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

医疗保险
团体既往病史不咎申报表格
Declaration form: Medical History Disregarded (MHD) Groups

本申报表格应由雇主(投保人)填写。请使用正楷字体填写本申报表格。

投保人刻意或恣意地作出虚假信息陈述，可导致保险人取消其会员资格。如投保人不小心作出虚假陈述，可导致保险人取消其团体保单，拒绝或减少相关索赔。虚假陈述是指以不真实的事实陈述，令到一方(这里是指保险人)相信并以此确立合约条款(团体保单)。投保人必需确保申报表格小心、准确、合理地填妥。如投保人有任何不确定的地方，请务必联络保险人。

提供给保险人有关申报表格之所有资料，建议投保人妥为保存。

如投保人在填妥申报表格后，并在收到保险人书面接受日期或支付保费日期或生效日期/批单签发日(以最迟者为准)前，有任何事情发生，影响到投保人在申报表格上提供的资料，例如在投保单内列明的任何员工或人士的健康变化，投保人必须向保险人书面说明相关资料之变动。

请通过申请人的保险中介或直接向时康管理顾问(上海)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1105室，邮编：200080)寄送申请人填妥的申请表格，再经时康转交：亚太财产保险有限公司。申请人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.

A deliberate or reckless misrepresentation by the policyholder may lead to the insurer voiding the membership. Where the policyholder makes a careless misrepresentation, the insurer may void the group policy or decline or reduce related claim payments. A misrepresentation is an untrue statement of fact relied on by one party, in this case the insurer, in establishing the terms of a contract (the group policy). The policyholder should ensure that the application is completed carefully, accurately and fairly. If the policyholder is unsure on any matter, they should contact the insurer.

The policyholder is advised to keep a record of all information supplied to the insurer 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 by the policyholder in this form, such as a change in the state of health of any of the employees, the policyholder must tell the insurer in writing about the change.

Please send the completed application form 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 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.

第一部分：健康声明
Section 1: Health Declaration

投保人可以确认尽我所知并进行合理查询，目前符合条件加入团体保单的员工或家属，没有任何一位有住院治疗的计划或正在进行任何持续治疗，癌症、心脏疾病、精神疾病、先天性 疾病、肾衰竭、膝部疾病或背部疾病或目前正在怀孕。 是 ☐ 否 ☐
(如否，请提供进一步的细节)

I can confirm that to the best of my knowledge having made reasonable inquiries, none of the employees or dependants currently eligible to join the Group Plan have any planned In-Patient Treatment or have any on-going Treatment for; cancer, heart conditions, psychiatric conditions, congenital conditions, renal failure, knee or back disorders or are currently pregnant. Yes ☐ No ☐
(if No, please provide details)

第二部分：声明及授权
Section 2: Declaration and authorisation

投保人特此代表申请表格上的所有人申请上述之亚太财产保险有限公司团体保单。

投保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、保障和责任免除事项。我明白申请表格、投保单、团体保险协议、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团体保险条款，将构成保险人和投保人双方之间的合同以及本团体保险计划协议的所有部分。我知道投保覆盖范围将根据协议提供。

- 投保人声明所填本投保单的资料乃属真实，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投保人亲笔书写。投保人明白，投保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，贵公司有权拒绝承保或解除保险合同。
- 投保人明白投保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。

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 plan 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, group agreement, 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 insurer and the policyholder 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 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.

- 投保人声明，投保人已阅读并明白全球保团体医疗保险条款和全球保团体医疗保险协议的以下章节：
  - 取消和终止权利
  - 有关团体保单的法律及司法管辖区
  - 团体保单的用字及我们的服务
  - 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保单及支付索赔。
- 投保人明白，如亚太财产保险有限公司因任何原因无法收取投保人的保费，且投保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日内，向亚太财产保险有限公司提供其它支付方法，因而令投保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。
- 投保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团体医疗保险的条款及条件提供。
- 本人和本保险计划涵盖的人员或我所代表的机构了解时康国际集团公司提供的服务的其中一部分包括敏感信息的处理。因此，当我们申请保险单时，即表示同意时康国际集团公司出于保险单的目的处理我们和我们的家属或我们的员工和家属的敏感信息。如果没有所需的敏感信息，则无法根据保单协议提供服务。敏感信息包括但不限于健康和医疗相关信息、医疗报告、遗传数据等。
- 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信息。
- 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 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 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 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/.

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):

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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 1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.