

AsiaMediCare / Credit Union & the affiliates
亞洲醫療寶 / 儲蓄互助社及其屬會

Member and Spouse Coverage Promotion
社員及家屬優惠保障

Individual Medical (Hospitalization and Surgical) Insurance Plan
(Upgraded Version)
個人醫療(住院及手術)保險計劃 - 優化版

AsiaMediCare 亞洲醫療寶 - Credit Union

Individual Medical Insurance Plan

(Occupation loading will be applied subject to individual underwriting)

Medical Insurance

A. Hospitalization Benefit (HK\$) 住院保障 (港幣)	HS 3
1. Hospital Room and Board per day (maximum 90 days per disability) 每日住院及膳食費 (每病症最高賠償達90天)	750
2. Hospital Services (maximum per disability) 醫院雜項費用(每病症最高賠償額)	12,000
3. Surgical Fee (each operation) 手術費 (每次手術)	
Complex Operation 複雜手術	31,500
Major Operation 嚴重手術	15,750
Intermediate Operation 普通手術	7,000
Minor Operation 簡單手術	3,150
4. Anaesthetist's Fee (each operation) 麻醉師費 (每次手術)	
Complex Operation 複雜手術	9,450
Major Operation 嚴重手術	4,720
Intermediate Operation 普通手術	2,130
Minor Operation 簡單手術	945
5. Operating Theatre Fee (each operation) 手術室費 (每次手術)	
Complex Operation 複雜手術	9,450
Major Operation 嚴重手術	4,720
Intermediate Operation 普通手術	2,130
Minor Operation 簡單手術	945
6. Physician's Visit per day (maximum 90 days per disability) 每日醫生巡房費 (每病症最高賠償達90天)	750
7. Specialist's Fee per disability 專科醫生費用 (每病症最高賠償)	2,000
8. Intensive Care Treatment per day (maximum 7 days per disability) 每日深切治療費 (每病症最高賠償達7天)	1,500
9. Private Nursing Care (maximum 30 days per disability) 每日私家看護費 (每病症最高賠償達30天)	400
10. Post Hospitalization Treatment per disability (within 31 days after discharge from hospital) 出院後31天之內之門診護理 (每病症最高賠償額)	800
11. Emergency Out-Patient Accident Treatment in hospital (maximum per disability) 於醫院門診部之意外醫急治療 (每宗意外最高賠償金額)	1,000
12. Inpatient & Out-Patient Kidney Dialysis & Cancer Treatment (maximum per disability) 住院及門診洗腎及癌症治療費 (每宗病症最高賠償額)	50,000
13. Companion Bed for Child (maximum 90 days per disability) 成人陪伴兒童牀位費 (每病症最高賠償達90天)	750
14. Hospital Income (maximum 90 days per disability) (Only payable for confinement in the general wards of HA's hospitals and in lieu of all other hospitalization benefits) 每日住院現金保障 (每病症最高賠償達90天) (只限入住醫院管理局轄下醫院之大房，以代替其他住院福利)	350
15. Worldwide Emergency Assistance Services 全球緊急支援服務	Unlimited 無限額
B. Optional Supplementary Major Medical Benefits (HK\$) 自選附加醫療保障 (港幣)	MM 3
Limit per disability 每病症最高賠償	50,000
Reimbursement % 賠償比率	80%
Deductible 自負額	No Deductible 不設自負額

AsiaMediCare 亞洲醫療寶 - Credit Union

Premium Table 保費表

Annual Premium (HK\$) 每年保費 (港幣)

Please submit application form together with cheque payable to Asia Insurance Company Limited
請於投保時附上劃線支票以"亞洲保險有限公司"抬頭

Initial Entry Age - 18-64 years old
首次申請投保之年齡 - 18-64歲

Hospitalization Benefits

住院保障

Age 年齡	HS 3	
	M 男	F 女
0-17	983	983
18-34	1,180	1,593
35-44	1,534	2,224
45-54	2,065	2,685
55-64	3,068	3,682
65-74*	5,446	5,835
75-99*	10,981	11,670

* For renewal only

Hospitalization and Supplementary Major Medical Benefits

住院保障及附加額外重症治療

Age 年齡	HS 3 + MM 3	
	M 男	F 女
0-17	1,303	1,303
18-34	1,564	2,111
35-44	2,033	2,948
45-54	2,524	3,557
55-64	4,065	4,878

PLAN OF BENEFIT REQUIRED 所需之保險計劃							
Hospitalization Benefits 住院保障				HS 1 <input type="checkbox"/>	HS 2 <input type="checkbox"/>	HS 3 <input type="checkbox"/>	
Optional Supplementary Major Medical Benefits 自選附加醫療保障				HS 1 + MM1 <input type="checkbox"/>	HS 2 + MM2 <input type="checkbox"/>	HS 3 + MM3 <input type="checkbox"/>	
Proposed Insured's Particular 投保人資料							
Name of Proposed Insured 投保人姓名		Marital Status: Married 已婚 <input type="checkbox"/> Single 未婚 <input type="checkbox"/>		Coresspondence Address 通訊地址			
		Telephone No. 電話					
Occupation 職業				Policy Effective Date (D/M/Y) 保單起保日 (日/月/年)			
Persons to be covered (including the Proposed Insured) 受保人之個人資料 (包括投保人)							
For family covers, the Proposed Insured's spouse and all children aged 18 or younger must be covered. 如選擇家庭成員同時受保, 則投保人之配偶及所有十八歲或以下的子女必須同時投保。							
Name 姓名	Relationship 關係	I.D./Passport No. 身份証 / 護照號碼	Date of Birth Day/Math/Year 出生日期 日 / 月 / 年	Sex 性別	Height 身高	Weight 體重	Premium HK\$ 保費 港幣
	The Proposed Insured 投保人						
	Spouse 配偶						
	1st Child 第一名子女						
	2nd Child 第二名子女						
	3rd Child 第三名子女						
	4th Child 第四名子女						
Total Premium (HK\$) 總保費 (港幣)							

Please read the following questions carefully and answer in full. 請詳閱以下問題並全部作答

1. Have you or any member(s) listed been treated or examined by a doctor in the last 12 months?
過去一年內閣下或投保之家屬曾否接受過任何醫生之診治或檢查? Yes有 No無
2. Do you or any member(s) listed have any impairment in physical condition?
閣下或投保之家屬之身體或四肢有無任何殘缺? Yes有 No無
3. Are you or any member(s) listed now receiving or contemplating any medical attention or surgical treatment or taking any medicine?
閣下或投保之家屬是否現時正接受、或企圖接受任何醫藥治療、外科手術或服食任何藥物? Yes有 No無
4. Have you or any member(s) listed had a surgical operation or been confined or treated in any hospital, sanatorium or other institution in the last 5 years?
閣下或投保之家屬過去五年內曾否在任何醫院、療養院或醫療機構進行外科手術或治療? Yes有 No無
5. Have you or any member(s) listed ever been treated for or told having heart trouble, high blood pressure, diabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilepsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis or any other disease of brain, central nervous system, genito-urinary organs, gastro-intestinal tract, liver, pancreas, etc.?
閣下或投保之家屬曾否患有或治療過以下疾病:
心臟,高血壓,糖尿,癌症,腫瘤,潰瘍,肺結核,哮喘,癲癇,氣腫,肋膜炎,結腸炎,風濕性高熱症,梅毒,或任何與腦部,中樞神經系統,生殖泌尿系統,胰或腸胃肝臟等有關之疾病。 Yes有 No無
6. Have you or any member(s) listed ever been refused any form of life or health insurance or ever had a policy rated, modified or renewal refused?
閣下或投保之家屬曾否投保人壽或醫療保險而被拒絕受保或擁有任何保單經額外加保費或經修改保單條款或被拒續保? Yes有 No無
7. Have you or any member(s) listed ever used any habit forming drugs or narcotics or alcohol excessively or been treated for alcoholism or drug habits?
閣下或投保之家屬曾否使用任何可成癮藥物、吸毒或過量喝酒或曾接受戒毒或戒酒治療? Yes有 No無
8. Has any of your immediate family member(s) ever had tuberculosis, diabetes, heart disease or mental disease?
閣下之家屬中曾否有人患肺病,糖尿病,心臟病或精神病? Yes有 No無

If your answer is "Yes" for any of the above questions, please give full details below:

若上述問題的答案為「是」者,請詳述如下:

Name of Person Treated 病者姓名	Relationship with Policyholder 與投保人關係	Details of Diagnosis and Treatment 病症及治療詳述	Period of Treatment 治療期間	Result of Treatment 治療結果	Name and Address of Attending Physician 主診醫生姓名及地址

IT IS UNDERSTOOD AND AGREED: (1) that all answers to all questions are to the best of my knowledge and belief complete and true; (2) that all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued hereunder; and (3) only the Chief Executive Officer, Manager or Secretary of Asia Insurance Co. Ltd. can make, modify, alter, discharge or waive any of the Company's rights or requirement.

I hereby authorize any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons, that has any records or knowledge of me or any member listed above, to give to Asia Insurance Co., Ltd. any such information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to agent of the insurance company to collect and transmit such information. A photographic copy of this authorization shall be as valid as the original.

I declare and agree that the insurance will not be in force until the application has been accepted by the Company and the premium has been paid.

本人明白及同意: (1) 此投保書內之陳述與回覆全部屬實及詳盡; (2) 該陳述與回覆及此投保書將成為簽發保單之依據及成為保單契約之一部份; (3) 保單契約之簽發、更改或貴公司之任何權利或要求之撤銷, 須經貴公司之行政總裁、經理或秘書簽署方屬有效。

本人授權任何內外科醫生、醫院、診所、保險公司或任何組織, 及凡熟悉本人或上述投保之家屬之健康情況之人, 均可以將該過往之病狀, 病歷詳細資料供給亞洲保險有限公司或其代表。此授權書之影印本亦均屬有效。

本人聲明及同意, 保障需在貴公司覆核、接納申請表及已收妥保費後才能生效。

Authorized Agent 特許代理

Signature of Proposed Insured 投保人簽署

日期

J&T Insurance Consultants Ltd

Important Notes to the Proposed Inst 申請人注意事項

1. The Minimum Period of Insurance is One Year. For cover of less than one year, the Short Period Rates shall be applied. Please refer to the Company for details.

2. Any other facts known to you which are likely to affect acceptance of assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent / broker.

Failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

3. Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.

1. 最低投保期為年(以每年計), 如投保期為少於一年, 短期保費將生效, 欲知詳情, 可與本公司聯絡。

2. 閣下必須盡己所知提供所有可能影響亞洲保險接納或釐定此保單條文的資料, 對資料應否透露若有任何疑問, 請即查詢亞洲保險或閣下的保險代理/經紀。閣下應如實呈報有關資料, 否則此保單將可能無法提供閣下所需的保障, 甚至可能導致此保單無效。

3. 亞洲保險有權運用, 保存或透露閣下之個人資料予任何人仕或機構, 用以審核此項申請, 或提供有關服務。若需查閱或更正個人資料, 請聯絡亞洲保險的資料保護主任。