



Blue Cross 藍十字

An AIA Company 友邦保險成員公司

家傭綜合保更改表 Domestic Helper Protection Insurance Alteration Form

保單編號 POLICY NO.

保費將根據計劃、保障及家傭數目的更改而作出調整 The premium will be adjusted in accordance with the change of plan, benefits and number of Insured Person(s)
請以英文正楷填寫本表格 Please complete this Form in English BLOCK letters
請於本表格上簽署 Please sign on this Form

| | |
|---|----------------------------|
| 保單持有人/僱主姓名 Name of the Policyholder/ Employer | |
| 電郵地址 Email Address | 聯絡電話 Contact Telephone No. |
| 生效日期(日/月/年)：由 Effective Date (dd/mm/yy) From 生效日期須經核保審批 Effective Date is subject to underwriting acceptance 如以下各部份更改的生效日期並非相同，請明確說明。 If the effective date of changes of the below sections are not the same, please clearly specify. | |

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| 更改地址 Change of Address | |
| <input type="checkbox"/> 通訊地址 Correspondence Address | <input type="checkbox"/> 工作地點 Place of Employment |
| 地址 Address : 室 Flat 樓 Floor 座 Block 大廈 Building 屋苑 Estate 期 Phase 街道/地段 Street/Lot 地區 District | 街道號數 Street No. 期 Phase 地區 District |
| <input type="checkbox"/> 香港 HK | <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT |

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| 更改家傭主要工作性質 Change Major Duties of Domestic Helper (只適用於計劃 A • Only applicable to Plan A.) |
| 主要工作性質 Major Duties*: <input type="checkbox"/> 一般家務 Domestic Works <input type="checkbox"/> 園丁 Gardener *只可選一項 Can choose 1 only. |

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| 更改/刪除家傭或更改家傭主要工作性質 Change/Deletion of Domestic Helper or Change Major Duties of Domestic Helper (只適用於計劃 B 及計劃 C • Only applicable to Plan B and Plan C.) | |
| <input type="checkbox"/> 更改家傭 Change of Domestic Helper | <input type="checkbox"/> 刪除家傭 Deletion of Domestic Helper |
| <input type="checkbox"/> 更改主要工作性質 Change Major Duties of Domestic Helper | |
| 家傭資料 Details of Domestic Helper | |
| 姓氏 Surname | 名字 Given Name |
| 香港身分證/護照號碼 HKID Card/ Passport No. | 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female |
| 出生日期(日/月/年) Date of Birth (dd/mm/yy) | 證件國籍或所屬地區 Document Nationality / Region |
| 主要工作性質 Major Duties*: <input type="checkbox"/> 一般家務 Domestic Works <input type="checkbox"/> 家務工作及附帶駕駛職務 Domestic Works with Driving Duties <input type="checkbox"/> 陪月員 Post-natal Care Helper <input type="checkbox"/> 園丁 Gardener *只可選一項 Can choose 1 only. | |

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| 更改/增加/刪除自選保障 Change/Addition/Deletion of Optional Rider (只適用於計劃 B 及計劃 C • Only applicable to Plan B and Plan C.) | |
| <input type="checkbox"/> 更改自選保障 Change of Optional Rider | <input type="checkbox"/> 增加自選保障 Addition of Optional Rider |
| <input type="checkbox"/> 刪除自選保障 Deletion of Optional Rider | |
| 自選保障選擇 Optional Rider Selection | |
| <input type="checkbox"/> 嚴重疾病自選保障 – 基本 Optional Major Disease Benefit - Standard | |
| <input type="checkbox"/> 嚴重疾病自選保障 – 超卓 Optional Major Disease Benefit - Supreme | |
| 備註 1. 計劃 A 不適用於 a. 陪月員及附帶駕駛職務的家傭; 或 b. 年收入超過 HK\$200,000 的家傭 2. 計劃 B 及計劃 C 只適用於全職海外家傭。 3. 自選保障只適用於計劃 B 及計劃 C。 | Remarks: 1. Plan A is not applicable to a. post-natal care helper and domestic helper with driving duties; or b. domestic helper with an annual income exceeding HK\$200,000 2. Plan B and Plan C are only applicable to full-time overseas domestic helpers. 3. Optional Riders are only applicable to Plan B and Plan C. |

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更改其他資料 Other Amendment :

等候期 Waiting Period

門診保障、住院及手術保障、中斷服務現金津貼、以及牙科保障均受制於由本保單生效日起計的15天等候期。除非該保單是按相同保障範圍經轉保至本公司或由本公司從其他保險商接收，否則在等候期內蒙受的病痛、疾病、不適或受傷，均不可獲得任何門診保障、住院及手術保障、中斷服務現金津貼及牙科保障。保單持有人須按本公司要求，向本公司提供被轉保或接收保單的副本作處理投保/索償之用。任何新聘、補聘或更換的受保人均須受此等候期限制。

A 15-day waiting period from the effective date of this Policy shall be applied to Outpatient Benefit, Hospital and Surgical Benefit, Loss of Service Cash Allowances and Dental Benefit. No sums shall be payable under these sections for Illness Sickness or Disease contracted or Injury sustained during the waiting period unless it is a policy being transferred or taken over under the same benefit cover. In this regard, the Policyholder shall, upon the request of the Company, provide the Company with a copy of the policy being transferred or taken over for the purpose of processing the application/claim. Any new or replacement Insured Person is also subject to this waiting period.

聲明 DECLARATION

本人/我們謹此聲明及同意：

- 於此更改表內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此更改表之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字(亞太)保險有限公司(「貴公司」)任何有關此申請之重要資料，將可能導致貴公司不能接受或處理此申請或令本保單失效。
- 一概保障必須在本申請獲接納後始可生效。
- 受聘於本人/我們的家傭現在健康良好，從未接受心臟病、癌病、囊胞、腫瘤或原位癌的診斷或治療，並無任何身體缺陷、虛弱及參與任何危險性活動。當本人/我們所聘用的家傭或上述情況有所改變時，本人/我們將以書面通知貴公司有關資料。
- 本人/我們已獲家傭授權提供本申請所需之一切資料，並就本申請之相關事宜，與貴公司進行交涉，並向其接收或索取與家傭有關之資料。本人/我們並確認家傭已獲明確通知及同意，其個人資料將會轉予貴公司作辦理本申請之用，亦已獲通知其在個人資料(私隱)條例下所享有的權利。
- 本人/我們確認已閱讀及明白隨本申請表附上有關貴公司的收集個人資料聲明。

I/WE, HEREBY DECLARE AND AGREE THAT:

- The information and particulars provided on this alteration form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this alteration and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by the Company.
- The domestic helper employed by me/us is in good health and has never been diagnosed or treated for heart diseases, cancers, cysts, tumours, or carcinoma in situ and is not suffering from any physical defect or infirmity and will not engage in any hazardous activities. I/We shall provide full details in written notice to the Company should there be any changes in the domestic helper or in the condition of the said domestic helper.
- I/We have obtained the authorisation from my/our domestic helper to provide the information requested in this application and to deal with and receive or request information concerning the domestic helper from the Company in relation to any matters arising from this application. I/We further acknowledge that the domestic helper has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/her rights under the Personal Data (Privacy) Ordinance.
- I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

保單持有人/僱主簽署 Signature of Policyholder/Employer :

姓名 Name :

日期 Date :

(日/月/年 dd/mm/yy)

本表格的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this form, the English version shall apply and prevail.

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收集個人資料聲明
Personal Information Collection Statement



聯絡我們
Contact Us