中國人壽保險(海外)股份有限公司 澳門分公司
China Life Insurance (Overseas) Company Limited Macau Branch

中國人壽 CHINA LIFE | 海外

團體保險員工健康聲明 Group Insurance Member Health Declaration

1	保單編號 Policy Number:	投保公司名稱 Policyholder:		員工姓名 Name:	出生日期 (日/月/年) Date of Birth (dd/mm/yy):
2	身高 Height： 呎 ft 吋 in 公 分 cm	體重 Weight： 磅 lbs./ 公斤 kg	於過去一年內體重增減： Weight change in past 12 months	體重增減原因 ： Reason of weight change	慣常求診的醫生姓名、醫院名稱： Name and address of your usual physician or hospital

3	閣下曾否使用任何可成癮藥物，吸毒，酗酒或曾接受戒毒或戒酒治療？ Have you ever used habit forming drugs or narcotics or alcohol excessively or been treated for drug or alcoholism?	□有 Yes □無 No
4	閣下是否患有先天性缺陷疾病，例如先天性心臟病，多趾指，皮膚毛髮色素減退症，腦發育不全等？ Have you ever had congenital disease such as heart disease, extra-toe or finger, skin or hair disorder, abnormal brain development?	□有 Yes □無 No
5	閣下曾否患有，或獲告知患有，或曾接受下列疾病之治療 Have you ever had or been told you had, or been treated for： (a) 肺結核病，呼吸系統或肺部疾病？tuberculosis, respiratory or lung disease? (b) 風濕性心臟病，血壓病，胸痛，心臟，血液或血管疾病？ rheumatic heart disease, high blood pressure, chest pain, any disease of the heart, blood or blood vessels? (c) 腸胃潰瘍，肝或膽囊或消化器官之疾病？ gastro-intestinal ulcer, disease of liver, gall-bladder or digestive organs? (d) 腎石或任何生殖泌尿系統病症？ renal stones or any reproductive urinary disease? (e) 癲癇或任何精神病或神經不正常？ Epilepsy, or any mental or nervous disorder? (f) 癌症、腫瘤、任何透過性接觸傳染的疾病、糖尿病、其他內分泌疾病或嚴重受傷？ Cancer, tumor, any sexually transmitted disease, diabetes, any endocrine disease or severe injury?	(a) □有 Yes □無 No (b) □有 Yes □無 No (c) □有 Yes □無 No (d) □有 Yes □無 No (e) □有 Yes □無 No (f) □有 Yes □無 No
6	在過去五年內，閣下曾否 In the past 5 years, have you ever： (a) 接受過或被建議進行診斷檢驗，如 X 光、心電圖、特殊血液檢驗及健康檢查？ had or been advised to take any diagnostic test(s), such as X-Ray, ECG, special blood test or body check-up? (b) 患有疾病，接受過手術，就診或留醫等而未在上述各項提及者？ had any illness, operation, medical consultation/treatment or hospitalization not mentioned above?	(a) □是 Yes □否 No (b) □是 Yes □否 No
7	閣下目前是否正接受藥物治療或醫療護理？Are you currently receiving medical treatment or under medical care of any kind?	□是 Yes □否 No
8	閣下是否有可預見或打算進行之醫療需要？ Do you have any expected need or intention of receiving medical advice, consultation, or treatment?	□是 Yes □否 No
9	閣下曾否被通知在愛滋病毒抗體測驗中呈陽性反應？ Have you ever been told you had positive reaction in AIDS test?	□是 Yes □否 No
10	閣下曾否在過去三個月內持續超過一星期有下列病徵：疲倦，體重下降，腹瀉，淋巴核腫大或不尋常的皮膚潰瘍？ Have you at anytime in the past 3 months had any of the following symptoms for more than 1 week continuously：fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions?	□是 Yes □否 No
11	閣下是否曾因身體不適而接受任何檢查或治療未在上述各項提及？ Have you ever received any medical check-up or treatment which is not mentioned in the above?	□是 Yes □否 No
12	婦女適用 FEMALE ONLY： (a) 閣下現在是否懷孕？Are you pregnant now? (b) 閣下曾否有乳房或婦科病症或產前產後期之合併症？ Have you had any disorder of the breast or female organs, or complications at child-birth? (c) 閣下丈夫之壽險保額 Amount of life insurance coverage husband carries?_____ 。	(a) □是 Yes □否 No (b) □有 Yes □無 No
13	閣下過去有否因疾病、意外、受傷而提出或獲得過任何賠償？ Have you ever made a claim or received any compensation for illness, accident or injury?	□是 Yes □否 No
14	在過去 12 個月內閣下是否吸煙，如有，請填寫下列問題 In the past 12 months, have you ever smoked, if yes, please complete below questions： (a) 每日平均吸煙_____支 Average number of sticks daily _____ 。 (b) 吸煙已有_____年 For how many years have you smoked _____ 。	□是 Yes □否 No

若上方任何問題答案為"是"或"有"者，請在背頁註明題號，並詳述診治醫生，醫院名稱、地址，求診日期，檢查項目，診斷結果及接受何種治療及檢驗結果。For each "Yes" answer in the above questions, please indicate the question number and provide details including name and addresses of all attending physicians or hospitals, dates and duration, diagnosis, treatment and result.

其他資料 Other Information

1	閣下是否有或可能參與攀山、跳傘、潛水或賽車等危險性之運動? Do you, or are you likely to, engage in such hazardous pursuits as mountaineering, parachute jumping, skin or scuba diving, or motor racing?		□是 Yes □否 No
2	若閣下在過去投保人壽或健康保險，又或要求恢復該類保單效力時，曾被拒絕、延期、加費或被修改，請作詳細說明： Do you have any life or disability insurance held or applied for or reinstated by you ever been declined, postponed, rated-up or modified in any way, please give details below:		□是 Yes □否 No
3	職業 Occupation:	機械操作 Machinery Operation: □是 Yes □否 No	高空作業 Height Involved: □是 Yes □否 No

若上方任何問題答案為"是"者，請註明題號及作詳細說明。 For each "Yes" answer in the above questions, please indicate the question number and provide details.

個人資料收集聲明 Personal Information Collection Statement

本保險公司收集閣下提供的資料乃用於從事保險業務，並可能包括以下用途：(a)任何保險或與財務管理有關的產品或服務，或就此而作出的任何修改、更動、取消或續期；(b)任何賠償或對賠償作出的分析；及可能會把閣下的資料轉移給任何有關公司或從事保險或與再保險業務有關的其他公司或中介人或提供與保險有關服務的理賠或調查機構或其他服務的提供者或已存在或不時組成的社團或保險公司聯會・

閣下有權查閱並要求更正由中國人壽保險股份有限公司澳門分公司持有有意閣下的個人資料，查閱資料的要求可逕向客戶服務部經理提出，地址為澳門新口岸宋玉生廣場 263 號中土大廈 22 樓 A, B,K-P 座・

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of (a) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; (b) any claims or analysis of it; and may be transferred to any related company or any related company or any other company carrying on insurance or reinsurance related business or any intermediary or claims investigator or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made to the Manager of Policyowners Service Department at Alameda Dr Carlos D'Assumpcao No.263,22Andar A,B,K-P Edif. China Civil Plaza, Macau.

聲明 Declaration

本人(等)謹此聲明共同意(a)就該份要保書補充資料內有關問題提出的陳述及答案，乃盡本人(等)所知所信，均屬真確，且將作為簽發保單的根據和構成保單一部分，倘日後發現與事實不符，即使保單已發出， 貴公司仍可不負責任；(b)本人(等)向任何人(等)提出陳述，如沒有在該份投保書上填寫或印出， 貴公司共不受約束・

I/We hereby declare and agree that (a) all statements and answers to all questions in connection with this Supplementary are to the best of my/our knowledge and belief, full, complete and true and shall form the basis and become a part of the policy issued; for discrepant statements found by the Company in future, the Company will not bear any responsibility even of the policy has already been approved and issued; (b) the Company is not bound by any statement which I/We may have made to any persons if not written or printed here.

授權 Authorization

本人(等)並授權(a)任何僱主、醫生、診所、保險公司、政府部門、其他機構或人士，如具有本人(等)記錄、認識或資料，可將有關該份要保書補充資料、保單復效或由此而提出索償的申請記錄、認識或資料，向 貴公司或 貴公司代表透露、發放或移交・該授權書對本人(等)的繼承人及承讓人均有約束力，即使本人(等)死亡或喪失行為能力仍然有效・該授權書的影印本與正本具有同等效力・

I/We hereby authorize (a) any employer, doctor, hospital, clinic, insurance company, government office or any organization or persons who has any records, knowledge, information of me/us (whether medical or otherwise) to disclose, release or transfer to the Company ot its representative such record, knowledge or information pertinent to this Supplementary Statement, reinstatement and any claim arising therefrom. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding my/our death or incapacity. A photocopy of this authorization shall be as valid as the original.

同意書 Consent

遵照澳門法律，本人(等)於下簽署同意，由 貴公司收集或持有的個人資料(不論是否載於該份要保書補充資料內或由其他他方取得)按"個人資料收集聲明"所述目的，可向澳門或澳門以外地區的個人或組織提供底透露・

In accordance with the provisions of the law of Macau, I/We consent, by signing below, that that personal information collected or held by the Company (whether contained in this Supplementary Statement or otherwise obtained) may be provided and disclosed to individuals or organizations with or outside of Macau and for the purpose mentioned in the Personal Information Collection Statement.

Dated at _____ on _____ _____ _____

簽署於	Place 地方	在	YY/MM/DD 年/月/日	Signature & Official Chop of Policyholder 投保單位蓋章及負責人簽署	Signature of Employee / Member 受保員工簽署