

團體人壽投保書
Group Life Insurance Application Form

申請公司資料 Details of Applicant			
Name of Applicant 投保公司		Telephone 電話	
Address 地址			
聯絡人資料 Details of Contact Person			
Name 姓名		Title 職位	
Telephone 電話		Email 電郵地址	
保單資料 Policy Details			
Number of Members 投保員工人數		(Attach List of Members) (詳附團體保壽名單)	Nature of Business 業務性質
Total Group Life Sum Assured 壽險總保額			
Total Accident Sum Assured 意外險總保額			
Total Sum Assured 總保額			
Effective Date 起保日期	Year 年	Month 月	Day 日
Remark 備註			
Declaration 要保團體負責人聲明承認事項 一. 本要保書所填寫的各項，均屬真實，可作為你公司發給保單根據，並成為雙方合約的組成部份。倘日後發現與事實不符，即時保單發給，你公司仍可不負任何責任。 二. 除用書面申請，經你公司主管簽字批准外，其他任何人不論口頭或文字允諾的條件或事情，均屬無效。 三. 要保職工必需在身體健康時期將第一期保費全數繳清，保單始生效力，倘在未付以前或方付之時，不幸有任何職工染病身故，你公司可不負賠償責任。 四. 要保職工放棄法律上的規定，允許為其診治的醫生告知你公司關於職工的健康治療及一切醫務消息。 1. All of the information submitted in this application form is true, accurate and reliable. This application form will be the basis of policy issuing and part of contract between two parties. If the information provided is inconsistent with fact, your company will not accept any liability. 2. Except written application, which signed and approved by the general manager of your company, other agreements and conditions engaged by others in writing or orally are invalid. 3. Insured should pay initial premium in full in good health while the insurance takes effect. If any insured dies of illness before the premium has been paid up, your company will not liable for indemnity. 4. Insured give up the right in law and permit doctor in charge to inform your company of any medical and health treatment information related to the insured.			
		Authorized Signature On behalf of Applicant with Company Chop 投保公司簽署及蓋章	
		Date 日期 (Y)年 (M)月 (D)日 signed in Hong Kong 簽於香港	
代理人/經紀專用 For Agent/Broker Use Only			
Agent/Broker No. 代理人/經紀編號		Name of Agent/Broker 代理人/經紀姓名	
Signature of Agent/Broker 代理人/經紀簽名			