

## 摯衛妳要保補充聲明書

# SUPPLEMENTARY INFORMATION & CONSENT FORM FOR LADYVITAL PLAN

本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司

The expression of "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

第一部分 SECTION 1: (準)受保人之健康資料 HEALTH DETAILS OF THE PROPOSED INSURED	是 Yes	否 No
1. 閣下曾否接受或被建議接受, 或者準備接受子宮頸的相關檢查和/或治療(不包括結果正常的常規檢查), 如柏氏抹片檢查、錐切活檢、陰道鏡或者超聲檢查, 和/或閣下曾否被建議需在六個月之內接受子宮頸覆查(例如柏氏抹片檢查)? Other than normal routine test / checkup, have you ever had, or have been advised to have, or are you intending to have investigations and/or treatment of the cervix, such as a pap smear, cone biopsy, colposcopy or ultrasound, etc. and / or have you ever been advised to have a repeated investigation of the cervix (such as pap smear) within 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. 閣下或者閣下的直系親屬(親生父母或兄弟姐妹)曾否有人患有或被診斷為任何種類的癌症或惡性腫瘤? Have you or your immediate family members (biological parents or siblings) ever suffered from or been diagnosed with any form of cancer or malignant tumor?	<input type="checkbox"/>	<input type="checkbox"/>

第二部分 SECTION 2: 免責聲明 DISCLAIMER
本公司委托第三方健康機構為其客戶提供的相關醫療服務檢查結論僅供參考, 不作為醫學診斷治療的依據或證明。同時本公司將不承擔任何由此項服務所產生的法律責任。特此聲明。 The Company hereby declares that all medical assessments and tests processed or made by the third party medical examiners or laboratories appointed by the Company is for informational purposes only, and shall not be treated as a basis and proof of medical diagnosis or treatment. The Company will not undertake any legal liability arising from this service.

第三部分 SECTION 3: 健康檢查服務選項 HEALTH INSPECTION SERVICE OPTIONS		
請選擇在香港或中國指定化驗所進行由本計劃所贈送的健康檢查服務。本公司將不時重新制定指定化驗所的名單而不作事前通知及對這項服務保留最終的決定權利。 另外, 閣下如選擇享用此健康檢查服務時, 代表閣下知悉及同意相關健康檢查結果及或文件副本將抄送予本公司, 閣下有權選擇不享用此健康檢查服務。本服務僅供(準)受保人享有(若準受保人與(準)保單持有人不同)。 Please select the designated laboratories either in Hong Kong or China to carry out the health inspection service that accompanied by this product. The Company will revise from time to time the list of designated laboratories without prior notice and reserve the final decision right for this service. In addition, if you choose to enjoy the health inspection service, that means you have acknowledged and agreed to disclose or release the relevant health inspection result and/or copy of document to the Company. You have the right to choose not to enjoy this service. This service is only provided to the Proposed Insured (if the Proposed Insured is different from the (Proposed) Policyholder).	香港 Hong Kong	中國內地 Mainland China
<input type="checkbox"/>	<input type="checkbox"/>	

第四部分 SECTION 4: 健康管理服務選項 HEALTH MANAGEMENT SERVICE OPTIONS		
請選擇是否接受由本公司委托的第三方健康管理機構所提供的健康管理服務。 本服務僅供(準)受保人享有(若準受保人與(準)保單持有人不同)。 Please choose accept or not to accept the health management service provided by the third party health management institution appointed by the Company. This service is only provided to the Proposed Insured (if the Proposed Insured is different from the (Proposed) Policyholder).	接受 Accept	不接受 Do not accept
<input type="checkbox"/>	<input type="checkbox"/>	

第五部分 SECTION 5: 授權聲明 AUTHORIZATION DECLARATION
本人/我們同意並不可撤銷地授權 (a) 由貴公司委托的第三方健康管理機構向貴公司透露、發放及轉移任何具有本人/我們與後續服務(包括但不限於健康檢測和/或健康管理服務)有關的記錄或資料。 (b) 貴公司或貴公司委任的醫療/輔助醫療檢查員或檢驗所, 就處理後續服務, 替本人/我們進行所需的醫療評估或測驗, 以檢定本人/我們的健康狀況。 即使本人/我們死亡或喪失行為能力, 此授權書仍然存有法律效力, 而本人/我們之繼承人及承讓人亦受此授權書約束。此授權書之正本與副本有同等效力。 I / We agree and irrevocably authorize (a) the third party health management institution appointed by the Company to disclose, release and transfer the records, knowledge or relevant information related to subsequent services (including but not limited to health inspection / management) to the Company; (b) the Company or the medical/para-medical examiners or laboratories appointed by the Company, for processing subsequent services, to perform the necessary medical assessment and tests to evaluate my/our health status. This authorization shall bind my /our successors and assignees and remain valid notwithstanding my/our death or incapacity. A photocopy of this authorization shall be valid as the original.



**第六部分 SECTION 6: 收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

本人確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載或向中國人壽(海外)股份有限公司索取。

I confirm that I have read and understood the personal information collection statement of China Life Insurance (Overseas) Company Limited. For the latest version of the personal information collection statement, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request.

本人謹此聲明，本人所作以上陳述為事實之全部，並同意該等陳述將作為本人致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，繕發之保單將根據貴公司的選擇而無效或可使無效。

I declare that the above statements are full, complete and true, and agree that they shall form part of my application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

本人確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載或向中國人壽(海外)股份有限公司索取。I confirm that I have read and understood the personal information collection statement of China Life Insurance (Overseas) Company Limited. For the latest version of the personal information collection statement, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request.

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保險中介人簽署  
Insurance Intermediary's Signature

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(準)保單持有人簽署  
Proposed Policyholder's Signature

\_\_\_\_\_  
(準)受保人簽署 (若年齡在 18 歲或以上)  
Proposed Insured's Signature (If age 18 or above)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
年 Year 月 Month 日 Day

