

Application form A 個人醫療保障計劃申請表 A



International health and hospital plan 國際醫療與住院計劃
Hong Kong 香港

(Please use English, BLOCK LETTERS)
(請用英文大寫正楷填寫)

FOR ADMINISTRATION USE (僅供內部使用)

Ref. 參考號碼:		Membership Number 會員號碼	BI	-		-		-		
Date 日期										
Intermediary ID 保柏環球中介人編號										

COMMENCEMENT DATE* 醫療保障計劃生效日期*

The date you want your cover to start: D D M M Y Y Y Y (cannot be between 28th & 31st) day 日 month 月 year 年
您希望保險生效的日期為: 日日/月月/年年 (不可填寫每月 28 日至 31 日之間的日期)

*We will confirm to you the commencement date of your policy. Waiting periods may apply as set out in your policy conditions.
*保單最終生效日期將稍後再作確定。因應保單內容可能設有等候期。

POLICYHOLDER 保單持有人

First name (s) 名		Sex (M/F) 性別 (男/女)	
Family name (s) 姓			
Date of birth (day/month/year) 出生日期 (日/月/年)		Fax 傳真號碼	
Email 電郵地址			
Telephone 電話號碼		Mobile phone 手提電話	
Address 住宅地址			
Address 住宅地址			
Postal Code 郵政編號		City 城市	
Country 國家			
Are you a U.S. resident? 你是否美國居民?	Yes 是 <input type="radio"/>	No 否 <input type="radio"/>	

DEPENDANTS 受保人

First name (s) 名		Date of birth (day/month/year) 出生日期 (日/月/年)		Sex (M/F) 性別 (男/女)	
Family name(s) 姓					
First name (s) 名		Date of birth (day/month/year) 出生日期 (日/月/年)		Sex (M/F) 性別 (男/女)	
Family name(s) 姓					
First name (s) 名		Date of birth (day/month/year) 出生日期 (日/月/年)		Sex (M/F) 性別 (男/女)	
Family name(s) 姓					
First name (s) 名		Date of birth (day/month/year) 出生日期 (日/月/年)		Sex (M/F) 性別 (男/女)	
Family name(s) 姓					

PAPERLESS CUSTOMER SIGN UP 登記使用無紙張服務

I hereby sign up as a paperless customer with Bupa (Asia) Limited. As a paperless customer, I will receive all documents and correspondence from Bupa (Asia) Limited via my MembersWorld account on bupaglobal.com/membersworld. I understand that I will not receive any hardcopies of documents to my postal address and that it will be my responsibility to check all documents and correspondence online and to inform

Bupa (Asia) Limited of any changes to my email address. However, I'm eligible to receive a hard copy of my documents on request. I can get more information on www.bupaglobal.com

本人同意選擇參加無紙服務，於 bupaglobal.com/membersworld 註冊 MembersWorld 並通過此平台收取保柏(亞洲)有限公司發送給本人的所有文件和通訊。本人明白將不會有印刷本發送到本人的郵箱或收件地址，而且，本人將有責任檢查所有網上文件和信函並通知保柏(亞洲)有限公司有關本人的電子郵件地址變更。但若有需要，本人有權索取所有文件的印刷本。本人可以從 www.bupaglobal.com 得到更多資訊。

COVER - please choose modules, currency and deductible by ticking the relevant boxes 投保項目 - 請劃計劃、貨幣及墊底費。

Choice of modules 自選計劃選項

- Hospital Plan 住院計劃
 Module 1 - Non-Hospitalisation Benefits 非住院保障
 Module 2 - Medicine & Appliances 醫藥與設備保障
 Module 3 - Medical Evacuation & Repatriation 醫療運送和運返保障
 Module 4A - Dental & Optical 牙科和眼科保障 A
 Module 4B - Dental & Optical 牙科和眼科保障 B

Choice of deductible / currency 年度墊底費及貨幣

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> Nil 無 | <input type="radio"/> Nil 無 | <input type="radio"/> Nil 無 |
| <input type="radio"/> EUR 歐元 350 | <input type="radio"/> GBP 英鎊 250 | <input type="radio"/> USD 美元 400 |
| <input type="radio"/> EUR 歐元 1,050 | <input type="radio"/> GBP 英鎊 750 | <input type="radio"/> USD 美元 1,600 |
| <input type="radio"/> EUR 歐元 4,000 | <input type="radio"/> GBP 英鎊 2,750 | <input type="radio"/> USD 美元 5,000 |
| <input type="radio"/> EUR 歐元 8,000 | <input type="radio"/> GBP 英鎊 5,500 | <input type="radio"/> USD 美元 10,000 |
| <input type="radio"/> EUR 歐元 16,000 | <input type="radio"/> GBP 英鎊 11,000 | <input type="radio"/> USD 美元 20,000 |

Please note that the chosen currency is binding 選擇之貨幣將不接受更改。

PAYMENT DETAILS (Contact your Bupa Global representative if payment is to be made by a third party) 您的付款方式 (如款項由第三者支付, 請聯絡您的保柏環球代表)

Annual 年度 Semi-annual 半年度 Quarterly 季度

You must choose to pay by Credit Card if you have chosen a deductible. 如您選擇墊底費計劃則必須以信用卡付款

By Credit Card (please complete the below Card Payment Authority). 以信用卡付款(請填寫以下卡付款授權部分)

By cheque or bankers draft in the currency you have indicated above. 透過支票或銀行匯票以您於上面指定之貨幣付款

Please note, when choosing to pay via cheque or bankers draft, you cannot have a deductible.

Please fill in the name of the person paying the premium in the box provided below when choosing to pay via cheque or bankers draft.

請注意, 當您選擇透過支票或銀行匯票付款時, 您不能選擇墊底費。選擇透過支票或銀行匯票付款時, 請在下面提供的框中填寫付款人的姓名。

Name 姓名

CARD PAYMENT AUTHORITY 卡付款授權

In order to take payments from your credit card, Bupa (Asia) Limited needs to store your card details on file.

為了可以透過您的信用卡付款, 保柏(亞洲)有限公司需要將您的卡詳細信息存儲在檔案中。

I give my consent to Bupa (Asia) Limited storing card details on file and using them to process payments
我同意保柏(亞洲)有限公司將卡中的詳細信息存儲在檔案中並用於處理付款程序

Visa & Mastercard's terms and conditions require Bupa (Asia) Limited to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; premiums, deductibles and/or co-insurances. Please refer to your insurance documents for details of when payments will be taken and the amounts.
Visa & Mastercard的條款和條件要求保柏(亞洲)有限公司獲得您的同意, 以存儲您的信用卡信息以備將來使用。此舉為了使我們能夠按照您的保險合同中的約定向您收取款項, 即: 保費, 墊底費和/或共同保險。請參閱您的保險文件, 以了解何時付款和付款的詳細資料。

We will also request your consent to store your credit card information if you are using an American Express card.
如果您使用的是美國運通卡, 我們亦將徵求您的同意存儲您的信用卡信息。

Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice.

您的信用卡信息將根據您的計劃保留用於交易目的, 直到該卡到期為止。基於法律和法規要求, 我們將繼續根據我們的隱私聲明存儲您的交易記錄。

If you do not want Bupa (Asia) Limited to store your card details, then we cannot accept payments from your card and you will need to choose a different payment method.

如果您不希望保柏(亞洲)有限公司存儲您的信用卡詳細信息, 我們將無法接受您以信用卡方式付款, 而您亦必須選擇其他付款方式。

To Bupa (Asia) Limited, I authorise you until further notice in writing, to charge to my card account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

我授權保柏(亞洲)有限公司在付款到期時從我的信用卡帳戶中扣除款項直至另行書面通知為止。如果信用卡丟失, 被盜, 或者我想關閉我的卡帳戶或取消授權, 我會立即通知您。

(please tick) MasterCard Visa American Express
(請選擇)

Please note that we do not accept Maestro payments. You will be given 14 days notice of other unspecified amounts to be collected.
請注意, 我們不接受Maestro付款。您將在14天內收到其他未指定金額的通知。

Cardholder's name as it appears on the card: 信用卡上顯示的卡主名稱

Card number: 信用卡編號

Valid from date: 生效日期

Expiry/end date: 到期日

A valid Credit Card Authority is required throughout your policy year. We may delay paying claims until you have such an agreement or authority in place. 在整個保單年度, 我們需要您有效的信用卡授權。在與您達成相關協議或獲得您相關授權之前, 我們有可能延遲賠償申請。

CARDHOLDERS SIGNATURE 持卡人簽名

DATE 日期

<input type="text"/>					
D	D	M	M	Y	Y

PRIVACY NOTICE 私隱公告

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.

2. Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.

3. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

4. The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:

- processing, assessing and determining any Applications for insurance products and services;
- offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例, 本公司特通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務, 或當閣下更改保單或續保時, 必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄, 如適用)。
- 如閣下未能提供本公司所要求的個人資料, 本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料, 例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:
 - 處理、評估、決定任何保險產品及服務之申請;
 - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求, 包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
 - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償, 包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行爲(無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
 - 執行與本公司所提供的保險產品及/或服務相關的功能及活動, 包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
 - 提供及設計本公司的產品及服務;

- c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
- d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
- e. provision and design of products and services of the Company;
- f. exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
- g. communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
- h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.

5. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:

- a. the Company's group companies ("Group Company");
- b. any insurance adjusters, agents and brokers;
- c. any re-insurance companies authorised by the Company;
- d. employers (for members of corporate policy only);
- e. healthcare professionals and hospitals;
- f. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
- g. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
- h. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

- a. Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
- b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
- c. donations and contributions for charitable and/or non-profit making purposes.

The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

- a. to check whether the Company holds personal information relating to you or the Member and to access such personal information;
- b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;
- c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
- d. to request the Company to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer
18/F, Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact our Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

- f. 行使本公司向閣下或會員提供保險和服務時有關的權利，例如釐定閣下拖欠的任何款項的金額，及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；
- g. 就任何本聲明中所述的用途與閣下或會員（或與代表會員的閣下）聯絡；
- h. 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；及
- i. 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露。

5. 有關閣下或會員被本公司收集或持有的個人資料將會保密，但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途：

- a. 本公司的集團公司（「集團公司」）；
- b. 任何由本公司授權的保險理算人、代理及經紀；
- c. 任何由本公司授權的再保險公司；
- d. 僱主（只適用於團體保單之會員）；
- e. 醫護專業人員及醫院；
- f. 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商（包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司（無論是直接地，或是通過過防欺詐組織或本段中指名的其他人士）、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其運營者）、收數公司、資料處理公司、研究服務機構及專業顧問）；
- g. 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人；及
- h. 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引，而作出披露，包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院，及在其他情況下，法律規定本公司必向其披露的人士或機構。

6. 本公司只會在得到閣下同意或表示不反對的情況下，使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況，向閣下提供有關以下產品和服務的市場推廣資訊（包括以電郵、手機短訊或即時通訊）：

- a. 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品；
- b. 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品；及
- c. 為慈善及／或非牟利用途的捐款及捐贈。

本公司將不會在沒有閣下的同意及許可下將閣下之個人資料向第三方透露，用作他們的市場推廣用途。

為避免有疑慮，不論閣下是否同意接收以上第六點所述的市場推廣資訊類別，本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。

7. 根據有關條例中的條款，閣下有權：

- a. 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料；
- b. 要求本公司改正任何有關閣下或會員的不準確的個人資料；
- c. 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類；及
- d. 要求本公司停止將閣下的個人資料作直接市場推廣用途。

有關要求請致函本公司保障資料主任，地址如下：

香港鰂魚涌華蘭路25號栢克大廈18樓
保柏（亞洲）有限公司
保障資料主任

8. 根據有關條例之條款，本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。

9. 如閣下對本聲明有任何查詢，請隨時致電本公司的客戶服務專線 +852 2531 8503。

10. 本聲明不會限制客戶在條例下所享有之權利。

11. 中英文本如有歧義，概以英文為準

SIGNATURE 簽名

By submitting this application form for health insurance coverage with Bupa (Asia) Limited, I acknowledge and confirm my awareness that any health insurance policy issued by Bupa (Asia) Limited is not a substitute for any form of compulsory national health insurance in any country in which I or my dependants may reside.

本人提交此保柏（亞洲）有限公司醫療保險申請表，即表示本人了解並確認，保柏（亞洲）有限公司發出的任何醫療保單，並不會代替本人或受保人所居住的任何國家的任何形式的強制性國家醫療保險。

I confirm that this application is made in Hong Kong and understand that this application must only be acted upon by persons in Hong Kong. Bupa (Asia) Limited does not offer or sell any insurance product in jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

本人確認本申請是於香港作出，並了解本申請表僅適用於身處於香港的人仕。香港以外的司法管轄區如有法律規定禁止提供或售賣本保險產品，則保柏（亞洲）有限公司一概不在該等司法管轄區內提供或售賣本保險產品。

I understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Bupa (Asia) Limited, Bupa (Asia) Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

本人了解、確認並同意，申請人投保由保柏（亞洲）有限公司簽發的本保單後，保柏（亞洲）有限公司將於本保單持續期（包括續保持續期）內向授權保險經紀人支付佣金，以便其安排本保單相關事宜。

I hereby declare that I am the legal representative of the insured(s) named in this application form and I have obtained their prior and express consent to submit this application form on their behalf.

本人謹此聲明，本人是本申請表中註明的受保人的法定代表人，本人亦已事先徵得其明確許可及同意本人代為提交本申請表。

I, on behalf of the insured, agree to be bound by the policy terms of the health plan and understand that benefits may not be payable in full or at all and the policy made be treated as if it had not existed, if I, or the insured(s), do not take reasonable care when providing any information requested in this application.

本人代表受保人同意受醫療計劃的保單條款約束，並且明白如果本人或受保人不妥善提供本申請表所要求的任何資訊，則未能獲得支付全部賠償，甚至完全不獲支付賠償，並將本人的保單視作並不存在。

I further confirm that I have checked with the insured(s) that the information is correct before completing this application.

本人並確認，本人在完成填寫此申請表時已跟受保人核對有關的資料乃正確無誤。

Marketing and preferences: I confirm that I want to receive marketing materials and communications from Bupa (Asia) Limited and Bupa Global keeping me updated about Bupa's products and services.

市場推廣及偏好：我確認我希望獲取保柏（亞洲）有限公司以及保柏環球的市場推廣資訊及通訊，了解保柏的計劃及服務的最新資訊。

Applicant's signature 申請人簽署 _____ **Date 日期** _____

INTERMEDIARY ONLY 第二部分 — 僅供中介人填寫

Intermediary name 中介人姓名	<input type="text"/>
Intermediary ID 保柏環球中介人編號	<input type="text"/>

In case of unsolicited sales, applications will only be accepted for countries that allow unsolicited sales of health insurance contracts - including on a cross-border basis, where this is the case. For more information please refer to your Bupa Global contact.

若出現推銷，這種情況下，我們僅會接受允許推銷醫療保險合同（包括跨境推銷）的國家的申請。如需更多資訊，請聯絡您的保柏環球聯絡人。

- Solicited (promoted) Sale. Tick the box if this is a Solicited Sale
推銷（促銷）。如果屬於推銷，請別選左邊的圓圈。
- Unsolicited Sale - I hereby confirm that we neither promoted, sought, approached the customer and the customer neither sought or required advice.
非推銷 — 我在此確認，我既未促銷、尋求亦未接觸過客戶，客戶也沒有尋求或徵求建議。

INTERMEDIARY'S SIGNATURE AND STAMP 中介人簽名和蓋章

<input type="text"/>

Print name 正楷姓名	<input type="text"/>	Date 日期	<input type="text"/>
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We reserve the right to request further information where appropriate or necessary.
我們保留在適當或必要時索更多資訊的權利。

Bupa (Asia) Limited Customer Service, 保柏（亞洲）有限公司 客戶服務。18/F Berkshire House。25 Westlands Road。Quarry Bay。Hong Kong。香港鯉魚涌華蘭路 25 號栢克大廈 18 樓
Tel 電話: +852 2531 8503。Fax 傳真: +852 2529 2725。Email 電子郵件: Service.HK@bupaglobal.com。www.bupaglobal.com

The plans are insured by Bupa (Asia) Limited and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority. This material shall not be construed as an offer to sell or solicitation to buy or provision of any insurance product outside Hong Kong.

本保險計劃由保柏（亞洲）有限公司承保，並由保柏環球管理。保柏環球為保柏（亞洲）有限公司用於國際私人醫療保險產品和服務範圍的業務名稱。保柏（亞洲）有限公司獲香港保險監管機構授權，並受其監管。本文件不應視為在香港境外任何保險產品的銷售要約、招攬購買或條文。