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第四部份 健康聲明(續) Part 4 Health Declaration (Continued)

5.	(a) 高空作業 Work at Height : 最高 max height _____ (請註明 please specify) 米/m	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(b) 重型機械操作 Heavy Machinery Operation : (請註明 please specify) _____	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
6.	在過去 12 個月內閣下是否吸煙 · 如有 · 請填寫下列問題 : In the past 12 months, have you ever smoked, if yes, please complete below questions:	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(a) 每日平均吸煙多少支 Average number of pieces daily?	_____ 支/天 pieces/day		_____ 支/天 pieces/day	
	(b) 吸煙已有多少年 How many years have you smoked?	_____ 年 years		_____ 年 years	
7.	閣下的家屬中曾否有人患癌症、精神病、糖尿病、心血疾病或任何遺傳疾病 ? Have your family members ever had cancer, mental disease, diabetes mellitus, cardiovascular diseases and any other inherited diseases?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
8.	閣下曾否使用任何可成癮藥物、吸毒、酗酒或曾接受戒毒或戒酒治療 ? Have you ever used habit forming drugs or narcotics or alcohol excessively or been treated for drug or alcoholism?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
9.	閣下是否患有先天性缺陷疾病 · 例如先天性心臟病 · 腦發育不全等 ? Have you ever had congenital disease such as congenital heart disease, abnormal brain development, etc?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
10.	閣下曾否患有 · 或獲告知患有 · 或曾接受下列疾病之治療 : Have you ever had or been told you had, or been treated for :				
	(a) 肺結核病 · 呼吸系統或肺部疾病 ? Tuberculosis, respiratory or lung disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(b) 風濕性心臟病 · 血壓病 · 胸痛 · 心臟 · 血液或血管疾病 ? Rheumatic heart disease, high blood pressure, chest pain, any disease of the heart, blood or blood vessels?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(c) 腸胃潰瘍 · 肝或膽囊或消化器官之疾病 ? Gastro-intestinal ulcer, disease of liver, gall-bladder or digestive organs?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(d) 腎石或任何生殖泌尿系統病症 ? Renal stones or any reproductive urinary disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(e) 癲癇或任何精神病或神經不正常 ? Epilepsy, or any mental or nervous disorder?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(f) 癌症、腫瘤、任何透過性接觸傳染的疾病、糖尿病、其他內分泌疾病或嚴重受傷 ? Cancer, tumor, any sexually transmitted disease, diabetes, any endocrine disease or severe injury?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
11.	在過去五年內 · 閣下曾否 In the past 5 years, have you ever :				
	(a) 接受過或被建議進行診斷檢驗 · 如 X 光、心電圖、特殊血液檢驗及健康檢查 ? Had or been advised to take any diagnostic test(s), such as X-Ray, ECG, special blood test or body check-up?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(b) 患有疾病 · 接受過手術 · 就診或留醫等而未在上述各項提及者 ? Had any illness, operation, medical consultation/treatment or hospitalization not mentioned above?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
12.	閣下目前是否正接受藥物治療或醫療護理 ? Are you currently receiving medical treatment or under medical care of any kind?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
13.	閣下是否有可預見或打算進行之醫生囑咐、診症或治療 ? Do you have any expected need or intention of receiving medical advice, consultation, or treatment?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
14.	閣下曾否接受或打算接受任何有關愛滋病或愛滋病綜合病徵之醫生囑咐、輔導或治療 · 或曾被通知患有上述提及之疾病 ? Have you ever received or do you intend to receive any medical advice, counseling or treatment in connection with AIDS, or any AIDS-related conditions, or been told you had the above-mentioned disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No

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第四部份 健康聲明(續) Part 4 Health Declaration (Continued)

15.	閣下曾否在過去三個月內持續超過一星期有下列病徵：疲倦、體重下降、腹瀉、淋巴核腫大或不尋常的皮膚潰瘍？ Have you at anytime in the past 3 months had any of the following symptoms for more than 1 week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
16.	閣下曾否在過去三個月內持續超過一星期有下列病徵：疲倦、體重下降、腹瀉、淋巴核腫大或不尋常的皮膚潰瘍？ Have you at anytime in the past 3 months had any of the following symptoms for more than 1 week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
17.	閣下是否曾因身體不適而接受任何檢查或治療未在上述各項提及？ Have you ever received any medical check-up or treatment which is not mentioned in the above?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
只適用於十二歲或以上之女性 For Female aged 12 or above only:					
18.	(a) 閣下現在是否懷孕？如「是」，請告知懷孕週數。 Are you pregnant now? If "Yes", please state pregnancy duration.	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
	(b) 閣下曾否有乳房或生殖器官疾病或產前產後之併發症？ Have you had any disorder of the breast or reproductive organs, or prenatal or postnatal complication?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
19.	閣下過去有否因疾病、意外、受傷而提出或獲得過任何賠償？ Have you ever made a claim or received any compensation for illness, accident or injury?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No

若上方任何問題答案為「是」或「有」者，請註明題號，並詳述診治醫生、醫院名稱、地址、求診日期、檢查項目、診斷結果及接受何種治療及檢驗結果。

For each "Yes" answer in the above questions, please indicate the question number and provide details including name and addresses of all attending physicians or hospitals, dates and duration, diagnosis, treatment and result.

第五部份 聲明及授權 Part 5 Declaration and Authorization

本人/我們現申請辦理上述之更改事項，謹此聲明並確認所有提供之資料及細節是準確無誤，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/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：

1. 所有需要之款項及文件提交予 貴公司並完整無缺。
2. 此項申請在受保人在生並仍然符合受保條件時，經 貴公司接納及批准。
3. 在此申請表及 貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)
4. 貴公司將以書面或附註形式通知此申請被接納。
5. 本人/我們提供符合 貴公司要求之有效證明文件(例如：身分證明及地址證明)予 貴公司，讓 貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構) 條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

本人/我們謹此代表本人及所有受保人同意及授權：

1. 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人及受保人或任何一位受保人之紀錄者，及/或曾診驗或可能將會診驗本人及任何一位受保人者，均可將該等資料提供給 貴公司。
2. 貴公司或任何其指定之醫生或化驗所，可就此保單更改申請替本人及任何受保人進行所需之醫療評估及測試，作為審核本人及任何受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使本人死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人/我們聲明及同意已獲所有受保人授權及同意本人作出上述授權。

I/We hereby request the above change(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.

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第五部份 聲明及授權(續) Part 5 Declaration and Authorization (Continued)

- All required payment and complete supporting documents have been submitted to the Company.
- The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
- Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
- I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap

I/We hereby agree and authorize on behalf of myself and/or the Insured that:

- Any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Insured and who has attended or may hereafter attend myself/the Insured to disclose such information to the Company.
- The Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this Application. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent of the Insured to make the above authorizations

第六部份 收取個人壽險保費徵費 Part 6 Collection of Premium Levy on Individual Life Insurance Policy

本人/我們謹已收悉：貴公司就保險業監管局要求並授權向每位保單持有人所持有的有效保單徵收「保費徵費」(下稱「徵費」)，及將收取的保費徵費將會全數轉交予該局。保險業監管局亦可以根據相關條例，將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。有關收取徵費的詳情，請瀏覽中國人壽(海外)股份有限公司的網頁www.chinalife.com.hk/levy。

I/We hereby notified that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at www.chinalife.com.hk/levy.

第七部份 個人資料收集聲明 Part 7 Personal Information Collection Statement

本人/我們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("本聲明")。有關最新版本的收集www.chinalife.com.hk 下載或向中國人壽(海外)股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

第八部份 簽署 Part 8 Signature

註: Remark:

- 每份申請表祇可填寫一份保單號碼 (副本表格，恕不接受)。
Please use a separate form for each policy number (Copies of this form are not accepted)
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。
We shall have right to reject your application if you fail to fulfill the Company's requirement(s).
- 此表格必須於保單持有人及/或受託人(如適用)簽署日起計30天內交至本公司辦理手續。
This form must be received by the Company within 30 days from the date of its signing
- 請小心閱讀本申請表內所有項目，以確保在簽署時，已經填妥申請表上所有資料。切勿在空白表格上簽署。Please read all items carefully and check that you have completed all the information on this application form before you sign your name below. Please do not sign on blank form.
This application must be received by our Company within 30 days from sign date of Policyholder and /or Assignee (if applicable).
- 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。
If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.

受保人簽署 (倘非保單持有人及 18 歲或以上)
Signature of Insured (if different from the Policyholder & aged 18 or above)

年 Year 月 Month 日 Day

保單持有人之簽署及或公司印鑑
Policyholder Signature (s) and/or Company Chop

年 Year 月 Month 日 Day

受讓人簽署 (如適用)
Signature of Assignee (if applicable)

年 Year 月 Month 日 Day

見證人姓名/身份證明文件號碼及簽署
Name /ID no. & Signature of Witness

年 Year 月 Month 日 Day

如有任何查詢，請與 閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓 客戶服務部。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form should be sent to Customer Service Department, China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong