

**BROKER**

Liberty International Insurance Limited  
Suites 2601-04 & 2607-16, 26/F  
1111 King's Road, Taikoo Shing  
Hong Kong  
Tel: (852) 2892 3888  
Fax: (852) 2577 9578  
libertyinternational.com/hk

## Application Form – proMedico Group Medical Insurance

### proMedico 團體醫療保險投保表格

You should tell us of all facts likely to influence the acceptance and assessment of this proposal. If you fail to do so, your policy may become inoperable or may not operate fully. If you have any doubt about what you should tell us, please contact us. Please complete this document with English Block.

閣下必須向本公司呈報一切真實資料。如果遺報者，可令閣下所投保之保險不能生效或不能完全生效。如閣下對應否向本公司呈報某些事項存有任何疑問，請與本公司查詢。請以英文正楷完成投保表格。

### Company Details 公司資料

Company Name (The Policyholder) 公司名稱 (投保公司)		
Address: 地址		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Contact Person: 負責人姓名		Position: 職位
Office Phone No.: 公司電話	Mobile No.: 手提電話	Fax No.: 傳真
Email: 電郵		
Subsidiary Company Name: 附屬公司名稱		
Subsidiary Company Address: 附屬公司地址		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Nature of Business: 業務性質	Business Registration No. 1: 商業登記證號碼 1	

<sup>1</sup> Please submit the copy of Business Registration. 請遞交商業登記證副本



**Application Form – proMedico Group Medical Insurance**  
**proMedico 團體醫療保險投保表格**

**Need Assessment 需求評估** (Tick ✓ as appropriate 請在適當空格內✓)

Estimated number of insured members 受保成員估計人數 _____	Location of employment and work presence 受僱區域: <input type="checkbox"/> Majority in HK 長駐香港工作	<input type="checkbox"/> Mainly outside HK 主要於香港以外地區工作
--	---	---

**Policy and Scheme Details 保單及計劃資料** (Tick ✓ as appropriate 請在適當空格內✓)

Accepted Quotation No. 已接受的報價編號 _____	Policy Commencement Date: 保單生效日期 _____
Medical Card Facility <sup>2</sup> 醫療卡 <sup>2</sup> <input type="checkbox"/> No 不需要 <input type="checkbox"/> Yes 需要	
Eligibility for Employees Joining the Scheme 新受保僱員可生效之日期 <input type="checkbox"/> First Day Following _____ Months' Probation _____個月試用期滿後之翌日	
<input type="checkbox"/> Immediate Cover 即時生效	
Medical Claims Reimbursement Method 醫療賠償付款方法 <input type="checkbox"/> Autopay 自動轉賬	
The policy will be issued on a 保單將會簽發由 <input type="checkbox"/> Non-Contributory basis 僱主繳付 <input type="checkbox"/> Contributory basis 僱員繳付 ( _____ %)	
Has your Company provided any medical insurance cover for your employees within the last 12 months from the Policy Commencement Date? 貴公司曾否在本保單生效日期前 12 個月內為僱員提供其他醫療保險計劃? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes (Please attach the benefit schedule, employee member list and claims experience report) 是 (請附上保障計劃表、僱員資料表及醫療賠償記錄。)	

<sup>2</sup> Please refer to Policy for employer's indemnity on medical shortfall credit risks  
 有關僱主所提供的醫療信貸責任補償 詳情請參閱保單

**Benefit Details 投保項目** (Tick ✓ as appropriate 請在適當空格內✓)

<b>Area of Coverage</b> 涵蓋地區 <input type="checkbox"/> Area 1 – Worldwide 地區 1 – 全球	<input type="checkbox"/> Area 2 – Worldwide excluding USA 地區 2 – 全球 (美國除外)
---	---



**Application Form – proMedico Group Medical Insurance**  
**proMedico 團體醫療保險投保表格**

<p><b>Basic Coverage</b> 基本保障</p> <p>Hospital Services 住院福利      <input type="checkbox"/> Plan A 計劃 A      <input type="checkbox"/> Plan B 計劃 B</p>		
<p><b>Optional Coverage</b> 附加保障</p> <p>Outpatient Services 門診治療      <input type="checkbox"/> Option 1: 選項 1      <input type="checkbox"/> Option 1: 選項 1  <input type="checkbox"/> Option 2: 選項 2      <input type="checkbox"/> Option 2: 選項 2</p> <p>Dental Care 牙齒護理保障      <input type="checkbox"/> Dental Care 牙齒護理保障      <input type="checkbox"/> Dental Care 牙齒護理保障  (must be taken in conjunction with Outpatient Services)  (必須與門診福利同時投保)</p>		
<p><b>Basic Coverage</b> 基本保障</p> <p>Hospital Services 住院福利      <input type="checkbox"/> Plan C 計劃 C      <input type="checkbox"/> Plan D 計劃 D</p>		
<p><b>Optional Coverage</b> 附加保障</p> <p>Outpatient Services 門診治療      <input type="checkbox"/> Outpatient Services 門診治療      For Plan D, premium included  Outpatient Service  計劃 D 保費已包含門診治療</p> <p>Dental Care 牙齒護理保障      <input type="checkbox"/> Dental Care 牙齒護理保障      <input type="checkbox"/> Dental Care 牙齒護理保障  (must be taken in conjunction with Outpatient Services)  (必須與門診福利同時投保)</p> <p>Maternity Care 分娩保障      <input type="checkbox"/> Female Insured Member/Spouse      <input type="checkbox"/> Female Insured Member/Spouse  女性受保人/配偶      女性受保人/配偶</p>		

**Classification of Insured Members 受保僱員定義**

**Please define the Insured Member Classes 請界定僱員類別**

Plan No. 1 計劃 1	Dependent Cover 家屬保障  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有
Plan No. 2 計劃 2	Dependent Cover 家屬保障  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有
Plan No. 3 計劃 3	Dependent Cover 家屬保障  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有
Plan No. 4 計劃 4	Dependent Cover 家屬保障  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有



## Application Form – proMedico Group Medical Insurance

## proMedico 團體醫療保險投保表格

Plan No. 5 計劃 5	Dependent Cover 家屬保障  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有
--------------------	--

## Agreement, Declaration and Authorisation Statements 協議、聲明和授權聲明

## 1. Agreement: The Policyholder

## 協議: 投保公司

- a. agrees to furnish all information regarding all employees as required by Liberty for the purpose of premiums and/or benefits calculation.  
同意於需要時，提供全體僱員之資料，以便保險公司核算保險費用及福利。
- b. agrees to request individual employees (if necessary) to take part in all underwriting requirements by Liberty.  
同意要求個別僱員(如必須)參與保險公司所要求之驗身以便作核保之用。
- c. agrees to pay all the required premium to Liberty.  
同意支付全數之保費予保險公司。
- d. agrees to fully reimburse the difference or shortfall for any ineligible treatment or untitled benefits under the Policy and agrees to pay a HK\$30 replacement fee in the event of loss or theft of a Liberty Medical Card.  
同意全數支付由非保單包括之治療及保障所產生的差額。若利寶醫療卡遭遺失或偷竊，投保公司同意支付 30 港元以作每張新卡之補發費用。
- e. agrees and authorises Liberty International Insurance Ltd. to appoint Medical Doctor Network for providing medical and related services to each insured member under the Group Policy as notified by the Policyholder from time to time  
受僱主同意和授權於利寶國際保險有限公司選用指定之醫療網絡醫生，隨時為僱員提供有關之醫療團體服務。
- f. agrees to be bound by all the terms and conditions as set forth in the ENDOEX Form provided by Liberty to be used for submission of endorsements of information regarding our employees and /or dependents (e.g. enrollments, benefit changes and/or termination). Liberty is authorised to rely on the completed ENDOEX Form sent via email from the Contact Person and Designated Email Address as indicated to process the endorsements even though it may not bear any signature, company chops or other identification from our company.  
同意受利寶所提供用以提交有關本公司僱員及/或家屬的附帶批單資料(如參與僱員投保登記、福利變動及/或保障終止等)的僱員登記及資料更新表格所載的所有條款及條件約束。即使僱員登記及資料更新表格並無任何簽名或加蓋公司圖章，或並無本公司的其他標識，利寶仍有權倚賴由聯絡人透過所示的指定電郵地址以電郵發送並經填妥僱員登記及資料更新表格以處理附帶批單。
- g. agrees that we will notify Liberty if there are any changes to the Designated Email Address or Contact Person in writing as soon as the changes take effect. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with the failure to notify Liberty of such changes.  
同意盡快以書面通知利寶，有關指定電郵地址或聯絡人的任何變動。利寶概不就本公司、本公司僱員及彼等家屬因未有通知利寶有關變動而可能蒙受的任何損害承擔或負上責任。

## 2. Declaration: The Policyholder

## 聲明: 投保公司

- a. declares that all eligible employees are actively at work on the Policy Commencement Date.  
聲明在本保單生效當日，所有符合參加資格之僱員皆為正常在職之僱員。
- b. declares that all statements made in this Application Form and Employees' Enrolment Form are complete and true. The Policyholder understands that this information shall form part of the Policy between the Policyholder and Liberty, and shall be the basis of Liberty's acceptance.  
聲明在此投保申請表及僱員登記表內陳述之資料均為完整及真確。投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份，亦會被視為保險公司核保之憑證。
- c. understands all the information affecting the assessment of the risk has been disclosed, and is true to the best of my/our knowledge and belief  
明白任何足以影響風險估值的資料，均基於誠信原則據實呈報。
- d. understands this application shall be the basis of the insurance contract between me/us and Liberty. I/We further agree to accept Liberty's Policy terms and conditions, exclusions and conditions to be expressed



## Application Form – proMedico Group Medical Insurance

### proMedico 團體醫療保險投保表格

therein, endorsed thereon or attached thereto.

明白本投保申請書將會作為我(們)與利寶國際保險有限公司訂立保險契約之依據。我(們)同意接受利寶保單的條款及所附之除外責任和背書。

- e. acknowledges that email services over the internet is not a secure medium where privacy can be ensured and that complete security and confidentiality over the internet is not possible at this time. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with any such breach of confidentiality or security.

承認互聯網的電郵服務並非可確保私隱的安全媒介，而至現時為止互聯網服務或未能達致完全安全及保密的程度。利寶概不就本公司、本公司僱員及彼等家屬因任何有關違反保密或安全事宜而可能蒙受的任何損害承擔或負上責任。

3. **Authorisation:** The Policyholder understands that (1) it is duly authorised to release the information of its being the Insured and their Insured Dependents Member and will fully indemnify Liberty for any losses, damages, or claims that might result from the release of such information; (3) Liberty may not process this application if it fails to obtain any information requested in this Application; and (2) it has the right to obtain access to and to request amendments of any personal information held by Liberty concerning the Insured Members and to inform all Members regarding this contract before submitting their personal information to Liberty. Liberty shall not accept any liability for uninformed Members. You may contact Liberty's personal data privacy officer at the address below for any request to access and/or correct any information supplied to us. Moreover, Liberty is hereby authorised to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance Industry.

**授權：**投保公司明白(1)本公司獲得正式授權，可以提供其僱員及其家屬的資料予利寶，並全面保障利寶免因提供該資料而遭受任何損失、損害或索償；(2)倘若申請人未能提供本申請所需的資料，利寶可能未能處理本申請；及(3)申請人有權查閱及要求更正利寶持有有關投保人的所有個人資料及在遞交所需之個人資料予利寶前，須就有關合約通知所有投保人。利寶不會就投保人未獲通知而負上任何責任。閣下可聯絡本公司個人資料私隱主任，地址如下，要求查閱/更改任何交予本公司閣下的個人資料。此外，在此授權利寶國際保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下的任何資料。

4. **Personal Information Collection Statement:** I/we have read and understand the Personal Information Collection Statement on the last page of this Application Form. I/we understand that I/we have the right to request Liberty to cease using my Personal Data for direct marketing purposes.

**個人資料收集聲明：**申請人及受保人已細閱並明白申請表最後一頁的**個人資料收集聲明**，亦明白有權要求利寶停止使用此申請表所列的申請人及受保人的個人資料作直接市場推廣用途。

- Please TICK the box if you do not consent to receive any marketing communications. **(Important) Please be reminded that it may affect the communication of our renewal invitation, including e-renewal communication.**

如申請人及受保成員不同意接受任何直銷的通訊，請標上✓號。**(重要) 請注意，這可能會影響我們續保邀請的傳達，包括電子續保通訊。**

5. **Collection of Levy by the Insurance Authority ("IA"):** Levy collected by the Insurance Authority have been imposed on relevant policy at the applicable rate. For further information, please visit

<https://www.libertyinsurance.com.hk/premium-levy/> or contact us at (852) 28923888 or email to [enquiry@libertymutual.com.hk](mailto:enquiry@libertymutual.com.hk)

**保險業監管局(「保監局」)徵收徵費：**保險業監管局已向相關的保單按規定的徵費率徵收保費徵費。詳情請瀏覽

<https://www.libertyinsurance.com.hk/zh/premium-levy/> 或者聯繫我們 (852) 28923888 或電郵至 [enquiry@libertymutual.com.hk](mailto:enquiry@libertymutual.com.hk)

6. **Commission Disclosure Statement:** The Policyholder and proposed Insured Member(s) understand, acknowledge and agree that, as a result of the Policyholder and proposed Insured Member(s) purchasing and taking up the policy to be issued by Liberty International Insurance Limited, Liberty will pay the authorised insurance Broker Commission during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorised Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorised to do so. The Policyholder and proposed Insured Member(s) further understands that the above agreement is necessary for Liberty to proceed with the application.

**佣金披露聲明：**保單持有人及各準受保人明白、確知及同意，利寶國際保險有限公司會就其購買及接受保險公司簽發的保單，於保單有效期內(包括續保期)，向負責安排有關保單的獲授權保險顧問公司支付佣金。假如保單持有人為法



## Application Form – proMedico Group Medical Insurance proMedico 團體醫療保險投保表格

人團體，代表保單持有人簽署的獲授權人員須向保險公司確認他/她已獲法人團體授權簽署。保單持有人及各準受保人亦明白保險公司必須取得以上各準受保人的同意，才可以處理有關申請。

- Yes, the Policyholder and proposed Insured Member(s) have read and understood the above arrangement.  
是，保單持有人及各準受保人已閱讀及明白上述有關佣金之安排。

7. **Go Digital and Communication Consent:** I/we hereby authorise and request Liberty International Insurance Limited to send statements and notice through digital channels including e-notice and e-renewal notice with immediate effect and until further notice. **Communication Channels Consent:** I/we would like to receive information about the goods and services which may be provided by Liberty International Insurance Limited, including (but not limited to) offers, renewal, promotions and information about new goods and services, via digital channels including Email including Electronic Direct Mailer (EDM), Text Message and Telephone call.

**同意電子化服務及聯繫：**保單持有人及受保成員特此授權並要求利寶國際保險有限公司將來可透過電子渠道向我們發送通知（包括電子通知及電子續保書），由即日起生效直至另行通知。**同意使用的聯絡方式：**我/我們希望透過電子方式包括電郵(包括電郵推廣)、短訊及電話接收利寶國際保險有限公司可能提供的有關產品及服務的訊息，包括（但不限於）優惠、續保、促銷以及有關新產品及服務的訊息。

\_\_\_\_\_  
Name of Authorised Person

獲授權人士姓名

\_\_\_\_\_  
Authorised Signature with Company Stamp

獲授權人士簽署/連同公司蓋章

\_\_\_\_\_  
Title

職位

\_\_\_\_\_  
Date

日期

Witness by below Broker:

由以下保險經紀見證

\_\_\_\_\_  
Name of Broker

保險經紀名稱

\_\_\_\_\_  
Signature of Broker with Company Stamp

保險經紀簽署及公司蓋章

\_\_\_\_\_  
Date

日期

### PERSONAL INFORMATION COLLECTION STATEMENT

Liberty International Insurance Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “**Ordinance**”). The Company will take all practicable steps to ensure security of the Personal Data and to avoid unauthorised or accidental access, erasure or other use.

For the purpose of this Statement, "Personal Data" means any data:

- relating directly or indirectly to a living individual
- from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- in a form in which access to or processing of the data is practicable



## Application Form – proMedico Group Medical Insurance

### proMedico 團體醫療保險投保表格

The Company's products and services are intended for persons residing in Hong Kong and all payments are made in Hong Kong Dollars. The Company does not intend to or knowingly collect, hold, process, use or transfer Personal Data of any individual living within the European Union ("EU") or monitor the behaviour of any EU-based individuals.

#### PURPOSE

From time to time it is necessary for the Company to collect, or be provided by your agents and/or representatives, your Personal Data (including personal information such as but not limited to your credit, motor and health records and insurance claims history) such as Personal Data of our customers (including but not limited to our online account holders, policy owners, insureds, trustees, policy assignees, claimants and beneficiaries) collected, transferred to or held by the Company which may be used, stored, processed, transferred or disclosed or shared by us for the following obligatory and other purposes ("Purposes"), such as:

- a) offering, providing and marketing to you the products/services of the Company, including related companies of the Company ("our affiliates") or our business partners (see "Direct Marketing" below), and administering, supporting, maintaining, managing and operating such products/services including policies and handling your mobile and internet accounts
- b) Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services
- c) Processing requests for payment and for direct debit authorisation including evaluating your financial needs
- d) Managing, investigating and analysing any claim, action and/or proceedings made by or against or otherwise involving you, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights
- e) Compiling statistics or using for accounting purposes
- f) Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies ("Liberty Mutual Group of Companies")
- g) Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies
- h) Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment
- i) Conducting identity and/or credit checks and/or debt collection
- j) Conducting medical or health reference checks for relevant insurance products
- k) For management of IT environment and business operation
- l) Ensuring security of our IT environment
- m) Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing (whether such detecting and investigating is in relation to an application or insurance policy of the Company)
- n) Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence) or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere
- o) For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards
- p) Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes
- q) Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies
- r) assisting financial institutions with interests related to you and/or the products/services you have with the Company including enable an actual or proposed assignee/mortgagee to evaluate the transactions you have with the Company intended to be the subject of the assignment/mortgage
- s) to facilitate authorised service providers to provide services to the Company and/or the customers for the above Purposes
- t) Providing third party administration services and carrying out other services in connection with the operation of the Company's business
- u) Facilitating the Company's authorised service providers to provide services to the Company and/or customers for the above purposes
- v) Other purposes directly relating to any of the above; and
- w) Any other purposes we notify you at the time of obtaining your consent

Please note that if you do not provide us with your Personal Data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.



## Application Form – proMedico Group Medical Insurance

### proMedico 團體醫療保險投保表格

Please also ensure that you provide complete and accurate Personal Data to us and keep us updated on any changes to your Personal Data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

### DIRECT MARKETING

Your Personal Data collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers.

This may include the use of your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing and to conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes of products and services that the Company, our affiliates, Liberty Mutual Group of Companies, our co-branding partners and our business partners may offer.

If you do not consent to receive such marketing communications, you may at any time withdraw your consent to the use and provision of your Personal Data for direct marketing by downloading the form below.

[https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt\\_Out\\_Form/Opt\\_Out\\_Form.pdf](https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf)

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such Personal Data for this voluntary marketing purpose.

### TRANSFER OF PERSONAL DATA

Your Personal Data will be kept confidential and may be held or stored locally, regionally or globally, whether in Hong Kong or out of Hong Kong.

Subject to the provisions of any applicable law, we may need to disclose your Personal Data to third parties, whether located within or outside Hong Kong for one or more of the above Purposes.

Your Personal Data may be made available to:

- a) Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Data in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes
- b) Our Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary
- c) Our Service Providers: External third-party service providers such as but not limited to agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business and Liberty Mutual affiliates in a service provider role, such as accountants, auditors, lawyers and other outside professional advisors; call center service providers; IT systems and management, IT support and security service providers; cloud providers, research and analytics service providers; claim investigators and adjusters; and similar third-party service providers that assist us in carrying out business activities
- d) Other Third Parties Service Providers including brokers; employers; healthcare professionals; hospitals; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or others named herein), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants, financial institutions, and data processors including any interested parties with legitimate legal and/or beneficial interests in your policies, the subject matter of your policies, and/or the products/services you have with the Company
- e) Other Third Parties: To a third party in the event of any reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies
- f) Credit reference agencies, financial institutions, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services
- g) Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies



**Application Form – proMedico Group Medical Insurance****proMedico 團體醫療保險投保表格**

are expected to comply

- h) Any person pursuant to any order of a court of competent jurisdiction
- i) Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners
- j) Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilise third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time
- k) Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening
- l) Other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided
- m) Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided
- n) Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies
- o) Supplied to an organisation involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems
- p) Provided to your representatives including your legal advisers
- q) Made available to anyone to whom you have given your consent
- r) Made available to other Company's authorised service providers to provide services to you for the above purposes for which the Personal Data are to be used
- s) As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain

**Data Processing Outside Hong Kong**

We may share Personal Data with one or more of our affiliated Liberty Mutual Group Companies, service providers or with third parties for the Purposes described above. Some of these affiliated companies, service providers and third parties may be based in other countries and may not be subject to the laws of Hong Kong.

By sharing personal information with the Company, you consent to the collection, use, processing and transfer of such information in accordance with our Privacy Policy to the United States (where the Company's headquarter is located) or other countries. We will take all steps reasonably necessary to ensure that your Personal Data is treated securely and in accordance with our Privacy Policy. However, you should note that where your Personal Data is disclosed to or accessed by parties located outside of Hong Kong as provided above, your personal information may not be afforded the same protections as it is under Hong Kong law.

**Access and Correction of Personal Data**

According to the Ordinance, you have the right to ascertain whether the Company holds your Personal Data, to access, obtain, correct and/or change any of your Personal Data held by the Company by contacting the Company's Personal Data Privacy Officer. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
Liberty International Insurance Limited  
Suites 2601-04 & 2607-16, 26/F  
1111 King's Road, Taikoo Shing  
Hong Kong

using the Data Access Request Form found at:

<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>

In accordance with the Ordinance, a reasonable fee may be charged by the Company to offset the Company's administrative and actual costs incurred in complying with your data access requests.

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.



## Application Form – proMedico Group Medical Insurance proMedico 團體醫療保險投保表格

### 個人資料收集聲明

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第 486 章）（以下簡稱『條例』）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。本公司將採取一切可行措施以確保個人資料安全，避免未經授權或意外存取、刪除或其他用途。

就本聲明而言，「個人資料」是指符合以下說明的任何資料：

- a) 直接或間接與一名在世人士有關的
- b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- c) 該資料的存在形式令予以查閱及處理均是切實可行

本公司產品及服務擬向居於香港者提供，且所有款項均以港元支付。本公司不擬亦不會明知而收集、持有、處理、使用或傳輸任何居於歐盟人士的個人資料或監察任何歐盟個人的行為。

### 目的

本公司不時有必要收集由你或你的代理和/或代表而得來的個人資料（包括但不限於你的信貸、汽車和健康紀錄和索償紀錄），例如，本公司可能就以下強制或其他目的（「目的」）使用、儲存、處理、傳輸、披露或分享所收集或持有的客戶（包括但不限於網上帳戶持有人、保單擁有人、受保人、受託人、保單承讓人、索償人及受益人）個人資料，例如：

- a) 向你建議、提供及推銷本公司（包括本公司相關公司（「本公司聯屬公司」）或商業夥伴）產品/服務（請參閱下文「直接營銷」）、行政管理、支援、維持、管理及經營該等產品/服務（包括保單）、處理你的流動及互聯網帳戶
- b) 處理和確定任何保險申請書、要求、保險索償及持續提供保險服務
- c) 處理付款事宜和直接付款授權書
- d) 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權
- e) 從事統計資料或用於會計事務
- f) 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求
- g) 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求
- h) 協助本公司的實質或建議承讓人能夠評核擬進行涉及有關轉讓的交易
- i) 從事核實身份和/或信貸審查和/或追收債務
- j) 為相關保險產品進行具參考用途之醫療或健康調查
- k) 資訊科技管理及商業營運
- l) 保障資訊科技的安全
- m) 偵察及調查非法活動，包括欺詐、洗黑錢及與恐怖主義有關的經濟活動（不論該偵察及調查是否與本公司的申請或保單有關）
- n) 遵從法定、監管以及其他良好管治義務，包括回應由公營及政府機構的要求（包括你居住以外的國家），或協助香港或其他地方的警察或其他政府或監管機構為執法而調查
- o) 協助本公司和利寶互助保險集團之公司政策及其標準監察及評估違規事宜
- p) 實現其他合法的商業目的，例如開展保險調查、研究和分析，包括分析本公司的客戶群和其他個人資料，分析他們的行為、偏好和興趣，開發新產品，改進本公司的服務，識別客戶使用趨勢，了解本公司客戶的利益，計劃和執行商業交易（包括合資企業和業務銷售）以及其他合法商業目的
- q) 建立、行使或維護任何利寶互助保險集團公司成員的法律權利
- r) 協助擁有與你相關權益及/或於你所持本公司產品/服務中擁有權益的金融機構，包括於你與本公司之間交易擬用作轉讓/按揭標的時，使實際或擬定承讓人/承按人得以評估該等交易
- s) 促使獲授權服務供應商就上述目的向本公司及/或客戶提供服務



## Application Form – proMedico Group Medical Insurance proMedico 團體醫療保險投保表格

- t) 提供第三方管理服務，並執行其他與本公司經營業務有關的服務
- u) 促進協助利寶互助保險公司的全球性配合，溝通和團隊合作
- v) 直接涉及任何上述的其他目的；及
- w) 當獲得閣下同意時提及的任何其他目的

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

請確保你向本公司提供完整準確的個人資料，並隨時更新你個人資料的任何變更。請注意，如果你在需要時不向本公司提供完整和準確的個人資料，可能會對你造成不良後果。

### 直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷、推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。

此或包括使用你的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及本公司所持有的人口資料作直接營銷及執行直接營銷（包括但不限於本公司、本公司聯屬公司、利寶互助保險集團的公司、合作品牌夥伴及業務夥伴所提供產品及服務的回贈、長期客戶或專享計劃）。

若你不同意收取上述營銷通訊，可隨時透過下載以下表格撤回對使用、提供你個人資料作直接營銷之用的同意。或者你可以在 [https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt\\_Out\\_Form/Opt\\_Out\\_Form.pdf](https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf) 下載「拒絕接受直銷推廣表格」。如保客戶沒有“選擇退出”的要求，本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

### 個人資料的轉移

本公司所持有的個人資料將予以保密，並可能會本地、區域或全球性地保留或存儲。

根據任何適用的法律條例，本公司可能根據一種或多種上述的目的需要向香港境內或境外的第三方透露閣下提供/披露的個人資料。

你的個人資料可能會提供給：

- a) 其他利寶互助公司：其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料，以實現上述一項或多項目的
- b) 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人
- c) 我們的服務供應商：任何向本公司提供行政、電訊、電腦、付款、銀行或其他與業務運作有關服務，包括但不限於向本公司的代理人、承辦人、銀行家及第三方服務供應商，與本公司業務營運及利寶互助附屬公司提供服務的角色，例如會計師、審計師、律師及其他外部專業顧問、電話客戶中心服務、電腦系統和管理、電腦技術支援和保安服務、雲端、研究和分析服務供應商、辦理索償理賠或調查服務和公証行，以及協助我們展開商業活動的第三方服務 提供商
- d) 其他第三方服務供應商包括保險經紀；僱主；醫護專業人士；醫院；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；法律顧問、調查員、損失理算師、再保險公司、醫療及康復顧問、緊急援助公司、網絡醫生集團、醫療諮詢顧問、測計員、專家、維修人員、會計師、金融機構及數據處理員（包括任何於你保單、保單標的及/或所持本公司產品/服務中擁有合法法定及/或實益權益者）
- e) 其他第三方：對於任何重組、合併、出售、合資、委托、轉讓或其他處置的全部或任何部分的情況下的第三方業務，資產或股票（包括任何破產或類似訴訟）；再保險公司
- f) 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司



## Application Form – proMedico Group Medical Insurance

### proMedico 團體醫療保險投保表格

- g) 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士
- h) 根據有司法管轄權的法院命令受權之任何人士
- i) 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人
- j) 提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器，或者可以利用利寶互助保險集團公司將成為處理、存儲和/或備份的控制器器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡、亞洲其他地區、美國、歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區
- k) 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商
- l) 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途
- m) 第三方營銷服務供應商和保險中介機構作為直銷通訊用途
- n) 任何實際或建議購買者提供給公司業務，在合併、收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份
- o) 提供給參與維護、審查和開發本公司的業務系統、程序和基礎設施的組織，包括測試或電腦升級系統
- p) 提供你的代表，包括你的法律顧問
- q) 提供給已獲得你同意的人
- r) 提供獲其他公司受權的服務供應商，在需使用個人資料向你提供有關上述項目之服務
- s) 本公司認為必要或適當的：遵守法律程序，回應公共和政府機構（包括居住國以外的公共和政府機構）的要求，執行我們的細則及條款，保護本公司的業務營運，及保護本公司的權利、私隱、安全或財產，以及/或你或他人的；偵察和防止欺詐行為；並允許本公司補救措施或限制本公司可能遭受的損害

### 香港以外的資料處理

本公司可能會與本公司的一家或多家聯屬利寶互助保險集團公司、服務供應商或第三方共享個人資料，以達到本公司隱私政策中所述的目的。其中一些附屬公司、服務供應商和可能位於其他國家的第三方，可能不受香港法律的約束。

通過與公司分享個人資料，你同意根據我們的隱私政策向美國（公司總部所在地）或其他國家收集、使用、處理和轉讓此類資料。我們將採取一切合理必要的措施，確保你的個人資料得到安全處理，並符合我們的私隱政策。請注意如果你的個人資料於香港以外的單位取得或使用，你的個人資料可能不會獲得與香港法律相等的保護。

### 查閱及更正個人資料

根據條例，你有權聯絡本公司個人資料私隱主任，以查證本公司是否持有你的個人資料，存取、獲得、更正及/或修改本公司所持有關於你的個人資料。如要求查閱、更正資料或索取有關本公司政策及慣例、所持資料類別的資訊，應以書面方式向以下收件人提出：

資料私隱主任

利寶國際保險有限公司

香港太古城英皇道1111號26樓2601-04及07-16室

你可在以下網址下載查閱資料要求表格：

[https://www.pcpd.org.hk/tc\\_chi/resources\\_centre/publications/forms/files/Dformc.pdf](https://www.pcpd.org.hk/tc_chi/resources_centre/publications/forms/files/Dformc.pdf)

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如中、英文版本有任何歧義或不相符之處，概以英文版本為準。



## Application Form – proMedico Group Medical Insurance

proMedico 團體醫療保險投保表格

### IMPORTANT INFORMATION

#### Product type and key features

**For Group Medical Insurance:** Cover medical expenses incurred during the insurance period on indemnity basis. Please refer to the benefit schedule and Term & Conditions for the details of the benefits and options available and the key exclusion of the product.

**For Group Critical Illness Insurance:** Provide one-off indemnity if insured person diagnosed with any of 35 critical illnesses during the insurance period. Please refer to the Policy for the details of the critical illness covered and the key exclusion of the product.

#### Requirement to make full disclosure

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Liberty. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact, this will raise questions about your entitlement to insurance benefits. Consequences may include, but not limited to, cancellation of your contract, premium adjustment based on correct information, rejection of claims application.

#### Pre-existing condition and switching between products

Pre-existing condition in general are excluded unless there is a specific clause in the policy which provides cover for pre-existing condition. Please refer to the policy provisions for the definition of pre-existing conditions. Please be reminded that switching from one policy to another may affect what constitutes pre-existing condition under the new policy, for example the date used to determine whether a medical condition is the pre-existing condition.

#### Renewal

Your policy is an annual contract. Liberty reserves the right to revise the benefits, terms and conditions from time to time upon renewal by giving a written notice.

#### Premium Adjustment

The premium of your policy is primarily determined based on factors such as age, claims history and choice of coverage for insured members.

Premiums rates may be changed as determined by the Company based on the claims record of your policy and other considerations on the date of renewal. Factors causing premium adjustment on the date of renewal includes but not limited to medical trend and inflation, revision of benefits to cover increasing medical expenses and the overall claims and expenses incurred by and/or in relation to this plan.

#### Claims Procedure

Any claim must be made following Liberty's claim procedures provided in your policy. A completed claim form with all required original supporting documents related to the claim must be submitted to the Insurer must be submitted within ninety (90) days after your clinical visit, clinical operation, day case or discharge from hospital. Otherwise, Liberty won't be able to process insured members' your claim and it may be rejected.

#### Deductible and co-insurance (For Medical Insurance only)

All expenses will be paid in excess of any deductible that applies and after we have applied any co-insurance percentage, also known as co-payment percentage.

A deductible is the portion of expenses for which you or insured person is liable for a benefit to be payable under the Policy. The amount payable by you or insured person as deductible for a benefit is stated on the schedule.

#### Usual, Reasonable and Customary (For Medical Insurance only)

In relation to a charge, "usual, reasonable and customary" shall mean standard or most common charges for treatment, supplies or medical services medically necessary to treat the insured person's bodily injury or sickness, or serious medical condition which does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed. No benefit shall be paid or payable for charges which are in excess of the general level of charges being made by other providers of similar standing in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for like or same bodily injury or sickness or serious medical condition.

Liberty may adjust any and all benefits payable in relation to any charges which is not a usual, reasonable and customary.



## Application Form – proMedico Group Medical Insurance

### proMedico 團體醫療保險投保表格

#### Medically Necessary (For Medical Insurance only)

Medically necessary shall mean such procedures, treatments, supplies or medical services which in the opinion of a physician:

1. are required for the direct treatment or diagnosis of the insured person's bodily injury or sickness
2. are appropriate and consistent with the symptoms and findings or the direct treatment or diagnosis of the insured person's bodily injury or sickness
3. are in accordance with generally accepted medical practice
4. are not associated with treatment, procedure, supplies or other medical services of an experimental or investigative nature; and
5. cannot have been omitted without adversely affecting the Insured person's bodily injury or sickness

#### 重要資料

##### 產品類型和主要特點

**團體醫療保險適用：**以賠償形式保障於保險期內發生的醫療費用。請參閱保障表和條款及細則，以了解產品的保障和可選擇的自選項目以及主要不保事項的細節。

**團體危疾保險適用：**為受保人如在保險期內被診斷出罹患 35 種危疾中的任何一種提供一次性賠償。請參閱保單以了解受保障危疾以及主要不保事項的細節。

##### 有關核保之資料披露

在投保申請期間，您應以最高誠信向利寶披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。若您未有披露或披露失實資料，將會影響您的保障權益，後果包括但不限於合約被取消、根據正確的資料調整保費、或索賠申請被拒絕。

##### 投保前已存在的病症與產品之間的切換

一般而言，除非在保單中有特定條款為投保前已有病症提供保障，否則投保前已有病症條件不會受到保障。有關投保前已存在的病症之釋義請參閱保單條款。請注意，從一項保單轉換為另一項保單可能會影響新保單中原有疾病的構成，例如，確定醫療條件是否為先前疾病的日期。

##### 續保

您的保單是一份年度合約。利寶保留不時於續保以書面通知更改保障、合約條款及細則。

##### 保費調整

您的保單的保費會根據受保成員的年齡、保單索賠記錄、保障選擇等因素而定。

利寶可根據您的保單的索賠記錄及其他考慮在任一個續保日更改保費。引致續保日保費調整的因素包括但不限於醫療趨勢及通脹，因應醫療開支增加而作出的保障改動，以及因此計劃引起和/或與此計劃相關的整體索償和開支。

##### 索償程序

任何索償須按照利寶所訂的索償程序進行。填妥的索償申請表連同所有有關該索償的所須文件正本須於求診、診所手術、日症或出院後九十(90)天內遞交，否則利寶將不能處理您受保成員的賠償，或會導致索償被拒。

##### 墊底費及共同保險 (只適用於醫療保險)

所有超過適用的自付額的費用，我們將以按扣除共同保險百分比或金額（如果適用）（也稱為共同支付百分比或金額）後的金額支付。



## Application Form – proMedico Group Medical Insurance proMedico 團體醫療保險投保表格

墊底費是您或受保人作為根據保單支付保障而要負責的部分費用。您或受保人就每保障要負責的墊底費會在保障表中列出。

### 通常，合理和慣常 (只適用於醫療保險)

就收費而言，「通常，合理和慣常」是指治療受保人的身體傷害、疾病或嚴重醫療狀況醫療所需的治療、用品或醫療服務的標準或最常見的費用，惟不超過在發生費用當地就類似治療的正常水平、物料或醫療服務收取的費用，當中不包括假如沒有保險就不會招致的費用。當收費超過在發生費用當地的其他類似等級的提供者就類似或相同的身體傷害、疾病或嚴重醫療狀況，提供類似或相近的治療，服務或物料而收取的一般費用水平，將不會獲支付保障。

若任何收費並非「通常，合理和慣常」，利實有權調整任何或所有就該等收費應支付的保障。

### 醫療必需 (只適用於醫療保險)

醫療必需指註冊醫生認為治療、物料或醫療服務：

1. 需要直接治療或診斷受保人的身體傷害或疾病
2. 與受保人的身體傷害或疾病的症狀和發現、直接治療或診斷相符並且恰當
3. 符合公認的醫學慣例
4. 與實驗，研究性質的治療，程序，物料或其他醫療服務無關；和
5. 在不影響受保人身體傷害或疾病的情況下不能缺少

