NOW HEALTH INTERNATIONAL | API 亚太财险 Asia-Pacific P&C

全球保团体医疗保险
团体员工(医疗核保)：投保单
WorldCare application form: Group (FMU) employees

供公司使用 — 保险中介详情及印章
For company use – intermediary details and stamp

保险中介公司： Intermediary company:	传真号码： Fax number:
	电邮地址： Email address:
联络姓名： Contact name:	官方印章： Official stamp:
电话号码： Telephone number:	

请使用正楷字体填写本投保单。

医疗核保(FMU)是保险人在确定特殊条款是否适用时，对被保险人提供的细节进行评估的过程。投保员工和符合资格的连带被保险人都必须填写本投保单。

被保险人必须披露所有重要事实。未有披露所有重要事实可能会使该团体保险保单无效。重要事实指可能会影响本申请的评估或受理的事实。如果被保险人对于某事实是否重要存在疑问，被保险人应披露该事实。

保险人建议被保险人保留一份向保险人提供有关本申请的所有资料的记录。

如有的话，请在被保险人的申请中附上医疗报告或检验结果。如果本公司需要更多资料，可能要求被保险人填写其他医疗问卷。被保险人提供的所有资料均会被严格保密。

本公司会以被保险人在本表格中所提供的资料为依据，决定是否接受被保险人的申请，及是否需要适用特别条款。特别条款指适用于被保险人保险的除外事项或条件。如被保险人就任何现有医疗状况的治疗提出理赔申请，而并未在本表格中向本公司告知或未能详尽告知该医疗状况，本公司有权拒赔该理赔申请。同时本公司有权解除被保险人的保险合同，或对被保险人的保险合同订立特别条款，而该等条款将具有追溯效力。请务必留意并确保完全及正确地填写本投保单。

如在被保险人的投保单填妥后及在本公司的书面接受、支付保费或被保险人的生效日期/批单签发日（以最迟者为准）前，发生任何会影响被保险人在本投保单所提供资料的事情（如被保险人的健康状况或连带被保险人的健康状况发生变化），被保险人必须书面告知本公司该等变化。

保险人有权拒绝或接受被保险人的投保申请，或在订立特殊条款的前提下接受被保险人的投保单。

请通过您的保险中介或直接向时康管理顾问(上海)有限公司寄送您填妥的申请表格，连同政府颁发的身份证/护照复印件，转交：亚太财产保险有限公司，中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室–1105室，邮编：200080。您亦可将其扫描及电邮至ChinaSales@now-health.com或传真至+(86) 400 077 7900。

Please complete this form using BLOCK CAPITALS.

Full medical underwriting (FMU) is the process whereby the insurer assesses the declared details in deciding if any special terms apply. All employees and eligible dependants must complete an application form.

The applicant must disclose all material facts. Failure to do so may invalidate the group policy. A material fact is one which is likely to influence the assessment and acceptance of this application. If the applicant is in any doubt whether a fact is material, the applicant should disclose it.

The insurer advises the applicant to keep a record of all information they supply to the insurer in connection with this application.

Please enclose any medical reports or test results with the application. The applicant may be required to complete a further medical questionnaire if the insurer needs more information. All information will be treated in strict confidence.

The insurer relies on the information that the applicant provides in this form to decide whether or not to accept the application, and whether or not the insurer needs to apply special terms. Special terms are exclusions or conditions that the insurer may apply to the applicant's cover. If the applicant submits a claim for the treatment of any existing condition which the applicant did not tell the insurer about here or did not tell the insurer everything about, the insurer may refuse to pay that claim. The insurer also has the right to declare the applicant's membership to the group policy void, or the insurer may impose special terms on the applicant's group policy which the insurer will apply retrospectively. Please take the greatest care to ensure that this application form is completed fully and accurately.

If, after completing the application form and before the latest of either our written acceptance, payment of premium or the applicant's start date/entry date, anything occurs which affects the information the applicant provided in this form, such as a change in the applicant's state of health or the state of health of any of the applicant's dependants, the applicant must tell us in writing about the change.

The insurer reserves the right to decline or accept the application or to accept the application form with special terms.

Please send the completed application form along with a copy of Your government issued identity document to the insurer via the applicant's intermediary or direct to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China. The applicant can also scan and email it to ChinaSales@now-health.com or fax it to +(86) 400 077 7900.

第一部分：被保险人姓名
Section 1: Name of Insured Person

名： First name(s):	姓： Family name:
我们应如何称呼您？ What does the applicant like to be called?	

（如您的全名为John Andrew Smith，您可能希望我们称您为John 或 Smith 先生或 Andy。保险人将在所有通讯中以这种方式称呼您。）
(If the applicant's full name is John Andrew Smith, the applicant might like to be called John or Mr Smith or Andy. The insurer will address all correspondence to the applicant in this way.)

第二部分：被保险人详情
Section 2: Insured Person details

公司名称： Company name:	团体保险计划编号： Group policy number:
地址： Address:	
电邮地址： Email address:	
联系电话号码（包括国家代码）： Preferred telephone number (including country code):	
该号码为被保险人的 Is this insured person's 手机电话 Mobile ☐ 家庭电话 Home ☐ 办公电话 Work ☐	*如您希望以短讯的方式获得通知，请告知我们您的手机号码：* *If the insured person would like SMS notifications, please tell us his/her mobile number:*
性别： Gender: 男性 Male ☐ 女性 Female ☐	出生日期（日/月/年）： Date of birth (dd/mm/yyyy): / /
居住国家： Country of Residence:	国籍（护照签发国家）： Nationality (Country of passport issuance):
身份证/护照号码： ID/Passport number:	
身高（厘米/英尺）： Height (cm/ft):	体重（公斤/磅）： Weight (kg/lbs):
职业： Occupation:	行业： Occupation industry:

您或本投保单的任何预定成员，或其家庭成员或紧密联系人有否涉及政治风险？（如是，请提供进一步的细节）
Are You or any intended member of this policy, or any family member or close associate a politically exposed person?
(If yes please provide further details)

是 Yes ☐   否 No ☐

第三部分：连带被保险人详情
Section 3: Dependant details

配偶详情
Spouse details

名： First name(s):	姓： Family name:
我们应如何称呼他/她？ What does he/she like to be called?	
性别： Gender: 男性 Male ☐ 女性 Female ☐	出生日期（日/月/年）： Date of birth (dd/mm/yyyy): / /
居住国家： Country of Residence:	国籍（护照签发国家）： Nationality (Country of passport issuance):
身份证/护照号码： ID/Passport number:	
身高（厘米/英尺）： Height (cm/ft):	体重（公斤/磅）： Weight (kg/lbs):
职业： Occupation:	行业： Occupation industry:

其他连带被保险人详情 Other Dependant details	连带被保险人 1 Dependant 1	连带被保险人 2 Dependant 2	连带被保险人 3 Dependant 3	连带被保俭人 4 Dependant 4
名 First name(s):				
姓 Family name:				
我们应如何称呼他/她们？ What do they like to be called?				
身份证/护照号码： ID/Passport number:				
性别： Gender:	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐
出生日期（日/月/年）： Date of birth (dd/mm/yyyy):	/ /	/ /	/ /	/ /
居住国家： Country of Residence:				
国籍 Nationality:				
身高（厘米/英尺）： Height (cm/ft):				

其他连带被保险人详情 Other Dependant details	连带被保险人 1 Dependant 1	连带被保险人 2 Dependant 2	连带被保险人 3 Dependant 3	连带被保险人 4 Dependant 4
体重（公斤/磅）： Weight (kg/lbs):				
与投保人的关系： Relationship to policyholder:				
职业（16岁以上者）： Occupation (ages 16+):				

第四部分：医生的联络资料
Section 4: Doctor's contact details

请提供被保险人目前就诊的医生或对被保险人的病史最熟悉的医生的详情。
Please give details of the insured person's current usual doctor or the one who is most familiar with the applicant's medical history.

医生详情 Medical practitioner's details

姓名： Name:	电话号码： Telephone number:
地址： Address:	
最近就诊的日期及原因： Date of last attendance and reason:	

第五部分：保险详情
Section 5: Insurance details

5.1 被保险人目前是否在另一家公司投有健康保险？
Does the insured person currently have health insurance with another company? 是 Yes ☐ 否 No ☐

如果是，请提供详情。
If yes, please give details:

5.2 被保险人打算继续维持现有保险吗？
Does the insured person intend to continue with the existing insurance? 是 Yes ☐ 否 No ☐

5.3 被保险人是否曾经在亚太财产保险有限公司投有健康保险？
Have You been insured previously with health insurance provided by Asia-Pacific Property & Casualty Insurance Company Limited? 是 Yes ☐ 否 No ☐

如果是，请提供投保日期及保单号码。
If yes, please give details of when insured and previous policy number:

5.4 被保险人曾否被健康保险或其他保险拒绝投保或被要求附加特别承保条件及/或额外保费？
Have You had an application or health Insurance declined or had special terms imposed? 是 Yes ☐ 否 No ☐

如果是，请提供详情。
If yes, please give details:

第六部分：健康声明
Section 6: Health declaration

如被保险人有超过五位连带被保险人，请使用另一张纸，并将其随附于本申请表格。
If the applicant has more than five dependants, please use a separate sheet of paper and attach it to this application.

被保险人无需披露有关普通感冒、疫苗接种或花粉过敏的事宜。
The applicant does not need to disclose matters related to common colds, vaccinations or hayfever.

	主被保险人 Direct Insured	连带被保险人（配偶） Dependant (Spouse)	连带被保险人1 Dependant 1	连带被保险人2 Dependant 2	连带被保险人3 Dependant 3	连带被保险人4 Dependant 4
6.1 在近五年来您是否曾经接受任何外科手术或在医院、诊所、疗养院、护理院或其他医疗机构看病或接受治疗，而因此停止工作超过一周，及/或接受超过10天的治疗？ Has the applicant in the last five years ever undergone any surgical procedure, been a patient or been treated in a hospital, clinic, sanatorium, nursing home or other medical institution where the applicant was off work for more than one week, and/or received more than 10 days' treatment?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
6.2 您目前是否正在接受任何类型的药物（除口服避孕药外）或接受或正在计划接受任何治疗或测试，或预先安排任何日间留院或住院治疗？ Is the applicant currently taking any kind of medication (other than oral contraceptives), or is any treatment or tests currently being performed or planned, or any day or in-patient hospitalisation scheduled?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐

您曾否患过以下疾病，或接受过以下疾病的治疗、测试或调查，或被诊断为患有以下疾病或因以下疾病而住院：
Have the applicant ever suffered from, received treatment, tests or investigation for, been diagnosed with, or been hospitalised for:

6.3 哮喘、支气管炎、肺结核、肺炎或任何其他呼吸系统疾病？ Asthma, bronchitis, tuberculosis, pneumonia or any other respiratory conditions?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.4 焦虑、抑郁、心理疾病、精神疾病、精神状况、毒品或酒精成瘾或滥用？ Anxiety, depression, psychological, psychiatric, mental condition, drug or alcohol addiction or abuse?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.5 血液失调、贫血、血友病、地中海贫血或其他血液测试异常？您是否曾经被检测出爱滋病或乙型或丙型肝炎呈阳性？ Blood disorders, anaemia, haemophilia, thalassemia or other abnormal blood tests? Has the applicant ever been tested positive for HIV, Hepatitis B or C?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.6 癌症、囊肿、息肉或任何恶性或良性的异常增生？ Cancer, cyst, polyp, or any abnormal growth whether cancerous or benign?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.7 消化系统疾病，包括胃部、结肠、直肠、疝气或任何其他肠道疾病？ Digestive disorder including stomach, colon, rectum, hernia or any other bowel problems?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.8 肾脏、脾脏、肝脏、胰脏、膀胱、前列腺，及其它泌尿、生殖系统的疾病或功能异常？ Disorders of the kidneys, spleen, liver, pancreas, bladder, prostate, and urinary or reproductive conditions?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.9 糖尿病、甲状腺功能异常或疾病,体重异常? Diabetes, thyroid disorders or weight management problems?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.10 癫痫、多发性硬化症或其他神经系统疾病？ Epilepsy, multiple sclerosis or other neurological conditions?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.11 高血压、心脏或循环系统疾病、中风或胆固醇水平过高？ High blood pressure, heart or circulatory conditions, stroke or higher than normal cholesterol level?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.12 膝部不适、背痛、皮肤疾病、风湿、痛风、关节炎或骨、脊柱、关节、肌肉或皮肤等相关联的疾病？ Knee, back or skin disorders, rheumatism, gout, arthritis or disease of the bone, spine, joint, muscles and skin related disease?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.13 在过去五年，有以下不适症状、曾经被诊断有或治疗过以下情况：反复咽痛、慢性咳嗽、咯痰、咯血、呼吸困难或其他呼吸系统症状、腰痛、尿频、尿急、尿痛、排尿困难、血尿、蛋白尿尿量异常、夜尿增多、面部浮肿、食欲减退、腹胀、腹痛、呕血、黑便、便血、黄疸、吞咽困难、心悸、活动后气促、下肢水肿或静脉曲张、胸部不适或胸闷、晕厥、风湿热或心脏杂音、心律不齐、乏力、头昏、牙龈出血、皮下出血、紫癜、骨痛、腰痛、食欲异常、多汗、多饮、多尿、双手震颤、肥胖、色素沉着、眩晕、晕厥、记忆力减退、视力障碍、震颤、抽搐、惊厥、瘫痪、感觉异常、白内障、青光眼或其他眼疾患、听力损失、任何身体障碍、先天性或遗传性障碍、残疾、复发性疾病、目前怀孕、任何形式的中止妊娠、任何妊娠并发症或胎儿有任何异常、重大损伤或医疗状况？ Any health problems or complaints, been diagnosed with, or had treatment for any of the following in the past 5 years: Repeated pharyngalgia, chronic cough, expectoration, hemoptysis, difficulty breathing or other symptoms of the respiratory system, back pain, frequent urination, urgency of urination, pain in urination, difficulty urinating, blood or protein in the urine, abnormal amount of urine, nocturia, swelling in the face, chronic loss of appetite, abdominal distention, abdominal pain, hematemesis, melena, hematochezia, jaundice, difficulty swallowing, palpitation, tachypnea after exercise, edema or varicose veins of lower extremity, chest discomfort or pressure, syncope, rheumatic fever or heart murmur, arrhythmia, fatigue, dizziness, subcutaneous, hemorrhage, purpura, pain in bone, neck pain and lumbar pain, abnormal appetite, hyperhidrosis, polydipsia, polyuria, tremor on hands, obesity pigmentation, vertigo, syncope, hypomnesis, disturbance of vision, tremor, convulsions, seizure, paralysis, sensory abnormity, cataracts, glaucoma, or any eye disorder, hearing loss, or any physical impairment, congenital or hereditary disorder, disability, recurrent illness, currently pregnant, termination of pregnancy, any complications of pregnancy or abnormal of the fetus, major injury or medical condition.	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐
6.14 如为女性，您是否曾罹患任何乳房或妇科疾病？ Females only. Has the applicant ever suffered from any breast or gynaecological disorders?	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐	是 否 Yes No ☐ ☐

附加资料
Additional information

如您在第6.1题至6.14 题中的任何一条问题的回答为「是」, 请在以下方框内提供详情 。
请提供最详尽细节, 包括诊断日期及性质、症状出现频率及严重程度、最近发作日期以及任何过往、目前或已知的日后治疗的详情 。

If the applicant answered 'Yes' to any of questions 6.1 to 6.14, please provide details in the box below.
Please provide as much detail as possible, including the date and nature of diagnosis, frequency and severity of symptoms, date of last episode as well as details of any past, current or known future **Treatment**.

会员姓名 Member name				
诊断 (如果没有提供, 请描述症状的确切性质) **Diagnosis** (If none made please describe the exact nature of symptoms suffered)				
就诊日期 Date of consultation				
接受治疗 Treatment received				
最近治疗日期/症状 Date of last treatment/ symptoms				
任何潜在的原因 Any underlying cause				
身体上的具体位置, 包括左侧或右侧 Specific location on body including left or right				
结果 (例如: 正在进行治疗, 完全康复, 可能会复发)或需要随访宫颈涂片的频率(每年一次或每6个月一次) **Outcome** (e.g. on-going complete recovery, likely to recur) or for smears, frequency (annually, 6-monthly)				

第七部分 : 重要备注
Section 7: Important notes

注意:

请注意您的保险计划不承保投保前疾病及其相关疾病（不包括事先得到保险人书面同意承保的投保前疾病）

投保前疾病的定义为任何疾病或损伤在保单起始日期或者批单签发日前 :
1. 曾接受过治疗 、测试或检查 ; 或曾被确切诊断 ; 或曾接受过住院治疗 ; 或者
2. 曾出现过症状 , 无论是否有过确切诊断

资料保障:

在审核您的投保申请以及与被保险人往来(如已向其出具保险计划)的过程中 , 保险人将收集到部分与被保险人相关的信息 。该信息将被用于确认您的保障范围 、管理已签发的保险计划以及处理赔案 。被保险人的信息可能因为上述目的而被转交至核保人 、医生 、医疗援助公司及理赔管理人 。

任何协助管理您的保险计划的第三方亦需承担相同的保密责任 。
除上述者外 , 被保险人的姓名及联系资料将不会向其他组织披露 。

门诊直付医疗网络名单:

门诊直付医疗网络医院名单公布于http://www.now-health.cn 。本公司对门诊直付医疗网络医院名单可能会进行不定期调整 。在以上网址公布的门诊直付医疗网络医院名单 , 将视同通知并送达投保人及每一被保险人 。每次就诊前 , 被保险人应及时上网查询最新的门诊直付医疗网络医院名单 。因门诊直付医疗网络医院清单变动导致被保险人保障条件变化 , 本公司不承担责任 。

Remark:

Pre-Existing Medical Conditions
Your policy does not cover you for treatment of Pre-Existing Medical Conditions and Related Conditions unless accepted by the insurer in writing.
A Pre-Existing Medical Condition means any disease, injury or illness for which:
1. You have received treatment, tests or investigations for, been diagnosed with or been hospitalised for; or
2. You have suffered from or experienced symptoms; whether the medical condition has been diagnosed or not, at any time before your start date/ entry date into the plan.

Data Protection:

The insurer will collect certain information about the insured member in the course of considering the insured member's application and if a policy is issued to the insured member, conducting the insurer's relationship with the members. This information will be processed for the purposes of underwriting the insured member's insurance coverage, managing any policy issued and administering claims. The insured members' information may be passed to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes.
The same duty of confidentiality is required of any third parties to whom the administration of your policy may be subcontracted. The insured members' name and contact details will not be disclosed to other organisations (except as stated above).

The Out-Patient Direct Billing list:

The Out-Patient Direct Billing list can be found from the web site at http://www.now-health.cn. This list may be updated from time to time. The changes made in the Out-Patient Direct Billing list is deemed to be available and known to the policyholder and each respective insured person. The insured person should check for any changes in the list before selecting a medical facility and prior to each medical visit. The insurer is not responsible for billing procedures or other consequences caused by changes to the network list.

第八部分：声明及授权
Section 8: Declaration and authorisation

本人特此代表本投保单中列明的所有人士就上文指明的亚太财产保险有限公司全球保团体医疗保险计划申请保险。

本人已收取并阅读本团体保险计划的保障一览表、条款及条件、定义、保障和除外事项。本人确认投保单、保险凭证、保障一览表、全球保会员手册以及附有本团体保险计划条款和条件的保险条款，将构成我们双方之间的合同以及本团体保险计划协议的所有部分。本人知道投保范围将根据协议提供。

- 本人声明所填投保单各项及告知事项均属事实，就本投保单的各名人士作出的披露乃属完整，即便所提供的若干资料并非本人亲笔书写。本人明白，本人或连带被保险人为欺诈或企图欺诈亚太财产保险有限公司而向亚太财产保险有限公司提供错误、不完整或有误导性的事实或数据属违法。惩罚包括监禁、罚款、拒绝承保、取消赔偿及法定损害赔偿。
- 本人明白本人须在书面接受日期、支付保费日期或生效日期/批单签发日（以最迟者为准）前，通知亚太财产保险有限公司关于本投保单内所载事实的任何变动，包括本投保单内列名的任何人士的健康状况的变化。
- 就本投保申请而言，本人授权曾经对本投保单内列名的任何人士进行过治疗或作出过咨询的任何医生，向亚太财产保险有限公司提供其可能需要的、与本计划下索赔相关的任何治疗资料。本人已与本人的伴侣及有足够能力的成年连带被保险人讨论本授权书的条款，且本人已获取该等人士的同意以根据本授权书提供其医疗资料。
- 本人声明，本人已阅读并明白全球保团体医疗保险条款的以下章节：
  - 取消和终止权利
  - 有关团体保单的法律及司法管辖区
  - 团体保单用字及我们的服务
  - 赔偿安排
  - 责任免除
  - 时康管理顾问(上海)有限公司代表亚太财产保险有限公司安排及管理团体保单及支付索赔
- 本人明白，如亚太财产保险有限公司因任何原因无法收取本人的保费，且本人未在亚太财产保险有限公司提出使用其他支付方法的要求后的七天内，向亚太财产保险有限公司提供其它支付方法，因而令本人的团体保险计划失效，亚太财产保险有限公司对此不承担责任亦因此无需支付理赔申请。
- 本人同意如本人或本人的任何连带被保险人在指定医疗网络内接受治疗，包括但不止于门诊直付，预先审核住院等等，而最后该治疗或医疗状况所涉及的费用，根据保险计划的条款及条件被确定为不予偿付的，本人同意负责向亚太财产保险有限公司偿还其已垫付的所有上述费用。
- 本人明白并确认，如本人未偿还亚太财产保险有限公司基于诚信而垫付的不在保障范围之内的治疗费用，则本人其它的有效理赔申请可被欠付亚太财产保险有限公司的款项所抵消及/或本人的团体保险计划可能被终止直至欠付款项被全数结清。
- 本人承认，如亚太财产保险有限公司确定该项理赔申请为欺诈，本人的团体保险计划可能被终止，且该终止将立即生效。
- 本人已阅读以上所有资料保障。
- 本人同意上述声明并明白保险乃根据亚太财产保险有限公司全球保团体医疗保险的条款及条件提供。
- 本人同意如果投保单的中英文内容存在不一致时，以中文文本的内容为准。
- 本人明白，如果本人能够向其他保险保单索赔任何治疗费用或其他保障，亚太财产保险有限公司仅负责理赔总额中相应比例的部分。
- 本人和本保单其他的被保险人同意贵司在管理我们保单时，需要收集我们的个人信息和使用它们。其涵盖范围可能需要分享我们的个人信息与时康管理顾问公司，保险人，医疗机构和其他各方以方便其履行对我们的服务。据本人所知，我们的个人资料将被安全地保存，并在严格保密处理。
- 本人已经收到并仔细阅读保险条款，尤其是对责任免除、投保人义务、被保险人义务、赔偿限额、免赔额、自付比例等保险人用黑体字特别标明提醒本人特别注意的内容，保险人已经进行说明和解释，本人能够理解并知晓法律后果，对保险条款包括保险人用黑体字特别注明部分的内容没有异，本人已经充分理解和清楚保险条款的全部内容。上述所填写内容均属事实，同意以此投保单作为订立保险合同的依据。

I hereby apply for cover on behalf of all the persons named in this application form for a Asia-Pacific Property & Casualty Insurance Co., Ltd. group WorldCare policy as specified above.

I have received and read the benefit schedule, terms and conditions, definitions, benefits and exclusions of this group policy. I understand that the application form, certificate of insurance, benefit schedule and WorldCare Member's handbook and the policy wording incorporating the group policy terms and conditions make up the contract between the insured member and the insurers and all form part of the group policy agreement. I am aware that cover shall be provided in accordance with the agreement.

- I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me or my dependants to knowingly provide false, incomplete or misleading facts or information to Asia-Pacific Property & Casualty Insurance Co., Ltd. for the purpose of defrauding or attempting to defraud Asia-Pacific Property & Casualty Insurance Co., Ltd. Penalties may include imprisonment, fines, denial of coverage, rescission of benefits and legal damages.
- I understand that I must notify Asia-Pacific Property & Casualty Insurance Co., Ltd. of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the start date/entry date.
- For the purpose of this application I authorise any doctor who has ever treated or advised any of the persons named in this application to provide Asia-Pacific Property & Casualty Insurance Co., Ltd. with any information they may require in connection with treatment related to any claim under this group policy. I have discussed the terms of this authorisation with my partner and competent adult dependants, and I have obtained their consent to the release of their healthcare information pursuant to this authorisation.
- I declare that I have been made aware of the importance of and read and understood the following from the policy wording:
  - cancellation and termination rights
  - law and jurisdiction of the group policy
  - language of the group policy and our service
  - compensation arrangements
  - exclusions
  - Now Health International (Shanghai) Limited is acting on behalf of Asia-Pacific Property & Casualty Insurance Co., Ltd. for the purposes of preparing and administering group policies, and paying claims.
- I understand that Asia-Pacific Property & Casualty Insurance Co., Ltd. cannot be liable and therefore will not pay claims if my group policy is lapsed should Asia-Pacific Property & Casualty Insurance Co., Ltd. be unable to collect my premium for whatever reason and I do not provide Asia-Pacific Property & Casualty Insurance Co., Ltd. with an alternate method of payment within seven days of Asia-Pacific Property & Casualty Insurance Co., Ltd. requests for alternative methods of payment.
- I agree that where medical treatment is received within the provider network, including but not limited to out-patient direct billing, pre-authorised in patient, etc. by me or any of my dependants and, if the insurer determine in the course of treatment or when receiving the final invoice and medical records that the medical condition is excluded from the terms and conditions of the policy, I agree that I am liable to Asia-Pacific Property & Casualty Insurance Co., Ltd. for all claims settled for such medical treatment in connection with any non-covered claim.
- I understand and confirm that where I have not repaid funds disbursed in good faith by Asia-Pacific Property & Casualty Insurance Co., Ltd. in respect of non-covered medical treatment, valid claims may be offset against outstanding funds due to Asia-Pacific Property & Casualty Insurance Co., Ltd. and/or my group policy may be suspended until the outstanding amounts have been settled in full.
- I acknowledge that if it is determined by Asia-Pacific Property & Casualty Insurance Co., Ltd. that a claim was fraudulent my group policy may be terminated with immediate effect.
- I have read the Data Protection section.
- I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Asia-Pacific Property & Casualty Insurance Co., Ltd. group policy.
- I agree that if there is any inconsistency between the Chinese and English version of the insurance application form, the Chinese version will prevail.
- I understand that if any persons named in this application is able to claim any costs from another insurance policy for the cost of any treatment or benefits, Asia-Pacific Property & Casualty Insurance Co., Ltd. will only be liable for a proportional share of the total costs.
- I and those covered under this policy consent to the collection and use of our personal information in the administration of our policy. This may include sharing our personal information with Now Health offices, our insurer, medical providers and other parties to the extent needed to fulfill our policy. I understand that our data will be kept securely and handled in strict confidence.
- I have received and carefully read the insurance policy, especially for the insurance exclusions, the policyholder and the insured's obligations, maximum claim amount, co-insurance, deductible, excesses etc. which the sections have been bolded by the insurer to alert the policyholder to be careful in the content. The insurer has already explained and clarified the terms and conditions of the insurance policy. I am fully aware and understand the legal consequence. I have no disagreement to the particular sections including the policy wordings that are bolded. I fully understood and I am aware the content of all the policy wordings. All the above sections signed are truth and facts and I agree to use this application form as the base for our insurance contract.

签署（被保险人）：
Signature (Insured person):

日期（日/月/年）：
Date (dd/mm/yyyy):

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保险合同由亚太财产保险有限公司签发，并委托时康管理顾问(上海)有限公司进行保单管理。
亚太财产保险有限公司地址：中国深圳市福田区中心区福华一路免税商务大厦29–30楼，邮编：518048
时康管理顾问(上海)有限公司地址：中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室–1105室，邮编：200080
Policies are issued by Asia-Pacific Property & Casualty Insurance Co., Ltd. Registered Office: 29–30F., Dutyfree Business Building, 1st Fuhua Road, Futian CBD, Shenzhen 518048, China.
Policies are administered by Now Health International (Shanghai) Limited. Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.