

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此信息表，并通过您的保险中介或直接向时康管理顾问(上海)有限公司寄送您填写的信息表，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1103B室-1105室 邮编：200080。
您亦可将其扫描及电邮至CustomerService@now-health.com或传真至 +(86) 400 077 7900。

Please complete this form in BLOCK CAPITALS and send it to the insurer via the insured member's intermediary or direct to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 1103B-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China. The insured member can also scan and email it to CustomerService@now-health.com or fax it to +(86) 400 077 7900.

第一部分：投保人资料
Section 1: Planholder's details

名： First name(s):	姓： Family name:
会员编号： Membership number:	

第二部分：您想要更改哪一部分信息？
Section 2: What would You like to change?

姓： Family name:	<input type="checkbox"/>	地址： Address:	<input type="checkbox"/>	电邮地址： Email address:	<input type="checkbox"/>
姓 Family name					
曾用名： Old name:			现用名： New name:		
信息变更开始生效的日期：(日/月/年) Date the change to take effect from (dd/mm/yyyy): / /					
<small>务请注意：我们需要一份官方文件(例如结婚证书)，以更新我们的记录。 Please note that we need a copy of the official document e.g. marriage certificate to update our records.</small>					
地址 Address					
旧地址： Old address:					
新地址： New address:					
信息变更开始生效的日期：(日/月/年) Date the change to take effect from (dd/mm/yyyy): / /					
电邮地址 Email address					
旧电邮地址： Old email address:			新电邮地址： New email address:		
信息变更开始生效的日期：(日/月/年) Date the change to take effect from (dd/mm/yyyy): / /					

第三部份：注意事项 Section 3: Important Notes

信息保护

保险人会在考虑投保人的保单申请过程中和向被保险人签发保单以及处理保险人与会员的关系时，收集有关投保人或被保险人的员工（即被保险人包括保单持有人和家属，如适用）的某些个人和敏感信息。处理这些信息的目的是核保被保险人的保险保障范围、管理签发的任何保单以及管理理赔。被保险人的信息可能被转交至其他时康国际集团公司办事处、保险人、再保险人、核保人、医疗服务和医疗网络提供者、医疗援助公司、第三方管理人员、理赔管理人员、相关人员以履行职责所需的保单各方面的义务。

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。

被保险人的姓名及联络资料将不会向其他机构揭露(上述情况除外)。

请参阅我们的隐私政策，以充分了解我们如何管理您的信息

<http://www.now-health.cn/en/privacy-policy/>

Data Protection

The insurer will collect certain personal and sensitive information about the applicant or applicant's employees (i.e. insured members include policy holder and dependents, if applicable), in the course of considering the applicant'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 other Now Health offices, the insurer of your policy, reinsurer, underwriters, medical providers and network providers, medical assistance companies, third-party administrators, claims administrators and parties required to the extent needed to fulfill the obligations of the policy.

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).

To fully understand how we manage your information, please refer to our Privacy Policy at <http://www.now-health.cn/en/privacy-policy/>

第四部份：声明及授权 Section 4: Declaration and authorization

- 本人同意在管理我们保单时，收集和使用本人和我们的家属或我们的员工和家属的个人信息和敏感信息。本人同意（如需要）包括分享我们和我们的家属或我们的员工和家属的个人信息和敏感信息与其他时康国际集团公司办事处、保险人、再保险人、核保人、医疗服务和医疗网络提供者、医疗援助公司、第三方保单管理人、理赔管理人、相关人员以履行职责所需的保单各方面的义务。
- 本人明白信息将得到安全保存并严格保密。
- 在保单申请和保单有效期内的任何时间，如出于保单的目的需要提供未成年人（18岁以下）的个人和敏感信息，本人确认我是未成年人的家长或法定监护人，如果我不是未成年人的家长或法定监护人，我确认我已获得其父母/法定监护人的同意，向时康国际集团公司提供其履行职责所需的保单各方面的义务的得到。
- 本人确认已阅读并理解时康国际集团公司的隐私政策和本人的权利：
<http://www.now-health.cn/en/privacy-policy/>

- I consent to the collection and use of our and our dependents' or our employees and dependents' personal information and sensitive information in the administration of the policy. Consent includes, if required, sharing our and our dependents' or our employees and dependents' personal information and sensitive information with other Now Health offices, the insurer of your policy, reinsurer, underwriters, medical providers and network providers, medical assistance companies, third-party administrators, claims administrators and parties required to the extent needed to fulfill the obligations of the policy.
- I understand that the data will be kept securely and handled in strict confidence.
- If at any point in time from policy application and during the policy duration there is the requirement to provide personal and sensitive information of Minors (under the age of 18) for the purpose of the policy, I confirm that I am the Parent or Legal Guardian of the Minor, or if I am not, I have obtained consent from their parents / legal guardians and consent is obtained and given to Now Health for extent needed to fulfill our policy.
- I confirm I have read and understood Now Health's Privacy Policy and my rights at <http://www.now-health.cn/en/privacy-policy/>

签署（被保险人/投保人）：
Signature (Insured person/main applicant):

日期（日/月/年）：
Date (dd/mm/yyyy):

/ /

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1103B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.

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