

# Registration Of Family Members For Embrace Care Critical Illness Protector

## 安心守護危疾保障計劃家庭成員登記

Policy Number: 保單編號	Proposed Insured/Insured ("Insured"): 準受保人/受保人 (「受保人」)	Applicant/Owner ("Owner"):(if other than Proposed Insured) 保單申請人/持有人 (「持有人」)(如非準受保人)
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You can use this form to register (i) the Insured's child(ren) for Protection Sharing Benefit; and (ii) the Owner, Owner's spouse and Owner's Child(ren) for Family Premium Waiver. Please provide the relevant information required and answer the health declaration below.

請使用此表格以登記 (i) 共享保障內的受保人子女；及 (ii) 家庭保費豁免內的持有人、持有人配偶、持有人子女。請提供下列相關所需資料及回答健康聲明。

You can only register child(ren) of age 15 or below. They must also be natural child(ren) of the Insured or Owner. Adopted child(ren) are not included.

您只可登記年齡為15歲或以下的子女，及必須為受保人或持有人之親生子女，並不包括領養子女。

For Family Premium Waiver, you can only register the Owner or Owner's spouse if their age is 50 or below. The Owner must be either the Insured, the Insured's natural parent or the Insured's spouse.

就家庭保費豁免而言，您只可登記年齡為50歲或以下的持有人或持有人配偶。持有人必須為受保人、受保人之親生父母或受保人之配偶。

"Age" refers to age at the nearest birthday.

「年齡」指最接近生日之年歲。

### Protection Sharing Benefit 共享保障

	Full Name (same as HKID/Passport) 姓名 (與香港身份證/護照上相同)	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)
Insured's Child 1 受保人子女 1		
Insured's Child 2 受保人子女 2		
Insured's Child 3 受保人子女 3		
Insured's Child 4 受保人子女 4		
Insured's Child 5 受保人子女 5		

### Family Premium Waiver 家庭保費豁免

	Full Name (same as HKID/Passport) 姓名 (與香港身份證/護照上相同)	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)
Owner 持有人		
Owner's Spouse 持有人的配偶		
Owner's Child 1 持有人子女 1		
Owner's Child 2 持有人子女 2		
Owner's Child 3 持有人子女 3		
Owner's Child 4 持有人子女 4		
Owner's Child 5 持有人子女 5		

## Health Declaration 健康聲明

Has the Owner, the Owner's spouse or any of the Owner's child(ren) or the Insured's child(ren) listed in this application been hospitalized for more than 14 days within the last 5 years or have any medical conditions that requires ongoing treatment or follow-up investigation?

於此申請內所列明之持有人、持有人配偶、任何持有人子女或受保人子女，有否於過去五年內曾住院超過14天或任何健康狀況而需要持續治療或跟進檢查？

☐ Yes 是 ☐ No 否

## Declaration 聲明

### I/WE HEREBY DECLARE AND AGREE THAT:

- (1) This application is subject to the Company's prevailing rules and must be approved by the Company. The Company has sole discretion to determine whether to accept the application for registration. The Company may ask for additional information or impose any conditions for registration.
- (2) I/We have the consent of the Relevant Persons (being the Insured's child(ren), the Owner, the Owner's spouse or Owner's child(ren) listed in this application) to provide the information required.
- (3) I/We have checked with the Relevant Persons and confirm that all the information and declarations in this application relating to the Relevant Persons are true and correct AND the information provided in this application shall form a part of the insurance policy to be/has been issued and be a condition to registration.
- (4) Protection Sharing Benefit and Family Premium Waiver are subject to terms and conditions set out in the policy provisions. I/We understand there is a waiting period of two years and the benefits are not available for any medical conditions existing prior to or within the waiting period.
- (5) At the time of claiming Protecting Sharing Benefit or requesting for Family Premium Waiver, proof of Relevant Persons' identification, proof of relationship, the proof of illness/death will be required together with any other documents required by the Company.
- (6) If there is any change of Owner of this policy, the Company will revoke this registration.
- (7) Solicitation of sales and all other marketing activities on part of the agent/representative of the broker and sale formalities (including but not limited to my/our signing of this application and payment of premium) took place in the Hong Kong Special Administrative Region.

本人/吾等謹此聲明及同意：

- (1) 此申請受本公司現行規定限制及必須獲本公司批核，本公司擁有全權決定接受該登記與否。本公司或會因登記而要求額外資料或實施限制。
- (2) 本人/吾等已獲得相關人士（即列於此申請之受保人子女、持有人、持有人配偶或持有人子女）的同意以提供所需資料。
- (3) 本人/吾等已向相關人士核實，於此申請內之相關人士的資料及聲明為真實及無誤以及於此申請內所提供的資料將構成將/已簽發保單之一部份及登記之條件。
- (4) 共享保障及家庭保費豁免受限於保單條款內所列之條款及細則。本人/吾等明白等候期為兩年，及若於等候期內或以前有存在的健康狀況，將不獲提供共享保障及家庭保費豁免。
- (5) 於進行共享保障的索償或申請家庭保費豁免時，本公司將要求相關人士的身份證明、關係證明、疾病/身故證明及任何其他文件。
- (6) 若更改此保單之持有人，本公司將會撤銷此登記。
- (7) 有關壽險顧問/中介人公司所提供的推銷、有關壽險宣傳及辦理銷售手續（包括但不限於本人/吾等對貴公司交收保費及簽署文件）皆在香港特別行政區境內進行。

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Name of Witness/Agent/Sales representative 見證人/保險代理/營業代表姓名			
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Signature of Witness/Agent/Sales representative 見證人/保險代理/營業代表簽署	Date 日期	Signature of Applicant/Owner 保單申請人/持有人簽署	Date 日期