

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: | |

本投保单应由雇主（投保人）填写。请使用正楷字体填写本投保单。

投保人必须披露所有重要事实。如未披露所有重要事实可能会使团体保险保单无效。重要事实指可能会影响本申请的评估或受理的事实。如果投保人对于某事实是否重要存在疑问，投保人应披露该事实。保险人建议投保人保留一份投保人向保险人提供有关本投保单的所有资料的记录。

如在投保人的投保单填妥后及在保险人的书面接受日期、支付保费日期或投保人的生效日期/批单签发日(以最近者为准)前，发生任何会影响投保人在本投保单中所提供数据的事情(如投保人的任何员工的健康状况发生变化)，投保人须书面告知保险人该等变化。

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

请通过您的保险中介或直接向时康管理顾问(上海)有限公司寄送您填写的申请表，并连同投保人的公司注册证书(贸易许可证)一并提交给我们，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。

To be completed by the employer (the policyholder). Please complete this form using BLOCK CAPITALS.

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, it should be disclosed. Please keep a record of all information supplied in connection with this application.

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

We reserve the right to decline or accept Your application or to accept Your application form with special terms.

Please send the completed application form and submit it along with the applicant's incorporation certificate (trade license) to Us 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 it and email it to ChinaSales@now-health.com or fax it to +(86) 400 077 7900.

第一部份：生效日期

Section 1: Start Date

在保险人收到本投保单及正确保费，且投保人接受保险人的全部条款及条件后，保险方可生效。投保人可要求在本投保单填妥后的60日内保单开始生效。

Cover cannot start until the applicant has accepted all of the insurer's terms and conditions following the insurer's receipt of this application form and the insurer has received the correct premium. The applicant can apply for cover to start at a future date within 60 days of completion of this application form.

团体保险计划将从(日/月/年)开始生效：
The date the group policy will start from (dd/mm/yyyy):

/ /

第二部份：投保人(公司)详情

Section 2: Policyholder (Company) details

公司名称：
Company name:

公司地址：
Company address:

公司注册编号：
Company registration number:

投保人(公司)在其他国家经营的业务/拥有商业运作的业务：
Other countries where You do business/have operations:

公司网址：
Company website address:

业务类型：
Type of business:

公司，或其联系公司，或其雇员，家庭成员或紧密联系人是否涉及政治风险？
公司的联系公司，或其雇员，及其家庭成员或紧密联系人是否涉及政治风险？

Is the Company, any party connected to the Company or any employees, their family members or close associates, a politically exposed person?
Is any party connected to the Company, any employees, their family members or close associates, a politically exposed person?

是 Yes 否 No
○ ○

| | | |
|---|--------------------------------|-------------------------------|
| 是否所有的董事都包括在您的预定成员里? (如果不是, 请列出所有董事) Are all directors included in Your intended membership? (If not please list all additional directors) | 是 Yes <input type="radio"/> | 否 No <input type="radio"/> |
| 是否所有最终实益拥有人都包括在预定成员中(如果不是, 请列出所有最终实益拥有人) (拥有超过 5% 的自然人): Are all Ultimate Beneficial Owners of the Company included in the intended membership (If not please list all Ultimate Beneficial Owners) (natural persons owning more than 5%): | 是 Yes <input type="radio"/> | 否 No <input type="radio"/> |

第三部分：投保人（公司）保单管理人详情
Section 3: Policyholder (Company) policy administrator details

| | |
|--|--------------------|
| 名： First name(s): | 姓： Family name: |
| 我们应如何称呼您？ What does the policy administrator like to be called? | |
| <small>(如投保人的全名为 John Andrew Smith, 投保人可能希望我们称他为 John 或 Smith 先生或 Andy, 保险人将在所有通讯中以这种方式称呼他。) (If the policy administrator's full name is John Andrew Smith, the policy administrator might like to be called John or Mr Smith or Andy. The insurer will address all correspondence to the policy administrator in this way.)</small> | |
| 职位： Job title: | |
| 地址（若与上述地址不同）： Address (if different from above): | |
| 电话： Telephone: | 传真： Fax: |
| 电邮地址： Email address: | |

第四部分：我们的环境政策 — 您的文件递送设置
Section 3: Policyholder (Company) policy administrator details

As an international organisation, we are committed to reducing our carbon footprint by working to minimise the impact of printing and shipping on the environment. To opt out of our environmental policy and receive printed documents, please check this box ☐. You will automatically receive a physical membership card for every insured person on your group plan no matter which option you choose and you can access all of your remaining group plan documents in your secure online portfolio.

作为一家国际组织, 我们致力于减少我们的碳足迹, 将印刷和运输对环境的影响降到最低。如果希望退出我们的环境政策并接收印刷文件, 请勾选此框 ☐。不论您的选择如何, 您都将自动接收您的保险计划上每个被保险人的实体会员卡。您可以通过您的网上会员平台查看您的其他保险计划文件。

第五部分：团体保险计划选项
Section 5: Group Policy options

有关团体保险计划选项的详细资料，请参阅易全保保障一览表。投保人的保费支付的币种为人民币，且计划免赔额亦以该货币计值。
请选择投保人的保险计划选项、免赔额及任何其他选择。
For detailed information about the policy choices available, please refer to SimpleCare benefit schedule. The currency the policyholder pays their premium in is RMB and the policy deductible will also be denominated in this currency. Please indicate the preferred plan choice, deductible, and any additional options.

团体保险计划选项 Choice of Group Policy

| 保障 Benefit | 易全保琥珀 SimpleCare Amber | 易全保翡翠 SimpleCare Jade | 易全保水晶 SimpleCare Crystal |
|---|-------------------------------|-------------------------------|-------------------------------|
| 年度最高计划限额 Maximum annual limit | 6,300,000人民币 RMB 6,300,000 | 9,450,000人民币 RMB 9,450,000 | 9,450,000人民币 RMB 9,450,000 |
| 保障区域: 全球保障(不含美国) Area of Cover: Worldwide excluding USA | | | |
| 住院及日间留院治疗 In-patient and day-patient treatment | ▶ | ▶ | ▶ |
| 器官移植 Organ transplant | ▶ | ▶ | ▶ |
| 癌症治疗 Cancer treatment | ▶ | ▶ | ▶ |
| 转运和送返 Evacuation and repatriation | ▶ | ▶ | ▶ |
| 日间留院和门诊手术 Day-patient or out-patient surgery | ▶ | ▶ | ▶ |
| 康复治疗 Rehabilitation | ▶ | ▶ | ▶ |
| 先天性疾病 Congenital disorders | ▶ | ▶ | ▶ |
| 牙科 Dental Care | ▶ | ▶ | ▶ |
| 门诊医生费用 Out-Patient Charges | ▶ | ▶ | ▶ |
| 请选择 Please choose | ○ | ○ | ○ |

▶ 全额赔偿 Full refund ▶ 不予承保 Not covered ▶ 有限承保 Limited cover

团体保险计划免赔额 Group Policy Deductible

如投保人希望从标准的免赔额改为其他选项，请勾选适当方框。请注意下列的计划保单免赔额适用于每名被保险人的每个保险期所有符合保障范围的住院，日间留院和门诊治疗产生的费用。
If the applicant would like to change from the Standard deductible to one of the other options, please tick the appropriate box. Please note that the policy deductible applied to in-patient, day-patient and out-patient treatment is per insured person, per period of cover.
如果投保人选择20%门诊费用的自付比例或门诊每次就诊免赔额150元，保单免赔额只适用于3,150人民币或以下。
If the applicant selects 20% Co-insurance on out-patient treatment or RMB 150 Out-patient per visit excess, applicant can only select Deductible RMB 3,150 or lower.

| 保障 Benefit | 易全保琥珀 SimpleCare Amber | 易全保翡翠 SimpleCare Jade | 易全保水晶 SimpleCare Crystal |
|---------------------------|---------------------------|--------------------------|-----------------------------|
| 标准免赔额 Standard deductible | RMB 3,150 | RMB 3,150 | RMB 3,150 |
| 自选免赔额 Optional deductible | | | |
| 零 Nil | ○ | ○ | ○ |
| RMB 950 | ○ | ○ | ○ |
| RMB 1,570 | ○ | ○ | ○ |
| RMB 6,300 | ○ | ○ | ○ |
| RMB 15,700 | ○ | ○ | ○ |
| RMB 31,500 | ○ | ○ | ○ |
| RMB 63,000 | ○ | ○ | ○ |
| RMB 94,500 | ○ | ○ | ○ |

免赔额63,000人民币或94,500人民币仅适用于投保人拥有多于一份以上医疗保险保单。如投保人购买本保单作为二级医疗保险保单，投保人可选择此免赔额选项。
RMB 63,000 or RMB 94,500 deductible is only available if the applicant is covered by more than one health insurance policy. The applicant can only select such deductible options if the applicant buys this policy as a Secondary Health Insurance Policy.

附加选项 Additional options

| 附加选项 Additional options | 不能同时选择的附加选项 Optional benefits that cannot be chosen with: | 易全保琥珀 SimpleCare Amber | 易全保翡翠 SimpleCare Jade | 易全保水晶 SimpleCare Crystal |
|--|---|--|--|--|
| 20% 门诊费用的自付比例 ** 20% Co-insurance on out-patient treatment ** | RMB 150 门诊每次就诊免赔额 RMB 150 Out-patient per visit excess | 不适用 N/A | <input type="radio"/> | <input type="radio"/> |
| RMB 150 门诊每次就诊免赔额** RMB 150 Out-patient per visit excess** | 20% 门诊费用的自付比例 20% Co-insurance on out-patient treatment | 不适用 N/A | <input type="radio"/> | <input type="radio"/> |
| 体检、疫苗 — 选项1或2 (适用于3名员工或以上的统一投保的团体保单) Wellness and vaccinations – Option 1 or 2 (Compulsory group policies 3+ employees) 选项1/Option 1 – RMB 950 选项2/Option 2 – RMB 1,570 | 无限制 No restriction | 选项1：不适用 Option 1: N/A 选项2：不适用 Option 2: N/A | <input type="radio"/> 选项1 Option 1 <input type="radio"/> 选项2 Option 2 | <input type="radio"/> 选项1 Option 1 <input type="radio"/> 选项2 Option 2 |
| 中国大陆选择 (保障区域) Mainland China Option (Area of Cover) | 无限制 No restriction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 昂贵医院限制 High cost provider restriction | 无限制 No restriction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 生育保障 – 选项 1 (适用于10名员工或以上的统一投保的团体保单) Maternity – Option 1 (Compulsory group policies 10+ employees) | 无限制 No restriction | 不适用 N/A | <input type="radio"/> | <input type="radio"/> |
| 生育保障 – 选项 2 (适用于10名员工或以上的统一投保的团体保单) Maternity – Option 2 (Compulsory group policies 10+ employees) | 无限制 No restriction | 不适用 N/A | <input type="radio"/> | <input type="radio"/> |
| 取消药物和敷料限额 Remove Drugs and Dressings limit under Out-Patient Charges | 无限制 No restriction | 不适用 N/A | 不适用 N/A | <input type="radio"/> |
| 私人医院住院或日间留院治疗20%自付比例 20% co-insurance for in-patient or day-patient treatment at private hospital | 无限制 No restriction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 病房限制 (住宿最高限额800人民币) Hospital Room Restriction – Hospital Room & Board Limit RMB 800 | 无限制 No restriction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 年度最高保障限额1,000,000人民币 Annual Maximum Policy Limit RMB 1,000,000 | 无限制 No restriction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

** 门诊费用20%自付比例或门诊每次就诊免赔额150元 (适用于免赔额3,150人民币或以下)。
** 20% Co-insurance on out-patient treatment or RMB 150 Out-patient per visit excess for applicants with deductible RMB 3,150 or lower.

第六部分：保费的支付方式
Section 6: Frequency of premium payment

请注意，如投保人现根据指示性报价作出付款，在本公司审核本投保单后，应付金额可能会发生变动。投保人须在保险期开始前，同意并支付修改后的保费。请选择投保人支付保费的频率。请注意季度保费需支付3%的附加费。

Please note that if the payment the applicant is to make now is based on an indicative quote, the amount due may change once the insurer has reviewed this application. The applicant will need to both agree and pay the revised premium before cover can start. Please select the frequency the applicant would like to pay premiums in. Please note that quarterly premiums have a 3% surcharge.

| | 年缴 Annually | 半年缴 Semi-annually | 季缴 (附加费3%) Quarterly (3% Surcharge) |
|--------------------|-----------------------|-----------------------|--|
| 银行转账 Bank transfer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

注意：
经保险人同意后的年终结算团体保单，保险期间内的人员变更所产生的保费，在本保险合同到期时可进行统一结算。但保险期间内人员变动比例超过期初时的15%时，保险人有权要求立即结算人员变更所产生的所有保费。

Remark:
For Year-end-adjustment group which is approved by insurer, if there is any change of the insurance premium caused by the member adjustment, the premium should be settled at the end of the insurance policy contract. During the insurance coverage period, if the membership change is 15% or more to the initial membership, the insurer has the right to request the policyholder to immediately settle all the outstanding premium caused by the change of the membership.

第七部分：购买过的医疗保险 Section 7: Previous Medical Insurance

如果投保人曾为公司的员工购买过私人医疗保险，请填写这部分。
Please complete this section if the applicant has previously had private medical insurance for their group members.

| | |
|---------------------------------|--|
| 保险单编号： Policy no.: | 保障结束时间(日/月/年)： Date cover expires/expired (dd/mm/yyyy): |
| 保险人(公司)的名称： Name of Insurer: | |

第八部分：核保选项 Section 8: Underwriting Options

| | | | |
|--|-----------------------|--|-----------------------|
| 医疗核保(FMU) Full Medical Underwriting (FMU) | <input type="radio"/> | 既往病史不咎(MHD) Medical History Disregarded (MHD) | <input type="radio"/> |
| 连续转移条款(CTT) Continuous Transfer Terms (CTT) | <input type="radio"/> | 已声明的既往病症的限额 Capped Cover for Declared Pre-existing Medical Conditions | <input type="radio"/> |

医疗核保(FMU)是保险人用于在确定特殊条款是否适用时,对被保险人提供的细节评估的过程。医疗核保要求所有被保险人(员工和符合资格的连带被保险人)填写易全保团体员工(医疗核保)投保单。

Full Medical Underwriting (FMU) is the process where the underwriters assess the declared details in deciding if any special terms apply. For FMU, all members (employees and eligible dependants) are required to complete a SimpleCare Group (FMU) employee application form.

既往病史不咎(MHD)是指保险人可能会为投保人的员工进行承保,但不会详细询问他们先前的病史。既往病史不咎(MHD)适用于10名员工(或以上)的统一投保的团体保险。

Medical History Disregarded (MHD) is when the insurer may be able to cover the applicant's employees without asking detailed questions about their medical history up-front. MHD is available for compulsory groups of 10 or more employees.

已声明的既往病症的限额,只适用于5-19名员工的统一投保的团体保险单。此核保选项为已向保险人声明并被保险人接受的既往病症提供有限的承保。所有被保险人(员工和符合资格的连带被保险人)需要填写易全保团体员工(医疗承保)投保单,让保险人评估细节,然后决定是否对被保险人的既往病症提供有限的承保。等待期:被保险人保单生效日后的180日内产生的任何费用不予赔付。不管投保人续保与否,被保险人必须完成180日等待期才可赔付此保障。最高保障限额应经投保人与保险人双方同意,并在保险合同中列明。

Capped Cover for Declared Pre-existing Medical Conditions is for Compulsory Group Plans 5 to 19 employees. This underwriting option provides limited cover for any pre-existing Medical Conditions that are declared and accepted by insurer. All members (employees and eligible dependants) are required to complete a SimpleCare Group (FMU) employee application form in order to enable the insurer to underwrite the details and decides whether accepts the members declared Pre-existing Medical Conditions or not. Waiting period: Any expenses incurred within 180 days after the start date of the insured Person's policy are not payable. The insured person must have completed the waiting period of 180 days before the benefit is payable irrespective of whether the policyholder renews the insurance or not. The maximum benefit per period of cover should be mutually agreed between the policyholder and insurer and stipulated in the insurance contract.

连续转移条款(CTT)是指如果您正在申请我们的团体医疗保险计划,而该计划的保障方式又与您现有的保单相似,则我们的核保专员将审查您提供的医疗资料,然后决定是否为您提供保单转移服务。被保险人(团体员工和符合资格的连带被保险人)需完整填写易全保团体医疗保险保单转移表格并寄回时康管理顾问(上海)有限公司,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。Continuous Transfer Terms (CTT) is when you are applying for one of our group plans with benefits similar to those of your current policy and where the underwriters assess the declared medical details and decide if we can offer your members a continuous transfer. All members (employees and eligible dependants) are required to complete a SimpleCare application form for group (CTT) employees and send it 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.

保险人需要每位被保险人的名单,其中必须包含每位被保险人的详情如下。

The insurer needs a full membership list as follows and it must include these details for each person to be covered.

- | | |
|--|---|
| 1. 名 First name(s) | 9. 保险生效首日(日/月/年)——批单签发日 Entry Date – first day of cover (dd/mm/yyyy) |
| 2. 姓 Family name | 10. 居住国家 Country of Residence |
| 3. 我们应如何称呼他/她们? What do they like to be called? (如您的员工的全名为 John Andrew Smith, 您可能希望我们称他为 John 或 Smith 先生或 Andy。我们将在所有通讯中以这种方式称呼您的员工。) (If an employee's full name is John Andrew Smith, he might like to be called John or Mr Smith or Andy we will address all correspondence to him in this way.) | 11. 国籍 Nationality |
| 4. 性别 Gender | 12. 电邮地址 Email address |
| 5. 出生日期(日/月/年) Date of birth (dd/mm/yyyy) | 13. 电话号码 Telephone no. |
| 6. 身份证/护照号码 ID/Passport number | 14. 与主被保险人的关系 Relationship to primary insured |
| 7. 职业 Occupation | 15. 连带被保险人应包括在内 Dependants to be included |
| 8. 员工类别 Employee category | 16. 入职日期(员工)(日/月/年) Start date of employment (employees only) (dd/mm/yyyy) |

第九部分：被保险人资格 Section 9: Eligibility

请定义被保险人类别：
Please define the member category:

| 类别名称，如董事、经理、一般员工等 Name of category e.g. directors, managers, general employees | 被保险人数量 Number of members |
|---|-----------------------------|
| | |
| | |
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| | |
| | |

统一投保 Compulsory ☐ 或 or 自愿 Voluntary ☐
 仅员工 Employees only ☐ 或 or 员工和连带被保险人 Employees and Dependents ☐
 外籍员工 Expatriates ☐ 和/或 and/or 本国员工 Local Nationals ☐

新员工的保障生效日期:

Start Date for New Employees:

☐ 入职首日起 First date of employment
☐ _____ 个月试用期后 After _____ month(s) probation period

如果连带被保险人年满18岁或以上，保险人可以要求其学校出具该连带被保险人接受全日制教育的书面确认资料。
 For dependants aged 18 and over, the insurer may require written confirmation from their place of study that they are in full-time education.

如果保险人以统一投保的条件承保团体，而随后发现该团体为自愿投保团体，保险人保留调整保费的权利。
 If the insurer have accepted the group plan on the basis that it is compulsory group and subsequently find out that the group plan is on a voluntary basis; the insurer reserve the right to adjust the premium.

第十部分：重要备注 Section 10: 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
- 在上述详情维持不变的条件下, 报价将在30天内有效, 且报价按照亚太财产保险有限公司的全员团体医疗保险计划的条款、条件及责任免除事项发出。
- 所报保费是根据每人于报价日期的年龄计算。如在被保险人于亚太财产保险有限公司的团体医疗保险计划的实际生效日期前, 任何被保险人士的年龄出现增长, 或实际符合资格的被保险人人数与亚太财产保险有限公司在报价阶段收到的原始人员清单不符, 保费可能会因此而改变。在本保险公司收到本投保单及正确保费, 且投保人接受本保险公司的全部条款及条件后, 保险方可生效。
- 所报保费是根据身体质量指数在正常限度内厘定。

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、再保险公司、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/>。

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.
- Quotations are valid for 30 days subject to the above details remaining the same and are issued in accordance with Asia-Pacific Property & Casualty Insurance Co., Ltd. medical insurance policy terms, conditions and exclusions.
- The premiums quoted have been calculated based on each person's age at the date of the quotation. Premiums may be subject to change if the age of any person increases prior to the actual start date of the applicant's Asia-Pacific Property & Casualty Insurance Co., Ltd. group policy or if the number of members eligible to participate in the group plan is different to the original census provided that Asia-Pacific Property & Casualty Insurance Co., Ltd. quoted on. Cover cannot start until the applicant has accepted all of the insurer's terms and conditions following the receipt of this application form and the insurer has received the correct premium.
- The premiums quoted have been based on the applicant's Body Mass Index being within normal limits.

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/>.

Section 11: Declaration and authorisation

- 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 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. The insurer has the right to refuse underwriting or to terminate the insurance policy.
- 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.
- The policyholder 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 the insured or any of insured's 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, the policyholder agree that they are 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 declare that I have been made aware of the importance of and read and understood the following from the policy wording and group agreement:
 - 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 policy, 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 have read the important notes.
- 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 should prevail.
- I understand that if any of the persons named in this application are able to claim any costs from another insurance policy for the cost of any treatment or benefits received, 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, or the organisation I am representing, understand that as part of the services that Now Health provides, this will include the handling of sensitive information. As such, with our application for an insurance policy, consent is given for Now Health to process our and our dependents' or our employees and dependents' sensitive information for the purposes of the insurance policy. Without the required sensitive information, the services cannot be rendered under the policy agreement. Sensitive information includes, but not limited to, health and medical related information, medical reports, genetic data, etc.
- 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 fulfil 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/>.
- 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 (被授权人/保单管理员):
Signature (Authorised person/policy administrator):

日期(日/月/年): /
Date (dd/mm/yyyy):