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### 自願醫保計劃申請及轉移聲明書

## APPLICATION AND DECLARATION FORM FOR VOLUNTARY HEALTH INSURANCE SCHEME (VHIS) MIGRATION

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION	
保險中介人姓名 Name of Insurance Intermediary <input type="text"/>	
保險中介人編號 Insurance Intermediary's Code <input type="text"/>	聯絡電話 Contact No. <input type="text"/>

計劃轉移詳情 DETAILS OF PLAN MIGRATION	
原有保單號碼 Original Policy No. <input type="text"/>	
原有保單中的合資格住院計劃 (「合資格住院計劃」) Eligible medical plan(s) under Original Policy ("Eligible Medical Plan(s)")	轉移至自願醫保計劃(新保單) VHIS plan for migration ("New Policy")
<input type="checkbox"/> 「國壽海外」尊尚醫療系列 MasterCare Medical Plan Series <input type="checkbox"/> 「住院寶」終身保險計劃系列 Hospital Care Whole Life Insurance Plan Series <input type="checkbox"/> 關愛一生醫療保險計劃系列 I Care Medical Insurance Plan Series <input type="checkbox"/> 關愛一生醫療保險計劃系列及附加醫療保障 I Care Medical Insurance Plan Series and Supplementary Medical Benefit <input type="checkbox"/> 關愛一心醫療保險計劃系列 iCare Medical Insurance Plan Series <input type="checkbox"/> 「康健保」系列 Health Guard Hospital Care Benefit Series <input type="checkbox"/> 住院醫療保險系列 Hospital Care Benefit Series <input type="checkbox"/> 住院醫療及額外賠償保險系列 Hospital Care And Supplementary Benefit Series <input type="checkbox"/> 住院及手術保障系列 Hospital & Surgical Series	<input type="checkbox"/> (H142) 衛您健康醫療保險計劃 Guard Your Health Medical Insurance Plan <input type="checkbox"/> (H143) 健康常伴醫療保險計劃 Healthy Life Medical Insurance Plan <input type="checkbox"/> (H144) 健康常伴優越醫療保險計劃(半私家病房) Healthy Life Premier Medical Insurance Plan (Semi-private) <input type="checkbox"/> (H145) 健康常伴優越醫療保險計劃(半私家病房連附加保障) Healthy Life Premier Medical Insurance Plan (Semi-private with SMM) <input type="checkbox"/> (H146) 健康常伴優越醫療保險計劃(私家病房) Healthy Life Premier Medical Insurance Plan (Private) <input type="checkbox"/> (H147) 健康常伴優越醫療保險計劃(私家病房連附加保障) Healthy Life Premier Medical Insurance Plan (Private with SMM)

備註 Notes:

- 「康健保」系列包括康健保住院醫療附加保險、康健保特級附加保險及康健保特級 N 附加保險;  
Health Guard Hospital Care Benefit Series include Health Guard Hospital Care Benefit, Health Guard Hospital Care Benefit (Enhanced) and Health Guard Hospital Care Benefit (Enhanced)N;
- 「原有保單」的保單持有人及受保人必須與「新保單」相同;  
Both Policyholder and the Insured under the "Original Policy" must be same as the one under "New Policy".
- 「自願醫保計劃轉移」的核保要求，請參閱核保配對總覽表。  
For details of underwriting requirements, please refer to the VHIS Mapping Table under "VHIS Migration".



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**聲明 DECLARATIONS**

本人/我們謹此聲明並同意以下所有「自願醫保計劃轉移」的條件及已了解「原有保單」中的「合資格住院計劃」及「新保單」的自願醫保計劃之分別：

I/We hereby declare and agree to all of the following terms and conditions of "VHIS Migration" and understand the difference between Eligible Medical Plan(s) under Original Policy and the VHIS plan(s) under the New Policy:

1. 本聲明書須在「原有保單」的保單週年日前 75 天至 15 天(包括前後兩天)(「申請計劃轉移期」)內提交至本公司。於申請計劃轉移期外遞交的申請將不會被接受;及  
This Declaration Form must be submitted to the Company 75 days to 15 days (inclusive) prior to the Policy Anniversary of the "Original Policy" ("Plan Migration Application Period"). Submission out of the above period will be rejected; and
2. 對於「原有保單」屬「住院寶」終身保險計劃系列。當「原有保單」完成轉換為「新保單」後及該「新保單」生效時(「成功轉移」)。「原有保單」將會被終止及其退保價值(如有)與多付保費及保費徵費餘額將以保單幣種發出劃線支票支付予保單持有人;及  
For the Original Policy belongs to Hospital Care Whole Life Insurance Plan Series, the Original Policy will be terminated upon the New Policy is effective ("Complete Migration"); Surrender Value (if any) and remaining balance of premiums and levy of Original Policy will be payable to the Policyholder by a crossed cheque in policy currency; and
3. 對於「原有保單」屬「國壽海外」尊尚醫療系列。當「成功轉移」後。「原有保單」的無索償自付額折扣將會被取消。此外。「新保單」的「無索償折扣之合資格保單年數」(如適用)將會從零開始計算;及  
For the Original Policy belongs to MasterCare Medical Insurance Plan Series, the No Claim Deductible Discount provided by the Original Policy will be forfeited and the "number of Policy Years without claims"(if applicable) under the New Policy will be counted starting from zero upon Complete Migration; and
4. 如「原有保單」轉為「新保單」時的核保要求為無需核保。以下事項的生效日於「新保單」內將維持不變(即與「原有保單」一樣);如「原有保單」轉為「新保單」時的核保要求為需正常核保。以下事項的生效日則將會在「新保單」生效後重新計算:  
(i) 所有不保事項;  
(ii) 附加保費率;  
(iii) 特別條款(如適用);及  
The effective date of the following items will remain unchanged in New Policy (that is, the same as the Original Policy) if underwriting is not required when Original Policy migrate to New Policy; Otherwise, they shall be counted starting from the effective date of the New Policy:  
(i) all exclusion(s);  
(ii) loading rate(s);  
(iii) special term(s) and condition(s)(if applicable); and
5. 就保單持有人或受保人在遞交投保申請文件時不察覺及理應不察覺的投保前已有病症。如「原有保單」轉為「新保單」時無需核保。「新保單」的等候期將由「原有保單」之繕發日期、保單生效日或最後恢復效力日起計。以較後日期為準;否則。「新保單」的等候期將會在「新保單」之保單簽發日或保單生效日(以較早日期為準)後開始計算;及  
For Pre-existing condition(s) that the Policy Holder or Insured Person was not aware and would not reasonably have been aware of at the time of submission of application, provided that underwriting is not required during migration from Original Policy to New Policy, the waiting period of New Policy shall commence from the Policy Issuance Date, Policy Effective Date or the date of the latest reinstatement of Original policy (whichever is the latest); Otherwise, the waiting period shall commence from the Policy Issuance Date or the Policy Effective Date (whichever is earlier) of the New Policy; and
6. 根據無需核保即可轉移至指定自願醫保計劃的合資格住院計劃(參考核保配對總覽表)。則無需填寫人壽保險要保書的第五(家庭狀況)及第六(健康及相關資料)部分;及  
Section V (Family Details) and VI (Health and Related Details) of LIFE INSURANCE APPLICATION FORM are not required for migration without underwriting according to the VHIS Mapping Table; and
7. 「原有保單」中的合資格住院計劃將於「原有保單」完成轉換為「新保單」及該「新保單」生效時終止;及  
The Eligible Medical Plan(s) under the Original Policy will be terminated on the effective date of the New Policy upon Completing Migration; and
8. 當「原有保單」(「住院寶」終身保險計劃系列除外)內有多付保費及保費徵費餘額(「該款項」)。而「原有保單」與「新保單」的保單幣種相同。「該款項」將以「原有保單」的保單幣種進行退款;如「原有保單」與「新保單」的保單幣種不同。「該款項」將會以港幣折算等值「新保單」的保單幣種並進行退款;及  
Any remaining balance of premiums and levy (the "Balance") in the Original Policy(except Hospital Care Whole Life Insurance Plan Series), will be refunded in Original Policy currency if the policy currency of the Original Policy and the New Policy are the same; Otherwise, the Balance in the Original Policy will be converted into Hong Kong dollars equivalent to the policy currency of the New Policy and be refunded; and
9. 若「合資格住院計劃」為「原有保單」中的基本計劃。「原有保單」中的所有附加保障在「成功轉移」後將會被終止;及  
If the Eligible Medical Plan is a basic plan under the Original Policy, any supplementary benefit (s) attached under the Original Policy will be terminated upon Complete Migration; and
10. 倘若轉移的核保結果為新增不保事項及/或附加保費率及/或特別條款(如適用)。保單持有人有權保留「原有保單」中合資格住院計劃並取消轉移;及  
If there are any additional exclusion(s) and/or loading rate(s) and/or special term(s) and condition(s) resulted from underwriting during migration (if applicable), the Policyholder has the rights to cancel the migration and keep the Eligible Medical Plan(s) under "Original Policy"; and
11. 於任何情況下。「成功轉移」後。「新保單」亦不能回復到「原有保單」(包括於冷靜期內);及  
Under no circumstances, the New Policy can be reversed to the Original Policy (including cooling off period) upon Complete Migration; and
12. 此自願醫保計劃轉移聲明書需與其他投保文件一併遞交;及  
Please submit this Declaration Form for VHIS Migration together with other relevant application documents; and
13. 本公司保留對「自願醫保計劃轉移」有最終決定權。  
The Company shall have the final decision with respect to the application for VHIS Migration.

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**補充陳述資料 SUPPLEMENTARY INFORMATION**

本人/我們謹此聲明及同意自簽署要保書當日至今，本人/我們的職業及健康狀況不變，而且沒有接受任何診治或檢查，及要保書上的所有答案至今真實及正確，否則請填寫「要保補充陳述書」提供詳情。I/WE HEREBY DECLARE AND AGREE that there has been no change in my/our occupation and health condition, and that I/we have not received any medical attention or consultation or examination from the date of signing of the Application Form for the insurance and all my/our answers as provided in the Application Form remain true and correct, otherwise please complete a "Supplementary Information Form" to provide details.

**個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

本人/我們確認已閱讀及明白「中國人壽保險（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 下載或向中國人壽保險（海外）股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.hk or available upon request.

**聲明 DECLARATIONS**

本人/我們謹此聲明，本人/我們所作以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(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/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued void or voidable at the option of the Company.

\_\_\_\_\_  
 保險中介人簽署  
 Insurance Intermediary's Signature  
 本陳述書簽署於

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

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

This form is signed on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (年 Year/月 Month/日 Day)