## REQUEST FOR INFORMATION CHANGES FORM





Please read Important Notes listed overleaf before filling in this form and complete this form in **ENGLISH AND BLOCK LETTERS**. 填寫此申請表格前,請細閱背頁重要事項,並以**英文正楷**填寫。

Contract No. 合約編號	Company Name 公司名稱																	
A) Addition of Employe	ee(s)	新增僱員	- um 31 days' backdating of Membership Effective Date upon receipt of this request form 會籍生效日最多可追溯至收到此申請表前31日)															
(same as HKID card	KID Card No.	Dept. Code 部門編號 (max. 20	Staff No. 職員編號 (max. 10	性別	/Plan	出生日期	Effective Date 生效日 ' (DD日/MM月/ YY年)		(ple	Deptional Benefits* 自選保障* (please tick ✔ 請填上✔號)			Reimbursement Bank Account Number 賠償之銀行戶口號碼	Country of Residence <sup>#</sup> 居住國家 <sup>#</sup>	電郵地址**	For Bupa use only 只供本公司內部填寫		
		characters 最多20個字)	characters		等級/計劃			complete Part B 如是,請填妥B項					Bank No Branch No Account No. 銀行編號 - 分行編號 - 戶口號碼	(if not in HK 如非香港)		Membership No. 會員編號		EVA Card 醫療護送卡
															Office 公司			
															Home 住宅			
															Office 公司			
															Home 住宅			
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															Home 住宅			
															Office 公司			
															Home 住宅			
** Please fill in either one of the 請填寫一個電郵地址。如選用電子								he designated (	email a	addr	ess	if e-	Statement service is applied.					
B) Addition of Dependa	ant(s)	新增家屬	(Maximu	m 31	days'	backdating	of Member	ship Effective	Date	upc	on r	ece	ipt of this request form 會籍生效	日最多可追溯	至收到此申請表前31日)			

Spouse: Age must be between 18 and 64 (inclusive) on the Membership Effective Date 配偶: 於會籍生效日之年齡必須介乎 18 歲至 64 歲 (首尾歲數計算在內)

Child: Age must be between 15 days and 17 (inclusive) or under 23 if full-time student on the Membership Effective Date (Please submit student card copy or copy of other relevant proof)

子女: 於會籍生效日之年齡必須介乎 15 日至 17 歳 (首尾歲數計算在內) 或 23 歲以下之全日制學生 (請遞交學生證明或有關證明文件副本)

The state of the s																	
Employee's Name 僱員姓名	Membership No. 會員編號	Relationship 關係 <sub>.</sub>	Dependant's Name 家屬姓名		/Plan	性別	Date of Birth 出生日期	Effective Date 生效日	Optional Benefits* 自選 (please tick ✔ 請填上•			fits <sup>*</sup> 自選 '請填上(	保障* ✔號)	Country of Residence <sup>#</sup> 居住國家 <sup>#</sup>	For Bupa use only 只供本公司內部填寫		
	(If any 如有)	(Spouse/Child 配偶/子女)	(same as HKID Card / Birth Certificate 與香港身份證或出生證明書相同)	香港身份證 號碼	等級/ 計劃	(M/F 男/女)	(DD日/MM月/ YY年)	(DD日/MM月/ YY年)	М	W	Т	D G	Е	(if not in HK	Membership No. 會員編號	1	EVA Card 醫療護送卡
	Cupplementary					#	to la constant a superior de la constant a s	n a sifi a al la v. Manala			an Ind	Dt		-1-1	all a constate of the or		

\* M=Maternity 產科保障

住院現金保障

W=Hospital Cash T= Supplementary 附加醫療保障

D=Dental G=Optical 牙科保障 視光保障

E=Bupa Worldwide Assistance Programme 保柏國際援助計劃

# Unless otherwise specified by Member in writing. Inter Partner Assistance (IPA) will consider Hong Kong as the Country of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary. 除非會員特別以書面通知,國際救援(亞洲)公司將設定香港為所有會員之居住國家,於有醫療需要時送返有關會員回香港。

(852) 2517 5388 Fax 傳真: (852) 2548 1848 Hang Seng Bupa Members 恒生保柏會員 (852) 2517 5828 Fax 傳真: (852) 3973 6948 group@bupa.com.hk groupHS@bupa.com.hk

## REQUEST FOR INFORMATION CHANGES FORM

## 資料更改申請表



Please read Important Notes below before filling in this form and complete this form in **ENGLISH AND BLOCK LETTERS**. 填寫此申請表格前,請細閱以下重要事項,並以**英文正楷**填寫。

C) Other c	C) Other changes 其他更改 (Maximum 31 days' backdating of Effective Date of changes upon receipt of this request form provided that no claims have been incurred in the backdating period) (更改生效日最多可追溯至收到此申請表前 31日,而在追溯期內必須沒有提交任何賠償申請)																			
Member's II 會員	Information I資料	Change of Name 更改姓名	Change of Rein Account No. 更改	nbursement Ban 対賠償之銀行戶口間					Change of Benefits (Maximum 31 days' backdating upon receipt of this request ) 更改保障 (最多可追溯至收到此申請表前31日)											
Membership No. 會員編號	Name 姓名	New Name 新姓名 (same as HKID card 與香港	Bank No Branc 銀行編號 - 分	h No Account 厅編號 - 戶口號碼	New Class , Plan 新等級	New Subgroup 新附屬團體	New Dept. Code 新部門編號 (max. 20 characters	新 (max.	w Staff No. f職員號碼 10 characters	New Benefits Effective Date 新保障生效日 (DD日/MM月/	自 (plea	al Benefits* 選保障* ase tick ✔ 真上✔號)		Country of Residence <sup>#</sup> 居住國家 <sup>#</sup> (if not in HK	Email Address** 電郵地址** Office / Home		For Bupa use only 只供本公司內部填寫 Membership No. Medical Card		1	
		身份證相同)			計劃	11113750	最多20個字)	最	多10個字)	YY年)	M W	ΓD	G E	如非香港)	公司/住宅		具編號	醫療卡	醫療護送卡	
			_	_											Office 公司 Home 住宅	_				
															Office 公司 Home 住宅					
														Office 公司						
			_	_											Home 住宅					
D) Termina	D) Termination 終止保障 (Maximum 31 days' backdating of termination effective date upon receipt of this request form provided that no claims have been incurred in the backdating period) (然止保障生效日最多可追溯至收到此申請表前 31日,而在追溯期內必須沒有提交任何賠償申請)																			
Please return t	Please return the medical card of the terminated Member for getting refund of unearned Subscription (if applicable) 請交回已終止會籍之醫療卡以便退回未用之保費 (如適用)																			
	ership No. 員編號		Member's Name 會員姓名 HKID card 與香港身	分證相同)		mination Da date of cove (DD日/MM月	er 最後受保日)		М	lembership No. 會員編號			(sam		's Name 姓名 d 與香港身份證相同)	(last	Termination Date 終止日期 (last date of cover 最後受保日) (DD日/MM月/YY年)			
Important Notes 重要事項  1. Please complete bank account details if autopay is chosen for claims payment reimbursement. The bank account holder must be the Employee.  2. In the event that any cost is incurred by the terminated Member, Subscriber agrees to reimburse Bupa for the full amount within 14 days upon receipt of relevant invoice.  3. Upon completed together with Bupa medical card (if applicable). Subscription Adjustment calculated on a daily pro-rate basis (if any) will be sent to you accordingly.  4. If changes are made by other means, Bupa's pre-approval is required.  5. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  6. If the name exceeds 26 characters, only the initials of the given names and / or middle names will be indicated.  5. Images are made by the terminated Member, Subscriber agrees to reimburse Bupa for the full amount within 14 days upon receipt of felevant invoice.  5. Upon completed together with Bupa medical card (if applicable). Subscription Adjustment calculated on a daily pro-rate basis (if any) will be sent to you accordingly.  5. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  6. If the name exceeds 26 characters, only the initials of the given names and / or middle names will be indicated.  5. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  6. If the name exceeds 26 characters, only the initials of the given names and / or middle names will be indicated.  5. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  6. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  6. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  6. Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.  7. A zight has a diagnostic particle with particle and particle within 14 days upon receipt of th													呆柏。							
Contract No. 合約編號:									Company Name 公司名稱:											
Authorised S	Signature and	Company Cho	op 授權人簽署》	及公司印鑑																
 Date 日期 (DI	D日/MM月/YY <sup>4</sup>	<b> (</b> ) :						Ар	proved by	/ Bupa on 保	柏批核邡	<b>*</b> :								