



## FAMILY MEMBERS TO BE INSURED 準受保家庭成員

Details 資料	Dependent 1 家屬1	Dependent 2 家屬2	Dependent 3 家屬3	Dependent 4 家屬4
Last Name 姓				
First, Middle Name 名				
Relationship to Applicant 與申請人關係				
Marital Status 婚姻狀況				
Nationality 國籍				
Passport/ ID Number 護照/身份證號碼				
Date of Birth (dd/mm/yy) 出生日期(日/月/年)				
Gender 性別	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Height (cm) & Weight (kg) 身高(公分)及體重(公斤)				
Smoker 吸煙	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Occupation 職業				

## MEDICAL QUESTIONNAIRE 健康問卷

### Important Note about filling in this form: 關於填寫本表格的重要資料:

The answers you give to the questions contained in this Application will form the basis of any insurance policy issued, and will be incorporated into the contract. It is essential that you give accurate, truthful, and complete information for all persons to be insured, as inaccuracies may jeopardise coverage or invalidate a claim. 閣下在本申請表填報的答案，將構成本公司所訂立任何保單的依據，並將會納入合約的一部份。您必須提供所有準受保人士的準確、真實及完整資料，如資料失實將會影響保險保障或索償效力。

- Does any of the persons to be insured reside outside the Usual Country of Residence as shown above? If "Yes", please state which country. 是否有任何準申請被保險人士居住於上述「慣常居住國」境外其他地區？如屬「是」，請說明現居國家。  Yes 是  No 否
- Does the occupation of any of the persons to be insured include any activities involving offshore, underwater, underground, or manual work, or work in a remote location? If "Yes", please give details. 是否有任何準申請被保險人士的職業包括任何涉及離岸、水底、地下或勞動的工作，或在偏遠地區的工作？如屬「是」，請說明詳情。  Yes 是  No 否
- Have any of the persons to be insured previously applied for or held a GlobalHealth policy? If "Yes", provide policy number. 是否有任何準申請被保險人士曾經申請或持有GlobalHealth保單？如屬「是」，請提供保單編號。  Yes 是  No 否
- Do any of the persons to be insured have health insurance with another company? If "Yes", please attach a copy of the policy and benefit schedules, and indicate if the other coverage will be continued if the GlobalHealth application is approved. 是否有任何準申請被保險人士持有其他公司的醫療保單？如屬「是」，請夾附保單及保障附表副本，以及說明如GlobalHealth保單獲批，其他保險會否繼續。  Yes 是  No 否
- Have any of the persons to be insured ever had a policy or application for life, sickness, accident disability, critical illness or medical insurance refused, postponed, declined, withdrawn, or had any special terms (including extra premium or exclusions) imposed? If "Yes", please provide full details. 是否有任何準申請被保險人士持有或申請的人壽、疾病、意外傷殘、重大疾病或醫療保險遭拒絕、延遲、撤銷或附加特別條款(包括額外保費或不承保事項)？如屬「是」，請說明詳情。  Yes 是  No 否

## Continuation of Medical Questionnaire 健康問卷 — 續

6. Within the last five years, have any of the persons to be insured experienced, been treated for, sought advice on, or had symptoms relating to any of the following conditions? 任何準申請被保險人士過去五年內，是否曾患有以下疾病或因此接受治療、諮詢醫療意見或呈現相關的病徵？

If the answer is "Yes" to any of the following, please write the medical condition and complete the relevant questionnaire where indicated. For other medical conditions, please provide details in the table on page 3. 如以下任何一項的答案屬「是」，請說明疾病名稱及依照指示填寫相關的問卷。其他疾病請填寫第3頁的表。

- a) Cancer, leukemia, tumors, cysts or a growth of any kind? (If "Yes", please complete the Tumor/Cyst Questionnaire) 癌症、白血病、腫瘤、囊腫或任何類型的增生物? (如屬「是」，請填寫腫瘤/囊腫問卷)。  Yes 是  No 否
- 
- b) Asthma, persistent cough, coughing of blood, pneumonia, chest or breathing complaints, chronic bronchitis, chronic sinusitis, allergies, deviated nasal septum, tuberculosis, or any disease or disorder of the lungs? (If "Yes", please complete the Respiratory Questionnaire) 哮喘、久咳、咳血、肺炎、胸口或呼吸問題、慢性支氣管炎、慢性鼻竇炎、過敏、鼻中膈彎曲、肺結核或任何肺部疾病或異常? (如屬「是」，請填寫呼吸系統問卷)。  Yes 是  No 否
- 
- c) Chest pain, raised blood pressure, raised cholesterol, heart murmur or heart condition, breathlessness, abnormal heart rate, rheumatic fever, varicose veins, or circulatory disorder? (If "Yes", please complete the Cardiovascular Questionnaire) 胸痛、高血壓、高膽固醇、心臟雜音或心臟病、氣促、心律不正常、風濕熱、靜脈曲張或循環系統疾病? (如屬「是」，請填寫心血管疾病問卷)。  Yes 是  No 否
- 
- d) Indigestion, gastritis, gastric or duodenal ulcer, blood in stools, fistula, hernia, haemorrhoids or any disease or disorder of the bowel? 消化不良、胃炎、胃或十二指腸潰瘍、便血、瘻管病、疝氣、痔瘡或任何腸疾病或功能異常?  Yes 是  No 否
- 
- e) Kidney stones, urinary tract infections or complaint, blood, protein or sugar in urine, or any disease or disorder of the kidney, bladder, prostate or genito-urinary tract? 腎結石、尿道炎或不適、血尿、蛋白尿或糖尿，或任何腎、膀胱、前列腺或生殖泌尿系統疾病或功能異常?  Yes 是  No 否
- 
- f) Jaundice, hepatitis of any form or any disease or disorder of the gall bladder, pancreas or liver? 黃疸、任何類型肝炎或任何膽囊、胰臟或肝臟疾病或功能異常?  Yes 是  No 否
- 
- g) Diabetes, thyroid disorders or any other endocrine disorders? 糖尿病、甲狀腺失調或任何其他內分泌失調?  Yes 是  No 否
- 
- h) Anaemia, thalassaemia, haemophilia, or any other disease or disorder of the blood? 貧血、地中海型貧血、血友病或任何其他血液病或血功能異常?  Yes 是  No 否
- 
- i) Disease of the brain or nervous system, stroke, epilepsy, paralysis, weakness of a limb or prolonged headache? (If "Yes", please complete the Cerebrovascular/Nervous System Questionnaire) 腦或神經系統疾病、中風、腦癇(癲癇)、癱瘓、肢體衰弱或長期頭痛? (如屬「是」，請填寫腦血管/神經系統問卷)。  Yes 是  No 否
- 
- j) Mental health disorder, depression, anxiety, nervous condition, stress, post traumatic stress disorder, behavioural problem, alcohol or drug addiction? 精神障礙、抑鬱、焦慮、精神狀況、壓力、創傷後壓力失調、行為問題、酗酒或用藥成癮?  Yes 是  No 否

**Continuation of Medical Questionnaire 健康問卷 — 續**

- k) Back or neck pain or strain, spinal condition, sciatica, slipped disc, whiplash, gout, arthritis, bone fracture, joint injury e.g. knee, elbow, wrist, shoulder, hallux valgus (hammer toes) or any symptoms of a muscle disorder? (If "Yes", please complete the Musculo-Skeletal Questionnaire) 背或頸痛或勞損、脊椎不適、坐骨神經痛、椎間盤突出、頸椎傷、痛風、關節炎、骨折、關節損傷，例如膝、肘、腕、肩、拇趾外翻或任何肌肉疾病徵狀？(如屬「是」，請填寫肌肉骨骼問卷)  Yes 是  No 否
- 
- l) Malaria, dengue fever, typhoid or any other tropical disease? 瘧疾、登革熱、傷寒或任何其他熱帶疾病?  Yes 是  No 否
- 
- m) HIV, AIDS (Acquired Immuno Deficiency Syndrome), AIDS related condition or had any positive blood test for HIV (also called AIDS or HTLV-III) virus? 人類免疫缺乏病毒、愛滋病(後天免疫力缺乏症)、愛滋病相關疾病或人類免疫缺陷病毒(又稱愛滋病或HTLV-III病毒)驗血結果呈陽性?  Yes 是  No 否
- 
- n) Psoriasis, eczema, dermatitis, acne or any other skin condition? 牛皮癬、濕疹、皮膚炎、暗瘡或任何其他皮膚疾病?  Yes 是  No 否
- 
- o) Ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disease or disorder of the ear, eye, nose or throat? 耳分泌物、流鼻血、複視或視力、聽覺或語言能力受損、或任何其他耳、眼、鼻或喉嚨疾病或功能異常?  Yes 是  No 否
- 
- p) **(Females only)** Pregnancy or any complications of pregnancy, abnormal smear test or any gynaecological disorder e.g. fibroid &/or cyst of the female reproductive system? If "Yes", please complete the Gynaecological Questionnaire) (只適用於女性)懷孕或妊娠併發症、抹片檢查結果異常或任何婦科疾病，例如子宮肌瘤及/或女性生殖系統囊腫? (如屬「是」，請填寫婦科問卷)  Yes 是  No 否
- 
- q) Any other ailment, impairment, injury, accident, condition(s), medical investigations, or hospital treatments not mentioned above? 任何其他上述沒有提及的其他疾病、障礙、損傷、意外、病況、醫療檢查或住院治療?  Yes 是  No 否

If you answered "Yes" to any of the above questions that did not require a Medical Questionnaire, please give details of the condition in the table below. 如以上任何一項的答案屬「是」但並不需要填寫健康問卷，請在下表說明詳情。

Applicant's concerned 有關申請人	Q.No. 問題 編號	Date of first consultation 首次就診 日期	Details of Medical conditon, including nature of treatment, results and if you have fully recovered? 疾病詳情，包括治療性質、效果及是否已 完全康復?	Name & Address of doctor, hospital or health professional consulted 主診醫生、醫院或專業醫護人員的姓 名/名稱及地址	Do you require any follow up treatment or consultation, if so when? 是否需要後續 治療或診治， 如屬是，何時 進行?

(please use an extra sheet if more space is required) (如有需要，可另附加紙張說明)





**For official use only 本公司專用:**

Producer Name: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Address: \_\_\_\_\_  
代理姓名 代理編號 地址  
Phone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
電話 傳真 電郵地址

**PREMIUM PAYMENT 保費付款**

**A. Cheque Payment or Money Order. 支票或銀行本票付款**

Please make your HK Dollar cheque or money order (drawn on a HK clearing bank) made payable to "GlobalHealth Asia Limited".  
請開具港元支票或銀行本票(由香港結算銀行開出), 收款人為"GlobalHealth Asia Limited".

**B. Local Bank Deposit. 本地銀行存款**

Bank 銀行: The Bank of East Asia, Limited. Hong Kong 香港東亞銀行

Account Name 帳戶名稱: GlobalHealth Asia Limited

Account No. 帳戶號碼: 015-521-40-400296-1 (HKD Account) (港元帳戶)

Please fax copy of deposit slip with your Policy No. to (852) 2526 0769 for issuing Official Receipt.

請將存款單副本連同保單編號傳真至(852) 2526 0769, 本公司將發出正式的收據。

**C. Bank Transfer. 銀行轉帳**

For direct premium remittances, please send full payment (inclusive of all bank charges) to:

如直接入帳支付保費, 請支付全數(包括所有銀行手續費)至:

Premiums by remittance may be accepted from Chinese bank subject to a limit of US\$5,000 for the initial premium  
蘇黎世不接受中國內地銀行賬戶繳付保費, 但繳付首次保費且不超過5000美元等值者則除外

**Intermediary Bank 中介銀行**

ABA No.: 026009593  
ABA 編號

Recipient Bank: Bank of America N.A., New York,  
受款人銀行 USA CHIPS UID 009953

Account No.: 6550-4-90452  
帳戶號碼

Swift Code: BOFAUS3N  
Swift 代碼

**Beneficiary Bank 收款銀行**

Bank: The Bank of East Asia, Limited. Hong Kong  
銀行 香港東亞銀行

Account Holder: GlobalHealth Asia Limited  
帳戶持有人

Account No.: 015-521-40-400296-1 (HKD Account)  
帳戶號碼 (港元帳戶)

Swift Code: BEASHKHH (SWIFT MT103)  
Swift 代碼

Note 註: 1. All bank charges will be borne by the remitter 所有銀行手續費一律由付款人支付。  
2. Please indicate your Policy Number as payment details to your bank 銀行付款資料請列明保單編號。  
3. Please fax (+852 2526 0769) or email the bank remittance advice or instruction slip with your Policy Number to GlobalHealth for our accounting records and to issue an Official Receipt. 請將銀行存款單或指示單連同保單編號傳真至(852) 2526 0769作會計記錄, 本公司將發出正式的收據。

**D. Credit Card 信用卡**

Premiums may be paid by Visa or MasterCard using the Credit Card Authorisation overleaf.

VISA或萬事達卡支付保費。請填寫下一頁的信用卡授權。

## CREDIT CARD PAYMENT AUTHORISATION 信用卡付款授權

I/We, the undersigned, authorise you to charge my credit card for payment of insurance premiums as stated below:  
本人/我們授權本人的信用卡扣款支付以下保險保費:

Policyholder 保單持有人: \_\_\_\_\_

Policy Number (if known) 保單編號(如知悉): \_\_\_\_\_

Visa

Mastercard 萬事達卡

Card Number 信用卡號碼: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Issuing Bank: \_\_\_\_\_  
發卡銀行:

Card Holder's Name: \_\_\_\_\_  
持卡人姓名:

Expiry Date: \_\_\_\_\_  
到期日: \_\_\_\_\_ m m 月 \_\_\_\_\_ y y 年

Credit Card Country of Issuance 信用卡簽發國家: \_\_\_\_\_

Please state your Credit Card Country of Issuance. Zurich DO NOT accept premium paid by any credit card issued by banks in China, except for the initial premium at the maximum of US\$5,000 or equivalent by Visa/ Master Card. PRC credit card will not be accepted for renewal.  
請列明信用卡簽發國家。蘇黎世不接受中國內地銀行簽發的信用卡繳付保費，但以VISA或萬事達卡作繳付首次保費，且不超過5000美元或等值者則除外

For HK\$ \_\_\_\_\_ 港元

I also authorize GlobalHealth Asia Limited, until further notice in writing, to charge my credit card with unspecified amounts in respect of my annual premium payments as and when these become due. GlobalHealth Asia Limited will inform me in advance of any premium adjustments. I understand that credit card payment and effectiveness is subject to the credit card centres approval and that all charges will be made in Hong Kong Dollars at the exchange rate(s) then in force. 本人並授權GlobalHealth Asia Limited於本人的年度保費到期時，在本人的信用卡扣取不指定金額的款項付款，直至另行通知為止。如保費有任何調整，GlobalHealth Asia Limited會預先通知本人。本人明白使用信用卡付款及過帳，必須經由信用卡中心批准方始生效，所有相關費用一律以當時匯率折算為港元計算。

\_\_\_\_\_  
Signature 簽署

\_\_\_\_\_  
Date 日期

**GlobalHealth Asia Limited**  
Suite 1401-3, Chinachem Hollywood Centre,  
1-13 Hollywood Road, Hong Kong  
香港荷李活道1-13號華懋荷李活中心1401-3室  
**Telephone** 電話: (852) 2526-0918  
**Facsimile** 傳真: (852) 2526-0769  
**Email** 電郵: globalhealthuniversal@globalhealthasia.com  
**Web** 網址: www.globalhealthuniversal.com

Underwritten by  
**Zurich Life Insurance Company Limited**  
由蘇黎世人壽承保

 **ZURICH**  
蘇黎世

*Because change happenz*<sup>TM</sup>  
以先見 應萬變