

**家庭每日住院入息保障申請書**  
**Application for Family Daily Hospital Income Benefit**  
(適用於「家・守護」保費回贈住院現金保障計劃)  
(Applicable for “Family Guardian Refundable Hospital Income Protection Plan”)

保單編號 Policy Number	
保單權益人姓名 Name of Policyowner	
受保人姓名 Name of Life Insured	

**重要指示**

**Important Notes**

1. 於本計劃有效期內及受保人生存期間，保單權益人可申請本計劃之家庭每日住院入息保障，以保障保單權益人之一(1)位家庭成員，惟需符合申請家庭每日住院入息保障之條件及要求。詳情請參閱保單條款。  
While this Plan is in force and the Life Insured is alive, the Policyowner may apply for the Family Daily Hospital Income Benefit of this Plan to cover one (1) Family Member of the Policyowner, subject to the conditions and requirements of Application for Family Daily Hospital Income Benefit. For details, please refer to the Policy Provisions.
2. 本公司保留權利不接受任何家庭每日住院入息保障申請，並擁有絕對權力不時釐定家庭每日住院入息保障申請之行政規定及要求。  
The Company reserves the right not to accept any application for the Family Daily Hospital Income Benefit and has the absolute discretion to determine the administrative rules and requirements in respect of the application for the Family Daily Hospital Income Benefit from time to time.
3. 當家庭成員之家庭每日住院入息保障申請獲得本公司接納及批准後，該家庭成員將成為受保家庭成員，並獲承保於本計劃之家庭每日住院入息保障。家庭成員之保障將於保單權益人、受保人及家庭成員生存期間並且有關申請經本公司發出書面批註確認，方為有效。在發出該批註確認前，本公司就已給付的所有款項及所作之其他行動均不會承擔任何責任。  
Once the application for the Family Daily Hospital Income Benefit to cover a Family Member is accepted and approved by the Company, such Family Member will become a Covered Family Member, who will be covered under the Family Daily Hospital Income Benefit of this Plan. The coverage of insurance benefit will take effect on the date the application was endorsed by the Company by way of a written endorsement to be issued by the Company during the lifetime of the Policyowner, Life Insured and the Family Member. The Company shall not be responsible for any payment made or other action taken before the date of such endorsement.
4. 除非另有指明，本申請書所使用之含定義的字詞與保單文件中所界定者具有相同涵義。  
Unless otherwise specified, the defined terms used in this application should have the same meanings as given to them in the policy document.
5. 有關家庭每日住院入息保障之詳情，請參閱保單條款。  
For details of Family Daily Hospital Income Benefit, please refer to the Policy Provisions.

## 行政規定及要求

### Administration Rules and Requirements

1. 家庭成員只限保單權益人之一(1)位配偶或一(1)位子女。僅一(1)位保單權益人之受保家庭成員並須符合家庭成員之資格方可申請獲承保於家庭每日住院入息保障。  
Family Member shall only be one (1) Spouse or one (1) Child of the Policyowner. Only one (1) Family Member of the Policyowner who meets the eligibility of Family Member can be applied to be covered as the Covered Family Member under Family Daily Hospital Income Benefit.
2. 「配偶」指保單權益人合法婚姻之配偶，其年齡必須於 (i) 申請家庭每日住院入息保障時小於六十(60) 歲及 (ii) 本計劃保障年內小於七十(70)歲。「子女」指任何保單權益人之親生子女，其年齡必須大於十五(15)日及小於十八(18)歲。為免存疑，「子女」並不包括保單權益人之繼子女及合法領養子女。  
"Spouse" shall refer to a legally married spouse of the Policyowner who (i) is under the age of sixty (60) at the time of application for Family Daily Hospital Income Benefit and (ii) is under the age of seventy (70) throughout the benefit term of this Plan. "Child" shall refer to any natural child of the Policyowner who has attained the age of fifteen (15) days and is under the age of eighteen (18). For the avoidance of doubt, "Child" excludes a stepchild and a legally adopted child of the Policyowner.
3. 申請家庭每日住院入息保障時，保單權益人配偶或子女之年齡必須符合行政規定及要求第二(2)條款所列之條件，並須提供本公司認可之年齡證明。  
The age of Spouse or Child of the Policyowner must meet the criteria mentioned in clause two (2) under Administration Rules and Requirements at the time of application for Family Daily Hospital Income Benefit, and satisfactory proof of age to the Company is required.
4. 於本保單有效期內及受保人仍然生存，保單權益人可申請更換受保家庭成員，惟須未曾提出任何家庭每日住院入息保障的索償，並須符合本公司不時釐定的相關條件、規定及當時的行政指引。當更換受保家庭成員申請獲得接納及批准，並於本公司就有關申請記錄在案及發出批註確認後，任何本公司先前已經確認及記錄於本保單之受保家庭成員將自動被取消及移除。  
Provided that no claim is made under Family Daily Hospital Income Benefit, the Policyowner may request for a change of Covered Family Member while this Policy is in force and the Life Insured is alive, subject to the specific terms and conditions, and the administrative rules as determined by the Company from time to time. The Covered Family Member of this Policy as previously endorsed and recorded by the Company will be automatically cancelled and removed once a new application for the change of Covered Family Member is accepted and approved by the Company.
5. 保單權益人可於任何時間以本公司規定的書面方式移除受保家庭成員。當移除受保家庭成員申請獲得本公司接納及批准，並於本公司就有關申請記錄在案及發出批註確認後，本計劃將終止對該家庭成員提供任何家庭每日住院入息保障。  
Policyowner may submit a written request in the form prescribed by the Company at any time to remove a Covered Family Member. Upon the request for removal of a Covered Family Member is accepted and approved by the Company, this Plan shall cease to provide the Family Daily Hospital Income Benefit for such Family Member commencing on the date of such request is recorded and endorsed by the Company.
6. 已簽署的表格及所需文件，請於簽署日期起十四(14)個工作天內交回本公司。  
Please return signed forms and required documents to the Company within fourteen (14) working days from the date of signing.
7. 保單權益人及受保人（年齡為十八(18)歲或以上）須在此申請表格簽署。保單權益人及受保人之簽名必須與本公司最近的記錄相符。  
This form must be signed by the Policyowner and Life Insured (attained the age of eighteen (18) or above). The signature of the Policyowner and Life Insured must be corresponded to the Company's latest available record.
8. 保單權益人及受保人確認家庭成員完全知悉此申請。  
The Policyowner and Life Insured confirm that all Family Member(s) is/are fully aware of this request.

所需文件 (只適用於新增/更換家庭成員) Required Documents (Applicable for adding/changing Family Member)	
1.	請遞交家庭成員的身份證明文件副本作為年齡證明。 Please submit copy of identification document for proof of the Family Member's age.
2.	請提供家庭成員與保單權益人的關係證明，包括可保利益證明。(例如: 出生證明書、結婚證明書) Please submit evidence of relationship including the insurable interest between the Family Member and the Policyowner. (e.g. Birth Certificate, Marriage Certificate)

新增/更換家庭成員 Add/Change Family Member							
	<input type="checkbox"/> 新增 Add <input type="checkbox"/> 更換 Change						
1 姓名 Full Name	須與身份證明文件相同 as shown on Identity Document <table border="1"> <tr> <td>英文 In English</td> <td>姓 Surname</td> <td>名 Given Name</td> </tr> <tr> <td>中文 In Chinese</td> <td>姓 Surname</td> <td>名 Given Name</td> </tr> </table>	英文 In English	姓 Surname	名 Given Name	中文 In Chinese	姓 Surname	名 Given Name
英文 In English	姓 Surname	名 Given Name					
中文 In Chinese	姓 Surname	名 Given Name					
2 身份證明文件號碼 Identity Document No.	<table border="1"> <tr> <td>香港居民 HK Resident</td> <td> <input type="checkbox"/> 身份證 ID Card           <input type="checkbox"/> 出生證書 Birth Cert.           號碼 No.         </td> </tr> <tr> <td rowspan="2">非香港居民 Non-HK Resident</td> <td> <input type="checkbox"/> 身份證 ID Card           <input type="checkbox"/> 出生證書 Birth Cert.           <input type="checkbox"/> 護照 Passport           號碼 No.         </td> </tr> <tr> <td>           簽發國家 Country of Issue           有效期至 Expiry Date           日 dd 月 mm 年 yyyy         </td> </tr> </table>	香港居民 HK Resident	<input type="checkbox"/> 身份證 ID Card <input type="checkbox"/> 出生證書 Birth Cert.           號碼 No.	非香港居民 Non-HK Resident	<input type="checkbox"/> 身份證 ID Card <input type="checkbox"/> 出生證書 Birth Cert. <input type="checkbox"/> 護照 Passport           號碼 No.	簽發國家 Country of Issue           有效期至 Expiry Date           日 dd 月 mm 年 yyyy	
香港居民 HK Resident	<input type="checkbox"/> 身份證 ID Card <input type="checkbox"/> 出生證書 Birth Cert.           號碼 No.						
非香港居民 Non-HK Resident	<input type="checkbox"/> 身份證 ID Card <input type="checkbox"/> 出生證書 Birth Cert. <input type="checkbox"/> 護照 Passport           號碼 No.						
	簽發國家 Country of Issue           有效期至 Expiry Date           日 dd 月 mm 年 yyyy						
3 性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female         4 出生日期   年齡 Date of Birth   Age <table border="1"> <tr> <td>日 dd 月 mm 年 yyyy</td> <td>年齡 Age</td> </tr> </table>	日 dd 月 mm 年 yyyy	年齡 Age				
日 dd 月 mm 年 yyyy	年齡 Age						
5 與保單權益人關係 Relationship to Policyowner	<input type="checkbox"/> 子女 Child <input type="checkbox"/> 配偶 Spouse						
移除家庭成員 Remove Family Member							
	<input type="checkbox"/> 移除 Remove						
1 姓名 Full Name	須與身份證明文件相同 as shown on Identity Document <table border="1"> <tr> <td>英文 In English</td> <td>姓 Surname</td> <td>名 Given Name</td> </tr> <tr> <td>中文 In Chinese</td> <td>姓 Surname</td> <td>名 Given Name</td> </tr> </table>	英文 In English	姓 Surname	名 Given Name	中文 In Chinese	姓 Surname	名 Given Name
英文 In English	姓 Surname	名 Given Name					
中文 In Chinese	姓 Surname	名 Given Name					
2 與保單權益人關係 Relationship to Policyowner	<input type="checkbox"/> 子女 Child <input type="checkbox"/> 配偶 Spouse						

## 個人資料收集聲明

### Personal Information Collection Statement

香港人壽保險有限公司（「香港人壽」）在收集、使用、轉移、保留及儲存個人資料時，會致力遵守《個人資料（私隱）條例（第486章）》（「條例」）。

Hong Kong Life Insurance Limited ("Hong Kong Life") is committed to complying with the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance") in relation to the collection, use, transfer, retention and storage of personal data.

#### 1. 收集個人資料的重要性

##### Importance of Personal Data Collection

客戶及其他個別人士（下稱「資料當事人」）需要不時向香港人壽提供個人資料，使香港人壽可提供保險及/或有關的產品及服務予資料當事人及/或處理有關香港人壽簽發的保單之索償、資料當事人的任何和所有要求、查詢及投訴。提供個人資料予香港人壽純屬自願性質，但若未能按要求提供所需的個人資料，可能會導致香港人壽無法處理保險申請或提供或繼續提供保險產品及服務及/或其他相關產品及/或服務予資料當事人。

From time to time, it is necessary for customers and various other individuals (collectively referred to as "data subject(s)") to provide personal data to Hong Kong Life in connection with the provision of insurance and/or related products and services to the data subjects and/or the processing of claims under insurance policies issued by Hong Kong Life and any and all of the requests, enquiries and complaints from the data subjects. The provision of such personal data is voluntary, but failure to do so may result in Hong Kong Life being unable to process the insurance applications or to provide or continue to provide the insurance products and services and/or the related products and/or services to the data subjects.

#### 2. 個人資料收集目的

##### Purposes of Collecting Personal Data

香港人壽收集所需的個人資料是為處理投保或其他保險或財務產品及/或服務之申請，及提供所有關於該等申請之繼後服務、進行身份審查或信用審查、處理理賠或其有關分析、處理權益轉讓協議、統計或精算研究用途、訴訟、通訊、內部或外界審計、提供客戶服務（包括但不限於處理查詢及投訴）及有關活動、直接銷售保險產品、資料核對、與任何因香港人壽提供的產品及/或服務之機構或人士溝通、促使香港人壽可與實在或建議的受讓人、或香港人壽對資料當事人的權利的參與人或附屬參與人評核意圖成為轉讓、參與或附屬參與的交易及為符合根據下述適用於香港人壽或期望香港人壽遵從有關披露及使用資料之責任、規定或安排（包括但不限於）：

Hong Kong Life collects necessary personal data for the purposes of processing insurance application or any other applications for insurance or financial related products and/or services and providing all on-going services relating to such applications, conducting identity or credit checks, claim processing or any analysis of it, assignment processing, statistical or actuarial research, litigation, communication, internal or external audit, providing customer services (including but not limited to, processing enquiries and complaints) and related activities, direct marketing for insurance products, data matching, communicating with any relevant organization or person in respect of any products and/or services provided by Hong Kong Life, enabling an actual or proposed assignee of Hong Kong Life, or participant or sub-participant of Hong Kong Life's rights in respect of the data subjects to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation, and complying with the obligations, requirements or arrangements for disclosing and using data that apply to Hong Kong Life or that it is expected to comply according to the following (including but not limited to) :

- (a) 在香港境內或境外之現存及將來對其具約束力之任何本地或海外法律；  
any local or foreign law binding on or applying to it within or outside Hong Kong existing currently and in the future;
- (b) 在香港境內或境外之現存及將來並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者之行業的團體或組織所發出或提供之任何指引或指導；  
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
- (c) 香港人壽因其金融、商業、營業或其他利益或活動處於或關連於相關本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者之行業團體或組織之司法管轄區而須承擔或獲施加與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融中介人、或金融服務提供者之行業團體或組織之間的現有或將來之任何合約承諾或其他承諾及/或香港人壽遵守適用稅務法律的義務，包括但不限於根據香港與美國之間的跨政府協議之《外國賬戶稅務合規法案》和經濟合作暨發展組織作出的規定（包括關於為履行共同申報準則的主管機關協議的監管機制）。  
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities or financial intermediaries, or industry bodies or associations of financial services providers that is assumed by or imposed on Hong Kong Life by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or industry bodies or associations and/or the obligations of Hong Kong Life to comply with applicable tax laws including but not limited to the Foreign Account Tax Compliance Act pursuant to the Intergovernmental Agreement between Hong Kong and the United States and the provisions issued by the Organization for Economic Co-operation and Development (including the regulatory scheme relating to its Competent Authority Agreement to implement its Common Reporting Standard).

## 個人資料收集聲明 (續)

### Personal Information Collection Statement (Cont'd)

- (d) 除香港人壽推廣上述產品、服務及類別外，香港人壽同時擬提供列明於上述 (a) 段之資料至上述 (c) 段的所有或其中任何人士，該等人士藉以用於推廣上述產品、服務及類別。香港人壽須為此目的取得資料當事人的同意（其中包括不反對之表示）。
- In addition to marketing the above products, services and subjects, Hong Kong Life also intends to provide the data described in paragraph (a) above to all or any of the persons described in paragraph (c) above for use by them in marketing those products, services and subjects. Hong Kong Life requires the data subjects' written consent (which includes an indication of no objection) for that purpose.

若資料當事人不希望香港人壽使用或提供其個人資料予其他人士藉以用於以上所述之直接促銷，資料當事人可通知香港人壽以行使不同意此安排的權利。

If the data subject does not wish Hong Kong Life to use or provide to other persons his personal data for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying Hong Kong Life.

#### 5. 查詢及改正資料權利

##### Data Access and Correction Right

根據條例規定，資料當事人有權知悉香港人壽是否持有他的個人資料及有權查閱該等資料，而香港人壽或會收取處理有關資料的合理費用。

若認為香港人壽持有有關他的個人資料不準確，資料當事人有權要求更改他的個人資料。有關要求查閱及更改個人資料，或對以上的個人資料收集聲明有任何疑問，請致電 2290 2882 或以書面形式致函香港皇后大道中183號中遠大廈15樓，向香港人壽資料保護主任提出。

In accordance with the Ordinance, the data subject has the right to check whether Hong Kong Life holds his personal data and the right of access to such data. Hong Kong Life may charge a reasonable fee for the processing of such data. If the data subject believes that his personal data held by Hong Kong Life is incorrect, the data subject has the right to request for correction of his personal data. Any enquiries regarding request for accessing and correction of personal data or the Personal Information Collection Statement, please call us at 2290 2882 or make a written request to the Corporate Data Protection Officer of Hong Kong Life at 15/F, Cosco Tower, 183 Queen's Road Central, Hong Kong.

香港人壽保留權利可隨時且在無須通知的情況下修訂本個人資料收集聲明。若香港人壽更改個人資料收集聲明，香港人壽會更新網站上的個人資料收集聲明 ([www.hklife.com.hk](http://www.hklife.com.hk)) 或以書面形式通知。任何有關更改將在刊登後即時生效。

Hong Kong Life reserves the right to amend the Personal Information Collection Statement at any time without any prior notice. If Hong Kong Life changes its Personal Information Collection Statement, Hong Kong Life will either update the Personal Information Collection Statement on its website at [www.hklife.com.hk](http://www.hklife.com.hk) or provide a notification in writing. Should there be any changes to the Personal Information Collection Statement in the future, such changes will become effective upon posting.

##### 拒絕接受促銷信息或資料

##### Opting-out Marketing Communications or Materials

本人/吾等同意根據「個人資料收集聲明」，提供本人/吾等的個人資料用作直銷推廣之用途。

I/We agree to the provision and use of my/our personal data for the direct marketing purposes as set out in the Personal Information Collection Statement.

- ☐ 若不同意根據「個人資料收集聲明」，提供、使用及/或轉移個人資料用作直銷推廣用途，請在左方空格上填上“√”號。

Please check the box on the left if you do not agree with the provision to provide, use and/or transfer your personal data for direct marketing purposes in accordance with the Personal Information Collection Statement.

## 聲明及授權

### Declaration and Authorization

1. 本人作為保單權益人在此聲明、同意及確認：

I, the Policyowner hereby declare, agree and confirm that:

- i) 就申請為本人上述保單之家庭每日住院入息保障之受保家庭成員，本人已獲得家庭成員同意收集本申請表所需的個人資料；

I have obtained the consent(s) from the Family Member(s) for collecting their personal information as required in this application form for the purpose of applying as Covered Family Member(s) of Family Daily Hospital Income Benefit of the above-mentioned policy of mine;

- ii) 家庭成員完全知悉此申請；

the Family Member(s) is/are fully aware of this application;

- iii) 香港人壽對本申請表中收集的家庭成員個人資料的有效性或合法性不承擔任何責任；

Hong Kong Life assumes no responsibility for the validity or legality of the personal information of Family Member(s) collected in this application form;

- iv) 就本申請所提供之所有資料、文件、陳述及答案，盡本人所知所信，均完整真確；

all information, documents, statements and answers provided by me in connection with this application are complete and true to the best of my knowledge and belief;



**聲明及授權 (續)****Declaration and Authorization (Cont'd)**

1. v) 若未能提供就本申請所需的資料，香港人壽將可能無法處理有關之申請；及  
Hong Kong Life may be unable to process this application if I fail to provide any information requested in connection with this application; and
- vi) 已閱讀及明白「個人資料收集聲明」。  
I have read and understood the Personal Information Collection Statement.
2. 本人作為保單權益人確認並知悉：(1)本人將有責任遵守就本人為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求；(2)如有疑問，本人將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。香港人壽沒有就有關本人之稅務或個人之公民身份提供任何意見；(3)香港人壽有權，就如需要並在法律許可的範圍內，提供有關本人的個人資料和其他有關本人的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構(包括本地及海外)。香港人壽也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答，及在適當的情況下，會主動提供報告，以符合有關法律，法規和守則/行為。本人明白，如果本人拒絕給予上述之明示同意予香港人壽，香港人壽將無法出售任何保險產品，及提供任何服務給本人。  
I, the Policyowner confirm and acknowledge that: (1) I shall be responsible for observing and complying with any applicable law, regulatory policy and/or other statutory requirement of the country of my/our citizenship, residence or domicile; (2) If in doubt, I shall consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing the policy issued or exercising any rights of the policy. Hong Kong Life has not provided any advice to me around tax or a person's citizenship status; (3) Hong Kong Life shall be entitled to, insofar as necessary and to the extent permitted by laws, furnish the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board/s and/or law enforcement bodies (both local and overseas) with any of my/our personal data and other information relating to my policy(ies) or investments contained in this application or otherwise. Hong Kong Life may also answer any questions or inquiries the said governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/or law enforcement bodies, as it sees appropriate, make any report at its own initiative in order to comply with the laws, regulations and codes of practice/conduct. I understand that Hong Kong Life will not be able to sell any insurance product to me and provide any service if I refuse to give the said express consent.

**簽署及簽署日期****Signature and Signing Date**

保單權益人簽署  
Signature of Policyowner

日 月 年  
DD MM YYYY

受保人簽署  
(如非保單權益人及年齡 18 歲或以上)  
Signature of Life Insured  
(if other than Policyowner and age is 18 or above)

日 月 年  
DD MM YYYY

保險中介人姓名、編號及簽署 (如適用)  
Name, Code and Signature of Insurance Intermediary (if applicable)

日 月 年  
DD MM YYYY

見證人姓名及簽署 (如適用)  
Name and Signature of Witness (if applicable)

日 月 年  
DD MM YYYY