

Helpersafe Domestic Helper Insurance Plan enrollment form 「傭易保」家傭保障計劃投保表格

For internal use only
只供內部使用

Agent name
代理人姓名: _____

Agent no.
代理人編號: _____

Enquiry no. 查詢電話: +852 2903 9391 Fax 傳真: +852 2968 0639

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。
Please complete in **BLOCK LETTERS**. 請以英文正楷大寫填報。

All fields are mandatory, except the fields marked with #. 所有項目必須填報, 惟#號之項目除外。

Clear form

1. Applicant's information 投保人資料

Mr. 先生 Mrs. 太太 Ms. 女士 Last name
姓

First name
名

Chinese name
中文姓名

Date of birth
出生日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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HKID card no. /Passport no.
香港身份證號碼 / 護照號碼*

Mobile phone no.
流動電話號碼

Occupation
職業#

Marital status
婚姻狀況#

Email address
電郵地址

Correspondence
address
通訊地址

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

Estate name/No. & name of street/Lot no.*
屋苑名稱 / 街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

Working location*
工作地點*

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

(if it is not the
same as the
correspondence
address) (如與通訊地
址不同)

No. & name of street/Lot no.*
街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

Effective date of insurance Day日 Month月 Year年
保障生效日期

D	D	M	M	Y	Y	Y	Y
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* The applicant must be the legal employer of the domestic helper 投保人必須為家庭傭工之合法僱主

* Working location must be the same as the specified address in the employment contract 工作地點必須與僱員合約訂明的地址相同

2. Domestic helper's information 家庭傭工資料

<input type="checkbox"/> Mr. 先生	<input type="checkbox"/> Mrs. 太太	<input type="checkbox"/> Ms. 女士	Last name 姓	First name 名
Other name 別名			Date of birth 出生日期	Day日 Month月 Year年 DDMMYYYY
HKID card no. /Passport no. 香港身份證號碼 / 護照號碼*			Nationality 國籍	

Note: If more than one domestic helper, please fill in another application form.

註：若超過一名家庭傭工，請填寫另一張申請表。

3. Plan level 計劃級別

	Plan level 計劃級別			
	1-year 1年期		2-year 2年期	
Helpersafe Domestic Helper Insurance Plan 「僱易保」家傭保障計劃	<input type="checkbox"/>		<input type="checkbox"/>	
Optional Benefit Upgrade - Heart Disease and Cancer Cover 自選升級保障 - 心臟病及癌症保障	Classic Plan 標準計劃	<input type="checkbox"/>	Classic Plan 標準計劃	<input type="checkbox"/>
	Deluxe Plan 特級計劃	<input type="checkbox"/>	Deluxe Plan 特級計劃	<input type="checkbox"/>
Employees' Compensation Insurance Plan 僱員補償保險計劃	<input type="checkbox"/>			
Total premium 保費總額				

4. General information 一般資料

Have you been declined when applying for other Domestic Helper Insurance Plan before?

你是否曾於投保其他僱傭保險計劃時被拒絕？

Yes
是

No
否

Is your domestic helper required to perform duties other than the domestic duties specified in the employment contract or any non-domestic work(e.g. Driving)?

你的家庭傭工是否需要從事？僱員合約訂明之家務以外的工作或任何非家務的工作（如駕駛）？

Yes
是

No
否

If you have ticked "Yes", please give details below:

若「是」，請詳細說明於下：

5. Payment method 付款方法

By credit card 以信用卡繳付

Annual payment 每年繳付 Biennial payment 兩年繳付

Credit card type 信用卡類別

VISA MasterCard

Cardholder's name

持卡人姓名

Credit card no.

信用卡號碼

Credit card expiry date

信用卡有效期至

Month月 Year年

MMYYYY

The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his/her credit card stated above including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on his/her credit card which arises as a result of such transfer. For the continuation of coverage, the cardholder understands that he/she should arrange sufficient credit balance in his/her credit card by the premium due date for the automatic debit of premium.

持卡人茲授權蘇黎世保險有限公司從他/她上述之信用卡以直接轉帳自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉帳而令他/她信用卡出現透支，持卡人願承擔全部責任。為了持續的保障，持卡人明白他/她需於保費到期前安排足夠的信貸餘額於他/她的信用卡上作保費自動轉帳之用。

If credit cardholder is not the applicant, please state the relationship between the credit cardholder and the applicant

若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係

Signature of credit cardholder

信用卡持卡人簽署

Day日 Month月 Year年

Date
日期

DDMMYYYY

6. Declaration 聲明

1. I/We understand that Helpersafe Domestic Helper Insurance Plan/Employees' Compensation Insurance Plan ("this Plan") is only for the proposed domestic helper who is lawfully engaged for domestic duties. I/We accept that no benefits are payable by Zurich Insurance Company Ltd ("the Company") for injury or illness that originated before the effective date of the policy of this Plan. I/We understand that payment of the benefits under the Helpersafe Domestic Helper Insurance Plan is subject to the applicable waiting periods as specified in the policy.
本人 / 我們明白「僱易保」家傭保障計劃 / 僱員補償保險計劃(「此計劃」)只限於處理家庭職務的合法家庭傭工。本人 / 我們接受蘇黎世保險有限公司(「貴公司」)無須負責此計劃保單生效前家庭傭工已染有之疾病或傷患的賠償。本人 / 我們明白「僱易保」家傭保障計劃之賠償須受保單列明之適用等候期限制。
2. I/We declare that to the best of my/our knowledge and belief the information on this enrolment form is true and complete in every respect. I/We declare that I/We have full and complete authority from the insured to sign the application and disclose any personal information being requested to assess the insurance application. I/We understand that this enrolment form and declaration will form the basis of the contract between me/us and the Company.
本人 / 我們特此聲明此投保表格的資料乃根據本人 / 我們所知及所信為確實及完全而填報，屬實無訛。本人 / 我們聲明本人 / 我們已獲得受保人授予全權，簽署此投保申請，並提供任何個人資料作評核此投保申請之用。本人 / 我們明白本人 / 我們與 貴公司的保險合約將照此投保表格及聲明而訂立。
3. I/We authorize the Company to obtain medical information from the insured's medical practitioner(s) and I/We agreed to supply additional information relevant to the policy of this Plan at my/our own expense.
本人 / 我們明白 貴公司有權向受保人之醫生索取有關病歷資料，本人 / 我們同意提供任何進一步與此計劃保單有關之資料並自付所需費用。
4. I/We understand that I/We shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.
本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以計劃保單為準。
5. I/We understand I/We must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
本人 / 我們明白本人 / 我們必須完成及提供此表格之所有資料， 貴公司將不會受理本人 / 我們資料不全之保單申請。
6. Subject to the Company's consent, I/We agree that this policy will be automatically renewed if the premium is paid by credit card. I acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be s to reveal the reasons for such refusal.
本人 / 我們同意，如保費經信用卡直接付款方式支付，本保單將會自動續保，惟須獲 貴公司同意。本人 / 我們確認及同意 貴公司保留拒絕續保本保單之權利，並且無須透露拒絕續保之原因。
7. I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above consent is necessary for the Company to proceed with the application.
本人 / 我們明白、確知及同意， 貴公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如本人 / 我們為法人團體，代表本人 / 我們簽署的獲授權人員須向 貴公司確認他 / 她已獲該法人團體授權。本人 / 我們亦明白 貴公司必須取得申請人同意，方可以處理其保險申請。
8. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.
本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

This insurance application will not be in force until it has been accepted by the Company and the premium has been paid.
此保險申請須待 貴公司覆核，接納投保書及繳訖保費後才能生效。

7. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") (continued) 有關個人資料(私隱)條例(「私隱條例」)的客戶通知(續)

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information). 由蘇黎世保險有限公司(「本公司」)不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料(例如從第三方收到的索償資料和病歷)，均可供本公司及/或其所屬集團(「蘇黎世保險集團」)內的公司使用作為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires. 本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。

Consent for marketing purposes – Voluntary:



7. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) (continued) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知（續）

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders’ or insured persons’ consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company’s business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料（其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料），特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及／或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及／或金融產品及服務，及／或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。（例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及／或非牟利目的的捐贈或捐款）。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder’s and insured person’s written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company’s **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及／或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料（並可能收到金錢或其他財產作為回報），特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行／金融機構、商業或慈善組織；
- (3) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人／我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人／我們不同意 貴公司使用或向第三方提供本人／我們的個人資料作上列市場推廣用途。

I/We confirm that all information provided by me/us in this enrollment form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this enrollment form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance.

本人／我們確認由本人／我們於此投保表格提供之所有資料均為事實正確無誤。本人／我們更確認同意本投保表格內之所有部分，包括但不限於上列之聲明及有關個人資料（私隱）條例的客戶通知。

Signature of applicant/policyholder
投保人簽署 / 保單持有人

Day日 Month月 Year年
Date 日期

Remarks:

We acknowledge and confirm that we have read through and understand all related terms and conditions as stated on this application and we hereby agree to accept this application and appoint "SCF Insurance Management Limited" as our insurance agent to arrange this insurance policy.

SCF Insurance Management Limited, an agency of Zurich Insurance Company Limited, will be responsible for providing relevant administrative services, including but not limited to client enquiry service, quotation document preparation, policy administration, to Clients introduced by Sun Life Individual Insurance Agent (with General Insurance License) in respect of the selected insurance products.

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司（於瑞士註冊成立之有限公司）
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