



轉移現有住院保障至新計劃之投保聲明書 (請遞交至保戶服務部)

Declaration Form For Existing Hospital Coverage Transfer To New Plan (Please submit to Policy Owner Service Department)

(只適用於轉移至尊醫療計劃/富泰醫療計劃至另一份現有保單 Applicable to transfer of CEO Medical Plan/ Regal Health Plan to another existing Policy)

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
Agent / Broker Name 營業員 / 經紀姓名	Agent / Broker Code 營業員 / 經紀號碼 Area / Agency / Broker Code 區域 / 營業員 / 經紀組別編號	Agent / Broker Tel. No 營業員 / 經紀聯絡電話
TR Membership Number (for Brokers only) 營業代表會員號碼 (僅供經紀使用)	<input type="checkbox"/> IA <input type="text"/>	<input type="checkbox"/> ANG <input type="text"/>



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***請提供附加至尊醫療2附加契約/至尊明珠醫療2附加契約/至尊醫療附加契約3/至尊明珠醫療附加契約3之保單號碼 (『新計劃』)

***Please provide Policy No. for adding CEO Medical 2 Supplementary Contract / CEO Pearl Medical 2 Supplementary Contract / CEO Medical Supplementary Contract 3 / CEO Pearl Medical Supplementary Contract 3

現有至尊醫療計劃/至尊醫療計劃2/至尊醫療計劃3 富泰醫療計劃/至尊明珠醫療計劃2/至尊明珠醫療計劃3 之保單號碼(『舊計劃』) Policy No. of existing CEO Medical Plan / CEO Medical Plan 2 / CEO Medical Plan 3 Regal Health Plan / CEO Pearl Medical Plan 2 / CEO Pearl Medical Plan 3	
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『舊計劃』的『住院保障』 Hospital coverage under the Old Plan	『新計劃』的『住院保障』 Hospital coverage under the New Plan

轉移申請及確認

本人現申請將『舊計劃』之各『住院保障』轉移至『新計劃』。本人確認已知悉轉移之相關『住院保障』安排並同意：

1. 本人在投保『舊計劃』時就各『住院保障』所接受之任何額外不保事項，將適用於『新計劃』的各相關『住院保障』，並被視作為本人所接受。
2. 本人在投保『舊計劃』時就各『住院保障』所接受之任何因應增加承保風險而增訂的特別條款（包括但不限於就受保人的居住地、國籍、健康狀況、職業、或具危險性的運動或活動風險而言的條款），將適用於就『新計劃』的各相關『住院保障』所計算的保費，並被視作為本人所接受。
3. 就『新計劃』的各『住院保障』內之不保事項第(c)項（即針對扁桃腺、腺樣增殖體、疝氣或女性生殖器官的疾病等而進行的檢驗、治療或手術的保障），有關受保人在開始接受該等檢驗、治療或手術時，保單或住院附加契約（視屬何情況而定）須已持續有效達一百二十天的要求而言，該一百二十天的要求將由『舊計劃』的各相關『住院保障』的繕發日期或生效日期（以較後者為準）起開始計算。
4. 於『新計劃』的各『住院保障』（包括其附加契約）內有關『受保疾病』、『受保受傷』、『已存在的情況』定義中及不保事項（如適用）中提及的『繕發日期』及『生效日期』將分別指『舊計劃』的各相關『住院保障』的繕發日期或生效日期。
5. 『無索償墊底費折扣』條款（『折扣條款』）（如有）並不適用於沒有墊底費的『舊計劃』或『新計劃』的『住院保障』。否則，於『新計劃』的『住院保障』（即經公司同意由『舊計劃』的『住院保障』（即此現有基本保單）轉移至『新計劃』的『住院保障』後而附加於新基本保單或現行基本保單的附加契約）內適用之折扣條款（如有）將由下述日期（以最先者為準）起生效：
 - (a) 『舊計劃』的『住院保障』的保單日期，惟折扣條款須於該保單日期起已生效；
 - (b) 『舊計劃』的『住院保障』在2016年9月21日或以後的首個保單週年日；或
 - (c) 『新計劃』的『住院保障』在2016年9月21日或以後的首個生效日期。

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Request for Transfer and Acknowledgement

I hereby request to transfer the Hospital Coverage(s) under the Old Plan to the New Plan. I confirm that I am aware of the handling of Hospital Coverage(s) associated with the transfer and agree that:

- Any additional exclusions accepted by Me in relation to the respective Hospital Coverage(s) under the Old Plan shall be deemed to be accepted by Me in relation to, and shall apply to, the corresponding Hospital Coverage(s) under the New Plan.
- Any special terms reflecting increased insurance risk(s) (including, but not limited to, terms in relation to the Insured's residence, nationality, health or occupation, or for hazardous sports or activities) accepted by Me in relation to the respective Hospital Coverage(s) in the Old Plan shall be deemed to be accepted by Me in relation to, and shall apply to, the calculation of premium for corresponding New Hospital Coverage(s) under the New Plan.
- For the purpose of Exclusion (c) of the Hospital Coverage(s) under the New Plan (coverage for investigation, treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs), the requirement that the Insured be continuously covered under the New Plan for 120 days shall be determined from the Issue Date or the Commencement Date, whichever is later, of the corresponding Hospital Coverage(s) of the Old Plan.
- The term "Issue Date" and "Commencement Date" as referred to in the definition of "Covered Illness", "Covered Injury", "Pre-existing Condition" and/or in the Exclusions Clause (if applicable) of the Hospital Coverage(s) of the New Plan (including any Supplementary Contracts) shall be deemed to mean the Issue Date and Commencement Date respectively, of the corresponding Hospital Coverage(s) of the Old Plan.
- The No Claim Deductible Discount clause ("Discount Clause") (if any) shall not be applicable to the Hospital Coverage under the New Plan or Old Plan with NO Deductible. Otherwise, the Discount Clause (if any) that may be applied to the Hospital Coverage under the New Plan, i.e. the Rider/Supplementary Contract which is attached to either a new Basic Policy or an existing Basic Policy, upon the Company's approval on the transfer from the Hospital Coverage under the Old Plan, i.e. the existing Basic Policy, to the Hospital Coverage under the New Plan, will take effect from the following date, whichever is the earliest :
 - the Policy Date of the Hospital Coverage under the Old Plan provided that the Discount Clauses is already in effect from such Policy Date;
 - the first Policy Anniversary of Hospital Coverage under the Old Plan that falls on or after 21 September 2016; or
 - the first Commencement Date of the Hospital Coverage under the New Plan that falls on or after 21 September 2016.

_____ on _____
 *Signature of Owner/Trustee 於 MM月/DD日/YYYY年
 *持有人/信託人簽名

_____ on _____
 *Signature of Assignee 於 MM月/DD日/YYYY年
 *受讓人簽名 (if applicable 如適用)

* 簽名必須與公司的現有紀錄相符 Signature must correspond with the Company's existing record.

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交
 PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署