant's plan choice, deductible, and any additional options.

计划选项 Choice of Policy

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
年度最高计划限额 Maximum annual limit	1,850万人民币 RMB 18.5m	2,200万人民币 RMB 22m	2,500万人民币 RMB 25m	2,800万人民币 RMB 28m
住院及日间留院护理 In-patient and day-patient care				
器官移植 Organ transplant, 癌症治疗 Cancer treatment				
怀孕和分娩期间出现的医疗状况 Acute medical conditions during pregnancy and childbirth	▶	▶	▶	▶
转运和送返 Evacuation and repatriation				
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	▶	▶	▶	▶
先天性疾病 Congenital disorders	▶	▶	▶	▶
慢性疾病 Chronic condition cover	▶	▶	▶	▶
例行及复杂牙科治疗 Routine and complex dental treatment	▶	▶	▶	▶
例行生育保障 Routine maternity cover	▶	▶	▶	▶
请选择 Please choose	<input type="checkbox"/>	<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

计划免赔额 Policy Deductible

如投保人希望从标准的免赔额改为其他选项, 请勾选适当方格。请注意下列的计划保单免赔额适用于每名被保险人的每个保险期所有符合保障范围的住院或日间留院产生的费用。If the applicant would like to change from the Standard deductible to one of the other options, please tick the appropriate box. Please note that the policy deductible applies to in-patient and day-patient treatment is per insured person, per period of cover.

如果投保人选择了全球保尊乐, 尊爱或尊享计划下的其中一项的自选免赔额选项, 投保人需要就门诊费用的自付比例或门诊每次就诊免赔额的其中一项作出相关选择。如果投保人选择了全球保尊安计划下的门诊费用保障和自选免赔额 950人民币, 1,570人民币, 3,150人民币, 6,300人民币, 15,700人民币或 31,500人民币, 投保人需要就门诊费用的自付比例的其中一项作出相关选择。If the applicant choose an optional deductible, on WorldCare Advance, WorldCare Excel or WorldCare Apex, the applicant must also select an out-patient co-insurance option or an out-patient per visit excess option. On WorldCare Essential if the applicant choose an optional deductible RMB 950, RMB 1,570, RMB 3,150, RMB 6,300, RMB 15,700 or RMB 31,500 and an out-patient charges option, the applicant must also select an out-patient co-insurance option.

	标准免赔额 Standard deductible	自选免赔额 Optional deductible							
		RMB 950	RMB 1,570	RMB 3,150	RMB 6,300	RMB 15,700	RMB 31,500	RMB 63,000	RMB 94,500
尊安 Essential / 尊乐 Advance 尊爱 Excel / 尊享 Apex	零 Nil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

附加选项 Additional options

请注意投保人只可选择最高为8项的附加选项 Please note that the applicant can only select up to eight additional options

附加选项 Additional options	不能同时选择的附加选项 Optional benefits that cannot be chosen with:	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
美国境内的选择性治疗 USA elective treatment	大中华区选择 Greater China option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
门诊费用的自付比例 – 选项1或 2 ▲ Co-insurance on out-patient treatment – Option 1 or 2 ▲ 选项1/Option 1 – 10% 选项2/Option 2 – 20%	门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 昂贵医院自付比例 High cost provider co-insurance 住院及门诊自付比例 In-patient and out-patient co-insurance	选项1 <input type="checkbox"/> * Option 1 <input type="checkbox"/> * 选项2 <input type="checkbox"/> * Option 2 <input type="checkbox"/> *	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>
门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 选项1/Option 1 – RMB 150 选项2/Option 2 – RMB 90	门诊费用的自付比例 – 选项1或 2 Co-insurance on out-patient treatment – Option 1 or 2 昂贵医院自付比例 High cost provider co-insurance 住院及门诊自付比例 In-patient and out-patient co-insurance 尊安计划下的门诊医生费用保障 Out-patient charges under the Essential plan	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>
大中华区选择 Greater China option	美国境内的选择性治疗 USA elective treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
病房限制 – (仅适用于中国大陆居民) Hospital room restriction – PRC residents only	昂贵医院自付比例 High cost provider co-insurance 昂贵医院限制 High cost provider restriction 住院及门诊自付比例 In-patient and out-patient co-insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
昂贵医院自付比例 High cost provider co-insurance	门诊费用的自付比例 – 选项1或 2 Co-insurance on out-patient treatment – Option 1 or 2 门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 病房限制 (仅适用于中国大陆居民) Hospital room restriction – PRC residents only 昂贵医院限制 High cost provider restriction 住院及门诊自付比例 In-patient and out-patient co-insurance	不适用 N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
昂贵医院限制 High cost provider restriction	病房限制 (仅适用于中国大陆居民) Hospital room restriction – PRC residents only 昂贵医院自付比例 High cost provider co-insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
尊安计划下的门诊医生费用保障 – 选项1 Optional Out-Patient Charges Option 1 under the Essential Plan	门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 体检、眼科、疫苗 – 选项2 Wellness, optical benefits and vaccinations – Option 2	<input type="checkbox"/>	不适用 N/A	不适用 N/A	不适用 N/A
尊安计划下的门诊医生费用保障 – 选项2 Optional Out-Patient Charges Option 2 under the Essential Plan	门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 体检、眼科、疫苗 – 选项2 Wellness, optical benefits and vaccinations – Option 2	<input type="checkbox"/>	不适用 N/A	不适用 N/A	不适用 N/A
尊安计划下的门诊医生费用保障 – 选项3 Optional Out-Patient Charges Option 3 under the Essential Plan	门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 体检、眼科、疫苗 – 选项1或2 Wellness, optical benefits and vaccinations – Option 1 or 2 体检、疫苗 – 选项3 Wellness and vaccinations – Option 3	<input type="checkbox"/> ∞	不适用 N/A	不适用 N/A	不适用 N/A
尊安计划下的门诊医生费用保障 – 选项2之直付网络 Direct Billing Network for Optional Out-Patient Charges Option 2 under the Essential Plan	无限制 No restriction	<input type="checkbox"/>	不适用 N/A	不适用 N/A	不适用 N/A
门诊限制 Out-patient restriction	无限制 No restriction	不适用 N/A	<input type="checkbox"/>	不适用 N/A	不适用 N/A
住院及门诊自付比例 In-patient and out-patient co-insurance	门诊费用的自付比例 – 选项1或 2 Co-insurance on out-patient treatment – Option 1 or 2 门诊每次就诊免赔额 – 选项1或 2 Out-patient per visit excess – Option 1 or 2 病房限制 (仅适用于中国大陆居民) Hospital room restriction – PRC residents only 昂贵医院自付比例 High cost provider co-insurance	不适用 N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
体检、眼科、疫苗 – 选项1 [Ⓐ] 或 2 Wellness, optical benefits and vaccinations – Option 1 [Ⓐ] or 2 选项1/Option 1 – RMB 3,150 选项2/Option 2 – RMB 6,300		选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/> 不适用 N/A	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>	选项1 <input type="checkbox"/> Option 1 <input type="checkbox"/> 选项2 <input type="checkbox"/> Option 2 <input type="checkbox"/>
体检和疫苗 – 选项3 [Ⓐ] Wellness and vaccinations – Option 3 [Ⓐ] RMB 1,570		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
转运和送返的增强保障 Extended evacuation and repatriation	无限制 No restriction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
牙科保障 Dental Care	无限制 No restriction	<input type="checkbox"/> ^	<input type="checkbox"/>	已承保 Already covered	已承保 Already covered
取消生育保障 Removal of Maternity	无限制 No restriction	不适用 N/A	不适用 N/A	不适用 N/A	<input type="checkbox"/>

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.

▲ 门诊费用的自付比例并不适用于保险人公布的国际医疗网络内中国大陆任何一家公立医院接受门诊治疗。

▲ Co-insurance does not apply to any out-patient treatment received in public hospitals in Mainland China that are within the Now Health International Provider Network.

* 如果投保人选择了尊安计划下的门诊费用保障选项1或2，并选择了自选免赔额 950人民币, 1,570人民币, 3,150人民币, 6,300人民币, 15,700人民币或 31,500人民币，投保人需要就门诊费用的自付比例的其中一项作出相关选择。

* On WorldCare Essential if You choose an optional Deductible RMB 950, RMB 1,570, RMB 3,150, RMB 6,300, RMB 15,700 or RMB 31,500, and an Out-Patient Charges – Option 1 or Out-Patient Charges – Option 2, You must also select an Co-Insurance on Out-Patient Treatment Option.

∞ 尊安计划下的门诊费用保障 – 选项3，不提供门诊自付比例或门诊每次就诊免赔额选项保障，尊安计划下的门诊费用保障 – 选项3，紧急门诊保障需扣除门诊每次就诊免赔额150人民币。

∞ No Out-Patient Co-Insurance Option and Out-Patient Per Visit Excess Option is allowed for WorldCare Essential with Out-Patient Charges – Option 3 as Out-Patient Charges – Option 3 on WorldCare Essential is subject to default RMB 150 Out-Patient Per Visit Excess.

^ 如果投保人选择了尊安计划下的门诊费用保障选项1 或门诊费用保障选项2，投保人可选择牙科保障。

^ Dental Care can only be taken if You select an Optional Out-Patient Charges Option 1 or Out-Patient Charges Option 2 under the Essential Plan.

Ⓐ 已选择尊安计划门诊医生费用保障选项1或选项2。

Ⓐ WorldCare Essential when Out-Patient Charges -Option 1 or 2 has been selected.

第七部分：付款人与保费的支付方式 Section 7: 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。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.

保单首期保费需在保险合同起保30天内支付, 超期未支付, 本保险合同自始无效。若投保时约定分期缴纳保费, 则投保人应按约定按时交纳各期保费。若在约定缴费日30天后还未缴付续期保费, 则本保险合同效力自动终止。The initial premium for this insurance contract should be paid within 30 days of the effective date of the coverage. The insurance contract will be void if the premium is not paid on time. If the premium is agreed to be paid by installment during policy application, the policyholder should make the installment premium payment on time and as per its respective schedule. If there is an overdue payment of the insurance installment premium payment, the insurance contract will be terminated automatically.

	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"/>

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

第八部分：赔偿方法(国内理赔) Section 8: Claim reimbursement method (for local claims)

银行汇款而言 For bank transfer

账户持有人姓名 Account holder's name:	付款货币 Payment currency:
银行名称(含支行) Bank name (and branch name):	
银行账户号码 Bank code:	银行支行账户号码 Branch code:
银行支行地址/国家 Branch address & country:	
银行账户货币 Bank account currency:	国际银行号码 IBAN no:
账户号码 Account no:	路由代码 Routing code:
本地银行代码 Local banking code:	SWIFT代码 Swift code:
任何其他相关信息 Any other relevant information:	

第九部分：保险详情 Section 9: Insurance details

9.1 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? 如果是，请提供详情。 If yes, please give details:	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
9.2 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 <input type="checkbox"/>	否 No <input type="checkbox"/>
9.3 投保人是否曾经在亚太财产保险有限公司投有健康保险？ Have You been insured previously with health insurance provided by Asia-Pacific Property & Casualty Insurance Company Limited? 如果是，请提供投保日期及保单号码。 If yes, please give details of when insured and previous policy number:	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
9.4 投保人能否被健康保险或其他保险拒绝投保或被要求附加特别承保条件及/ 或额外保费？ Have You had an application or health Insurance declined or had special terms imposed? 如果是，请提供详情。 If yes, please give details:	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

第十部分：健康声明 Section 10: Health declaration

如投保人有超过二位连带被保险人，请使用另一张纸，并将其随附于本申请表格。If the applicant has more than two 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、疫苗接种或花粉过敏的事宜。The applicant does not need to disclose matters related to common colds, vaccinations or hayfever.

	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
10.1 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 <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
10.2 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 <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
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:				
10.3 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 <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
10.4 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 <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

10.5	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
10.6	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
10.7	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
10.8	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
10.9	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
10.10	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
10.11	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
10.12	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
10.13	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、任何形式的中止妊娠、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, hypomnesia, 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, termination of pregnancy, 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
10.14	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

附加资料 Additional information

如您在第10.1题至10.14 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。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。

If **You** answered ‘Yes’ to any of questions 10.1 to 10.14, please provide details in the box below. 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.

会员姓名 Member name	诊断 (如果没有提供, 请描述症状的确切性质) Diagnosis (If none made please describe the exact nature of symptoms suffered)	就诊日期 Date of consultation	接受治疗 Treatment received	最近治疗日期/症状 Date of last treatment/symptoms	任何潜在的原因 Any underlying cause	身体上的具体位置, 包括左侧或右侧 Specific location on body including left or right	结果 (例如: 正在进行治疗, 完全康复, 可能会复发)或需要随访子宫颈抹片检查的频率(每年一次或每6个月一次) Outcome (e.g. on-going complete recovery, likely to recur) or for pap smear, frequency (annually, 6-monthly)

第十一部分：医生的联络资料 Section 11: 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:	

第十二部分：重要备注 Section 12: 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何任何疾病或损伤在保单起始日期或者批单签发日前：
 - 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天内有效，且报价按照亚太财产保险有限公司的全球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。
- 所投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。
- 所投保费是根据您的的身体质量指数在正常限度内厘定。

信息保护

保险人会在考虑投保人的保单申请过程中和向被保险人签发保单以及处理保险人与会员的关系时，收集有关投保人或被投保人的员工(即被保险人包括保单持有人和家属，如适用)的某些个人和敏感信息。处理这些信息的目的是核保被保险人的保险保障范围、管理签发的任何保单以及管理理赔。被保险人的信息可能被转交至时康集团公司、保险人、核保人、你的保险中介、再保险公司、医疗服务和医疗网络提供者、医疗援助公司、第三方管理人员、理赔管理人员、相关人员以履行职责所需的保单各方面的义务。

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。

被保险人的姓名及联络资料将不会向其他机构揭露(上述情况除外)。

请参阅我们的隐私政策，以充分了解我们如何管理您的信息

<http://www.now-health.cn/en/privacy-policy/>。

通过选择电邮或其他可接受程序参与计划，这代表您声明同意此处描述的数据处理做法。这也代表您同意时康集团公司收集、处理和使用个人数据(根据适用的数据保护法定义)以及将个人数据转移给此处提及的第三方，以提供计划条款规定的服务。这些第三方可能不属于适用的数据保护法管辖的国家。

未滿十八(18)岁的会员应由父母或监护人填写同意书。如果您接受上述条款，请在下方签名、注明日期并勾选「我同意」框内，以确认您已获得本申请表所涵盖的所有人员的事先明确同意，并代表他们提交此申请。

☐ 我同意 ☐ 我不同意

时康国际可能会联络您，提供您可能感兴趣的其它产品和服务的详细信息。如果合适，我们可能会通过邮寄、电话或电子邮件与您联系。

☐ 我同意 ☐ 我不同意

第十三部分：声明及授权 Section 13: 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全球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、全球保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。本人知悉如有不实告知，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/批单签发日(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，本人已阅读并明白全球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，且本人未在本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，包括但不限于门诊支付、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付清。
- 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全球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。
- 本人和本保险计划涵盖的人员或我所代表的机构了解时康国际集团公司提供的服务的其中一部分包括敏感信息的处理。因此，当我们申请保险时，即表示同意时康国际集团公司出于保险单的目的处理我们和我们的家属或我们的员工和家属的敏感信息。如果没有所需的敏感信息，则无法根据保单协议提供服务。敏感信息包括但不限于健康和医疗相关信息、医疗报告、遗传数据等。

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. 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 personal and sensitive information about the applicant or applicant's employees (i.e. insured members include policy holder and dependents, if applicable), 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 Now Health group companies, the insurer of your policy, underwriters, your intermediary, reinsurers, medical providers and network providers, medical assistance companies, third-party administrators, claims administrators and parties required to the extent needed to fulfill the obligations of the policy.

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).

To fully understand how we manage your information, please refer to our Privacy Policy at <http://www.now-health.cn/en/privacy-policy/>.

By electing to participate in the Plan via email or other acceptance procedure, You are declaring that You agree with the data processing practices described herein. You also consent to the collection, processing and use of Personal Data (as defined under the applicable data protection law) by the Now Health group companies as well as the transfer of Personal Data to the third parties mentioned herein for the purpose of providing the services set out under the terms of this Plan. These third parties may be located in countries which may not be designated jurisdictions for data transfer as per applicable Data Protection Laws.

A parent or guardian should complete the consent for any member that is under the age of eighteen (18). If you accept the above, please sign, date and check the "I consent" box below which confirms that you have the prior and express consent of all persons to be covered pursuant to this application form, to submit this application on their behalf.

☐ I consent ☐ I do not consent

Now Health International may contact You with details of other products and services which may be of interest to You. You may be contacted by post, telephone or email if appropriate.

☐ I consent ☐ I do not consent

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 WorldCare 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, or the organisation I am representing, understand that as part of the services that Now Health provides, this will include the handling of sensitive information. As such, with our application for an insurance policy, consent is given for Now Health to process our and our dependents' or our employees and dependents' sensitive information for the purposes of the insurance policy. Without the required sensitive information, the services cannot be rendered under the policy agreement. Sensitive information includes, but not limited to, health and medical related information, medical reports, genetic data, etc.

- 本人同意在管理我们保单时, 收集和使用本人和我们的家属或我们的员工和家属的个人信息和敏感信息。本人同意(如需要)包括分享我们和我们的家属或我们的员工和家属的个人信息和敏感信息与其他时康国际集团公司办事处、保险人、再保险公司、核保人、医疗服务和医疗网络提供者、医疗援助公司、第三方保单管理人、理赔管理人、相关人员以履行职责所需的保单各方面的义务。
 - 本人明白信息将得到安全保存并严格保密。
 - 在保单申请和保单有效期内的任何时间, 如出于保单的目的需要提供未成年人(18岁以下)的个人和敏感信息, 本人确认我是未成年人的家长或法定监护人, 如果我不是未成年人的家长或法定监护人, 我确认我已获得其父母/法定监护人的同意, 向时康国际集团公司提供其履行职责所需的保单各方面的义务的信息。
 - 本人确认已阅读并理解时康国际集团公司的隐私政策和本人的权利:
<http://www.now-health.cn/en/privacy-policy/>。
 - 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 consent to the collection and use of our and our dependents' or our employees and dependents' personal information and sensitive information in the administration of the policy. Consent includes, if required, sharing our and our dependents' or our employees and dependents' personal information and sensitive information with other Now Health offices, the insurer of your policy, reinsurer, underwriters, medical providers and network providers, medical assistance companies, third-party administrators, claims administrators and parties required to the extent needed to fulfil the obligations of the policy.
 - I understand that the data will be kept securely and handled in strict confidence.
 - If at any point in time from policy application and during the policy duration there is the requirement to provide personal and sensitive information of Minors (under the age of 18) for the purpose of the policy, I confirm that I am the Parent or Legal Guardian of the Minor, or if I am not, I have obtained consent from their parents / legal guardians and consent is obtained and given to Now Health for extent needed to fulfill our policy.
 - I confirm I have read and understood Now Health's Privacy Policy and my rights at <http://www.now-health.cn/en/privacy-policy/>.
 - 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 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):

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