

**CARING Family
Medical
Insurance Plan**

**「安康寶」
家庭醫療
保障計劃**



「安康寶」家庭醫療保障計劃

保特保險的「安康寶」家庭醫療保障計劃，為您的家人提供全面的住院保障，助您減輕高昂醫療費用所帶來的壓力。

您的摯愛家人是人生至寶，自然要為他們準備全面的保障。「安康寶」家庭醫療保障計劃設有 4 種住院保障級別，同時每年亦提供免費的身體檢查及 24 小時全球緊急支援服務，讓您能按照一家人的所需而選擇，免卻了高昂醫療費用的憂慮。

保證續保[^]

我們保證您的保單可續保至100歲。於續保時，我們將不會根據您過往的索償記錄或身體狀況的轉變而徵收個別額外保費。

申請簡易

只需回答2條關於您和您的家人的健康狀況問題，無須另作健康檢查。

自選更多保障

您亦可以選擇附加額外醫療保障、門診保障、牙科保障或健康檢查，以切合您的需要。

周全照顧

計劃提供全球醫療保障及免費緊急支援服務。

全天候客戶支援

致電保特保險的服務熱線(852) 3123 3344，讓我們的客戶服務主任隨時為您服務，處理您的保險需要。

重要事項

1. 申請人必須提供所有可能影響保特保險(香港)有限公司作為承保人而接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料（包括申請表副本）作記錄，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，同時確保我們知悉有關資料，否則此保單將可能無法提供你所需的保障，甚至可能導致此保單無效。
2. 在申請經正式接納及在保費繳付後，本公司之承保責任才開始生效。



CARING Family Medical Insurance Plan

Protect your family life with comprehensive hospitalisation benefits from our **CARING Family Medical Insurance Plan**, which helps ease the financial stress of high-cost medical treatments.

Family is one of the most precious gifts that life affords us. With **CARING Family Medical Insurance Plan**, you and your loved ones are covered for the high cost of medical treatments. Choose from our 4 hospitalisation benefit levels to suit your needs, while enjoying free annual health check-ups, 24-hour worldwide emergency assistance services and more.

Continuous Coverage[^]

We guarantee your policy will be renewed up to age 100. Regardless of your claims history and the change of health status, no additional premium will be imposed individually upon policy renewal.

Simple to Apply

Just answer 2 simple questions about you and your family members' health conditions. No medical examination is required.

Opt for More Protection

Supplementary benefits for additional medical needs, outpatient, dental or health check-ups for you to add on to suit your needs.

Comprehensive Protection

The plan provides worldwide medical coverage with free Emergency Assistance Services.

Service at Your Fingertips

Just call one number at (852)3123 3344 and our Customer Service Representatives are at your service to address your insurance needs.

Important Notes

1. You are required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited as an insurer would regard them as likely to influence the acceptance and assessment of the Application. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed Application form) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
2. The liability of the company does not commence until the Application has been formally accepted and the premium has been paid.

計劃特色

- 合資格投保年齡為15日至64歲
- 不設最低住院時數限制
- 保障範圍包括於註冊診所或日間進行之手術
- 設有每日住院現金保障 (入住香港醫院管理局轄下醫院之大房)
- 24小時全球性醫療保障及緊急支援服務
- 附加門診保障提供中醫治療(包括跌打及針灸治療)。另外，當中的6項專科(耳鼻喉科、眼科、皮膚科、創傷及骨科、兒科及婦科) 索償時無須提供醫生轉介信
- 免費每年基本健康檢查

24 小時全球緊急支援服務

若受保人於海外遇上緊急事故，而旅程不超過90天，此全球緊急支援服務可提供以下服務：

- 24小時電話熱線服務
- 緊急醫療撤離及遣返(高達1,000,000美元)
- 提供高達5,000美元之入院按金保證(包括中國內地指定醫院)
- 如在外地住院超過7天，可安排一位親屬前往探望(包括一張來回經濟客位機票及最多1,000美元住宿費，每天住宿費不超過250美元)
- 安排未成年子女返國或原居地
- 康復期間之酒店住宿(最多1,000美元，每天住宿費不超過250美元)
- 因直系親屬去世而需臨時折返
- 運送遺體返國或原居地(最多1,000,000美元)
- 醫療及法律轉介
- 遺失行李協助
- 緊急旅遊支援
- 中國緊急醫療支援服務

全球緊急支援服務由第三方服務機構提供。

本小冊子並未包含所有保單條款。保單條款可於保單文件中查看。

主要不承保項目 (除牙科保障外適用於所有保障) 包括：受保前已存在的疾病/先天性的疾病、性傳播疾病、受保前已感染的愛滋病、懷孕/墮胎、以美容為目的之治療、牙科治療 (除因意外事故引起)、例行身體檢查、精神病、酗酒/濫用藥物、專業/危險運動、蓄意自我毀傷、非法活動、戰爭。起保後180日內發生的以下疾病或手術：包皮環切術；任何種類的腫瘤、疣、囊腫或息肉。有關此保單之所有不保事項，請參閱保單條款。

牙科保障之不承保項目：蓄意自我毀傷、以美容為目的之治療 (包括但不限於牙齒矯形及漂白)、酗酒/濫用藥物、戰爭或非法活動、口腔衛生指導、牙菌斑控制及飲食指導。

Plan Feature

- Eligible entry age is between age of 15 days and 64 years
- No minimum hours of hospital confinement
- Day case surgery and operation in registered clinic are covered
- Daily cash benefit for confinement in general ward of hospitals under Hong Kong Hospital Authority
- 24-hour worldwide medical coverage and emergency assistance services
- Supplementary outpatient benefits with offer of Chinese medicine practitioner benefits (including bone setting and acupuncture). Doctor referral letter is waived for 6 specialties (Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopedist & Traumatologist, Paediatrician and Gynecologist)
- Free annual basic check up

24-Hour Worldwide Emergency Assistance Services

In case emergency assistance is needed while travelling abroad for a period not exceeding 90 days, the Worldwide Emergency Assistance Services provide the following services :

- 24-hour hotline service
- Emergency medical evacuation and repatriation (up to US\$1,000,000)
- Guarantee of any required hospital admission deposit up to US\$5,000 (including designated hospital in Mainland China)
- Compassionate visit for more than 7 days of overseas hospitalisation (including the cost of a returned economy class air ticket and hotel accommodation up to US\$250 per day at a maximum of US\$1,000)
- Return of minor children to home country or usual country of residence
- Hotel accommodation for convalescence (up to US\$250 per day at a maximum of US\$1,000)
- Unexpected return in the event of the death of a close relative
- Transportation of mortal remains (up to US\$1,000,000)
- Medical and legal referrals
- Lost luggage assistance
- Emergency travel service assistance
- Emergency medical assistance services in China

Worldwide Emergency Assistance Services are arranged by nominated service provider.

The product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Major Exclusions (applicable to all benefits except Dental benefits) : Pre-existing/Congenital Conditions, sexually transmitted diseases, AIDS contracted before participation in this plan, pregnancy/abortion, cosmetic treatments, dental treatments (except for arising from accident), routine physical examinations, mental disorders, alcoholism/drug abuse, professional/hazardous sports, self-inflicted injury, illegal activities, war. The following illnesses or surgery occurring in the first 180 days of cover: circumcision; tumors, warts, cysts or polyps of any kind. For all the exclusions under the Policy, please refer to the Policy Provisions.

Dental Exclusions: Self-inflicted injury, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), alcoholism/drug abuse, war or illegal acts, oral hygiene instructions, plaque control program and dietary instructions.

(1) Basic Hospitalisation Benefits 基本住院保障

Plan Level 計劃級別		Ward 大房	Semi-Private 二等房	Private 私家房	Private 私家房
Plan Code 計劃名稱		HS700Z	HS1500Z	HS2000Z	HS2800Z
Coverage 保障範圍		Cover Limit per Disability (HK\$) 每次病症最高賠償額(港幣)			
1.	Hospital Room & Board per day (Up to 180 days) 每日住院及膳食費(最高賠償180天)	\$700	\$1,500	\$2,000	\$2,800
2.	Physician's Visit per day (Up to 180 days) 每日醫生巡房費(最高賠償180天)	\$700	\$1,500	\$2,000	\$2,800
3.	Miscellaneous Hospital Services 醫院雜項費	\$15,000	\$17,000	\$20,000	\$25,000
4.	Surgeon's Fee (Subject to Surgical Schedule) 外科手術費(按手術費用表計算) Complex Operation 複雜手術 Major Operation 嚴重手術 Intermediate Operation 普通手術 Minor Operation 簡單手術	\$72,000 \$24,000 \$12,000 \$4,800	\$87,000 \$29,000 \$14,500 \$5,800	\$102,000 \$34,000 \$17,000 \$6,800	\$126,000 \$42,000 \$21,000 \$8,400
5.	Anaesthetist' Fee 麻醉師費 Complex Operation 複雜手術 Major Operation 嚴重手術 Intermediate Operation 普通手術 Minor Operation 簡單手術	\$25,200 \$8,400 \$4,200 \$1,680	\$30,450 \$10,150 \$5,075 \$2,030	\$35,700 \$11,900 \$5,950 \$2,380	\$44,100 \$14,700 \$7,350 \$2,940
6.	Operating Theatre Fee 手術室費 Complex Operation 複雜手術 Major Operation 嚴重手術 Intermediate Operation 普通手術 Minor Operation 簡單手術	\$25,200 \$8,400 \$4,200 \$1,680	\$30,450 \$10,150 \$5,075 \$2,030	\$35,700 \$11,900 \$5,950 \$2,380	\$44,100 \$14,700 \$7,350 \$2,940
7.	Specialists Fee 專科治療費	\$5,500	\$7,500	\$9,000	\$11,000
8.	Intensive Care Unit per day (Up to 20 days) 每日深切治療費(最高賠償20天)	\$5,000	\$6,000	\$7,000	\$8,000
9.	Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital) 出院後的治療費(出院後31日內之跟進治療費)	\$1,200	\$1,500	\$2,000	\$3,000
10.	Accidental Dental Treatment (within 31 days after the accident) 意外牙科治療費 (意外發生後31天內)	\$2,000	\$3,000	\$4,000	\$5,000
11.	Emergency Outpatient Treatment (Accident) (Outpatient treatment in a Hospital within 24 hours of an injury) 緊急門診費(意外)(意外發生後24小時內之醫院門診部之治療費)	\$1,000	\$1,500	\$2,000	\$3,000
12.	Home Nursing per day (Up to 60 days) 每日家庭看護費(最高賠償60天)	\$200	\$300	\$400	\$500
13.	Companion's Bed for Child per day (Up to 60 days) 每日兒童住院之陪伴床位費(最高賠償60天)	\$200	\$300	\$400	\$500
Overall Limit per Disability (Item 1-13) 每次病症最高賠償限額(1-13項)		\$523,100	\$874,400	\$1,118,400	\$1,493,400
14.	Daily Cash Benefit (for confinement in general ward of Hospital Authority's hospital in Hong Kong) (up to 60 days) 每日住院現金保障 (入住香港醫院管理局轄下醫院之大房)(最高賠償60天)	\$250	\$350	\$450	\$550
15.	Daily Hospital Cash for Second Claim (Up to 60 days) (Primary payer must be other insurer; benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong) 第二索償每日住院現金(最高賠償60天) (受保人需先從其他保險公司獲得賠償; 此福利不適用於入住香港醫院管理局轄下醫院之大房。)	\$250	\$350	\$450	\$550
16.	Accidental Death Benefit 意外身亡保障	\$20,000	\$30,000	\$40,000	\$50,000

Emergency Assistance Services 緊急支援服務	
Evacuation / Repatriation 醫療撤離及遣返服務	Up to US\$ 高達美金 1,000,000

(2) Supplementary Major Medical Benefits (Optional) 附加額外醫療保障(自選)

Supplementary Major Medical Benefits (SMM) provides additional benefits for items 1 to 8 under the Basic Hospitalisation Benefits (BHB). If the medical expenses incurred under benefit items 1 to 8 of the BHB exceed the cover limit per disability, 80% of the excess amount will be reimbursed subject to cover limit per disability. The excess amount incurred for the Hospital Room & Board and Physician's Visit Benefits can be reimbursed regardless of the number of days of the confinement.

此附加額外醫生保障為基本住院保障條款內1至8項提供額外賠償。若醫療費用超過基本住院保障條款內1至8項之每次病症之最高賠償額上限，超出的金額之80%將會根據每次病症之最高賠償額上限予以賠償，而當中之每日住院及膳食費及每日醫生巡房費不受最高賠償日數限制，均可獲得賠償。

Plan Level 計劃級別	Ward 大房	Semi-Private 二等房	Private 私家房	Private 私家房
Plan Code 計劃名稱	MZ1	MZ2	MZ3	MZ4
Cover Limit per Disability (HK\$) 每症最高賠償額(港幣)	\$60,000	\$120,000	\$180,000	\$240,000
Cover day case Chemotherapy and Radiotherapy for Cancer and Kidney Dialysis. 保障範圍包括日間癌症放射療法及化學療法、腎臟透析。				

Note :

If the hospital confinement is at a higher accommodation level than the insured benefit level, the Reimbursement % shall be reduced as follow:

如入住之住房等級高於保障級別，賠償率將作以下調整：

- 大房升至二等房 Ward to Semi-Private : 50%
- 大房升至私家房 Ward to Private : 25%
- 二等房升至私家房 Semi-Private to Private : 50%

* No benefit will be paid for confinement in VIP suite or deluxe suite 不適用於貴賓或豪華套房

(3) Supplementary Outpatient Benefits (Optional) 附加門診保障(自選)

Plan Level 計劃級別	Economy 經濟	Economy 經濟	Standard 標準	Standard 標準
Plan Code 計劃名稱	OP220Z	OP260Z	OP320Z	OP400Z
100% Reimbursement 賠償額為100%	Cover Limit (HK\$) 最高賠償額(港幣)			
Consultation at Physician's Office (Per visit per day, maximum 25 visits per year) 醫生診所治療費 (每日1次, 每年最多25次)	\$220	\$260	\$320	\$400
Physiotherapists & Chiropractors Treatment (Per visit per day, maximum 10 visits per year) 物理治療師及脊椎治療師之治療費 (每日1次, 每年最多10次)	\$220	\$260	\$320	\$400
Specialist's Consultation (Per visit per day, maximum 10 visits per year) 專科診治費 (每日1次, 每年最多10次)	\$330	\$400	\$480	\$600
Chinese Medicine Practitioner's Treatment (Including Bonesetter's & Acupuncturists Treatment) (Per visit per day, maximum 10 visits per year) 中醫之治療費 (包括跌打及針灸)(每日1次, 每年最多10次)	\$180	\$220	\$250	\$300
Diagnostic X-Ray & Laboratory Tests per year 每年X光檢驗及化驗費	\$1,600	\$2,000	\$2,400	\$2,800
Prescribed Western Medicines & Drugs per year (From any legitimate source outside clinic) 每年處方西方藥物 (只限於診所以外之合法來源購藥)	\$2,400	\$3,000	\$3,600	\$4,200

Written referral by the attending physician is required for Physiotherapists & Chiropractors Treatment, Specialist's Consultation, Diagnostic X-ray & Laboratory Tests, Prescribed Western Medicines & Drugs (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrician and Otorhinolaryngologist can be waived). 物理治療師及脊椎治療師之治療、專科診治、X光檢驗及化驗，以及處方西方藥物皆須由主診醫生以書面推薦才可獲得賠償(皮膚科、眼科、婦科、創傷及骨科、兒科及耳鼻喉科等專科之治療則可獲豁免)。

(4) Supplementary Dental Benefits (Optional) 附加牙科保障(自選)

Plan Level 計劃級別	Economy 經濟	Standard 標準
Plan Code 計劃名稱	DE500Z	DE800Z
Coverage 保障範圍	Cover Limit (HK\$) 最高賠償額(港幣)	
Routine Oral Examination (Scaling, Polish & Prophylaxis, 1 visit per year) 例行口腔檢查 (洗牙、漂牙及預防治療, 每年1次)	\$500	\$800
Reimbursement 賠償率	100%	100%
X-rays required prior to the performance of dental service (Each film) 牙科服務前所需進行之X光檢驗 (每片)	\$150	\$200
Reimbursement 賠償率	80%	80%
Abscesses (Each abscess) 牙齦膿腫(每膿腫)	\$500	\$800
Reimbursement 賠償率	80%	80%
Filings (Each tooth) 補牙(每顆牙齒)	\$500	\$800
Reimbursement 賠償率	80%	80%
Extractions (Each tooth) 脫牙(每顆牙齒)	\$500	\$800
Reimbursement 賠償率	80%	80%
Overall Maximum Limit per year 整體每年最高賠償限額	\$5,000	\$8,000

(5) Free Annual Basic Health Check-up Profile 免費每年基本健康檢查計劃

Anaemia & Blood Disease Screening 貧血及血病檢查

- Complete Blood Count (CBC) 全血常規
- Platelet 血小板

Diabetic Screening 糖尿病檢查

- Glucose 血糖

Lipids Pattern Screening 血脂脂肪檢查

- Total Cholesterol 總膽固醇
- Triglyceride 三酸甘油脂

Medical Evaluation on Laboratory Reports 化驗報告評估

(6) Supplementary Health Check-up (Optional) 附加健康檢查(自選)

You and your insured family member are entitled to a FREE Basic Health Check-up Profile annually at the designated laboratory centres and may also choose to take any of the following screening profiles at a preferential rate by presenting the original Basic Health Check-up coupon and pay the check-up fee at the designated laboratory centre. The Basic Health Check-up Profile must be redeemed in conjunction with the optional screening profile.

您及投保之家庭成員除每年可於指定的化驗中心進行一次免費的基本健康檢查計劃外，更可以優惠價選購以下自選健康檢查計劃。您只需於指定的化驗中心出示正本基本健康檢查計劃服務券，便可以優惠價直接付款購買自選健康檢查計劃。基本健康檢查計劃必須與自選健康檢查計劃一同使用。

Optional Comprehensive Check-up Profile 自選全面檢查計劃 (\$730)

Anaemia & Blood Disease Screening 貧血及血病檢查

- ESR 紅血球沉降率

Blood Group and Rh Factor 血型及血因子類別

- ABO group & Rh-D 血型及 Rh 因子

Gout Screening 痛風症檢查

- Uric acid 尿酸

Heart & Lung Disease Screening 心肺病檢查

- Chest X-Ray 肺部X光片
- Electrocardiogram (ECG) 心電圖

Cardiac & Stroke Risk Evaluation 心臟病發率檢定及預防中風

- HDL cholesterol 高密度膽固醇
- LDL cholesterol 低密度膽固醇

Intestinal Disease Screening 腸病檢查

- Stool, Routine Examination 大便常規檢查

Liver Function Tests 肝功能測試

- SGOT 谷草轉氨酶
- SGPT 谷丙轉氨酶

Renal Function Tests 腎功能測試

- Urea 尿素
- IF Creatinine 肌酸
- Urine, Routine Examination 小便常規檢查

Thyroid Function Test 甲狀腺功能測試

- Thyroxine (T4) 甲狀腺素

Optional Gentleman Check-up Profile 自選男士檢查計劃 (\$700)

Tumor Marker Tests 癌症指標測試

- EBV Antibodies 鼻咽癌病毒抗體
- Alpha Fetoprotein (Liver) 甲種胎蛋白(肝)
- Prostate Specific Antigen (PSA) 前列腺特異抗原

Optional Lady Check-up Profile 自選女士檢查計劃 (\$750)

- Breast Examination 乳房檢查
- Trichomonas and Monilia Culture 念珠菌及滴蟲培養
- Pelvis Examination 盆腔檢查
- Pap Smear 柏氏子宮頸抹片檢查

Optional Cancer Markers 自選癌症測試(\$1,130)

The level of individual cancer markers (Cancer antigens) in the blood may reflect the related cancer cells in the body. The blood test is to assist to detect the cancers in an early stage.

個別癌症指標(癌抗原)於血液內之度數，能反映體內相關之癌細胞狀況，可有效測試出初期癌症。

- Colon/Rectum Cancer (CEA) 直腸/結腸癌
- Liver Cancer (AFP) 肝癌
- Ovary/Cervix Cancer (CA125) 卵巢/子宮頸癌 (For female 女性適用)
- Pancreatic Cancer (CA19.9) 胰臟癌
- Respiratory, lung and digestive tracts (SCC 鱗狀細胞癌-肺/呼吸道/消化道)
- Trophoblast(BetaHCG) 絨毛膜性腺癌
- Naso-Pharyngeal Carcinoma (EBV) 鼻咽癌
- Prostate Cancer (PSA) 前列腺癌 (For male 男性適用)

註：所有健康檢查服務須依照服務使用指南在指定化驗中心完成。

Note: All check-ups must be completed at the designated laboratory centre following the procedures of the user guide.

Annual Premium Table (HK\$) (Insurance levy is not included in the below premium)
每年保費表(港幣)(以下保費並未包括保費徵費)

Basic Hospitalisation Benefits 基本住院保障 (Renewal up to Age 100 可續保至100歲)								
計劃級別 Plan Level	Ward 大房		Semi-Private 二等房		Private 私家房		Private 私家房	
計劃名稱 Plan Code	HS700Z		HS1500Z		HS2000Z		HS2800Z	
Age Last Birthday 上次生日年齡	M 男	F 女	M 男	F 女	M 男	F 女	M 男	F 女
0* - 4	\$2,330	\$2,330	\$3,440	\$3,457	\$4,498	\$4,498	\$6,096	\$6,096
5-17	\$1,829	\$1,829	\$2,694	\$2,707	\$3,516	\$3,516	\$4,765	\$4,765
18	\$1,903	\$1,950	\$2,749	\$2,903	\$3,588	\$3,781	\$4,870	\$5,290
19	\$1,915	\$1,998	\$2,762	\$2,922	\$3,605	\$3,797	\$4,889	\$5,379
20	\$1,924	\$2,003	\$2,778	\$2,941	\$3,621	\$3,814	\$4,911	\$5,395
21	\$1,980	\$2,057	\$2,848	\$3,032	\$3,684	\$3,880	\$4,993	\$5,476
22	\$1,988	\$2,063	\$2,864	\$3,050	\$3,702	\$3,899	\$5,015	\$5,512
23	\$1,999	\$2,074	\$2,884	\$3,079	\$3,727	\$3,935	\$5,048	\$5,543
24	\$2,011	\$2,087	\$2,905	\$3,143	\$3,753	\$4,024	\$5,082	\$5,621
25	\$2,027	\$2,271	\$2,938	\$3,359	\$3,805	\$4,340	\$5,160	\$6,055
26	\$2,033	\$2,288	\$2,957	\$3,410	\$3,828	\$4,393	\$5,189	\$6,151
27	\$2,043	\$2,305	\$2,978	\$3,435	\$3,855	\$4,425	\$5,225	\$6,193
28	\$2,059	\$2,322	\$2,999	\$3,459	\$3,881	\$4,455	\$5,258	\$6,233
29	\$2,088	\$2,359	\$3,041	\$3,504	\$3,929	\$4,505	\$5,316	\$6,295
30	\$2,142	\$2,429	\$3,139	\$3,638	\$4,074	\$4,696	\$5,538	\$6,586
31	\$2,169	\$2,483	\$3,190	\$3,708	\$4,139	\$4,801	\$5,623	\$6,694
32	\$2,201	\$2,547	\$3,213	\$3,776	\$4,166	\$4,872	\$5,655	\$6,773
33	\$2,222	\$2,580	\$3,239	\$3,816	\$4,195	\$4,949	\$5,692	\$6,858
34	\$2,246	\$2,597	\$3,281	\$3,873	\$4,244	\$5,066	\$5,826	\$6,988
35	\$2,424	\$2,939	\$3,631	\$4,486	\$4,755	\$5,841	\$6,508	\$8,255
36	\$2,537	\$3,069	\$3,676	\$4,536	\$4,805	\$5,897	\$6,565	\$8,318
37	\$2,559	\$3,092	\$3,702	\$4,563	\$4,834	\$5,941	\$6,600	\$8,371
38	\$2,586	\$3,123	\$3,737	\$4,604	\$4,876	\$5,985	\$6,654	\$8,432
39	\$2,632	\$3,177	\$3,799	\$4,679	\$4,954	\$6,073	\$6,757	\$8,554
40	\$2,721	\$3,297	\$3,960	\$4,893	\$5,187	\$6,372	\$7,099	\$9,006
41	\$2,953	\$3,558	\$4,254	\$5,375	\$5,462	\$6,752	\$7,551	\$9,613
42	\$3,013	\$3,621	\$4,318	\$5,447	\$5,531	\$6,829	\$7,673	\$9,824
43	\$3,077	\$3,693	\$4,399	\$5,568	\$5,628	\$6,944	\$7,910	\$10,067
44	\$3,115	\$3,772	\$4,540	\$5,781	\$5,866	\$7,274	\$8,143	\$10,323
45	\$4,119	\$4,619	\$6,067	\$7,095	\$7,875	\$8,987	\$11,137	\$12,735
46	\$4,206	\$4,710	\$6,261	\$7,209	\$8,070	\$9,117	\$11,395	\$12,900
47	\$4,256	\$4,767	\$6,332	\$7,288	\$8,156	\$9,212	\$11,556	\$13,076
48	\$4,306	\$4,822	\$6,401	\$7,366	\$8,243	\$9,309	\$11,685	\$13,219
49	\$4,358	\$4,876	\$6,471	\$7,446	\$8,328	\$9,405	\$11,825	\$13,428
50	\$4,493	\$5,039	\$6,716	\$7,739	\$8,672	\$9,803	\$12,264	\$13,892
51	\$4,602	\$5,181	\$6,742	\$7,885	\$8,906	\$10,088	\$12,588	\$14,367
52	\$4,701	\$5,276	\$6,904	\$8,066	\$9,084	\$10,229	\$12,871	\$14,676
53	\$4,812	\$5,406	\$7,056	\$8,234	\$9,425	\$10,479	\$13,265	\$14,984
54	\$4,991	\$5,584	\$7,272	\$8,475	\$9,809	\$10,886	\$13,824	\$15,471
55	\$6,209	\$6,476	\$9,210	\$9,986	\$11,997	\$12,673	\$17,014	\$17,992
56	\$6,181	\$6,681	\$9,324	\$10,257	\$12,185	\$12,992	\$17,247	\$18,412
57	\$6,288	\$6,796	\$9,475	\$10,423	\$12,375	\$13,195	\$17,564	\$18,745
58	\$6,417	\$6,935	\$9,648	\$10,611	\$12,587	\$13,419	\$17,858	\$19,057
59	\$6,712	\$7,245	\$9,999	\$10,988	\$12,988	\$13,837	\$18,394	\$19,620
60	\$7,726	\$8,012	\$11,761	\$12,380	\$15,435	\$15,731	\$21,928	\$22,350
61	\$7,975	\$8,270	\$12,086	\$12,722	\$15,826	\$16,130	\$22,443	\$22,875
62	\$8,105	\$8,406	\$12,274	\$12,920	\$16,067	\$16,376	\$22,776	\$23,214
63	\$8,250	\$8,556	\$12,475	\$13,132	\$16,319	\$16,632	\$23,121	\$23,566
64	\$8,453	\$8,766	\$12,866	\$13,543	\$16,884	\$17,209	\$24,027	\$24,489
65*	\$9,866	\$10,231	\$15,024	\$15,814	\$19,715	\$20,094	\$28,011	\$28,550
66*	\$9,818	\$10,098	\$15,006	\$15,583	\$19,842	\$20,132	\$28,173	\$28,585
67*	\$10,063	\$10,351	\$15,324	\$15,914	\$20,225	\$20,521	\$28,834	\$29,256
68*	\$10,366	\$10,662	\$15,697	\$16,300	\$20,663	\$20,965	\$29,550	\$29,982
69*	\$10,768	\$11,075	\$16,193	\$16,816	\$21,569	\$21,885	\$31,041	\$31,495
70*	\$12,208	\$12,557	\$18,691	\$19,410	\$24,731	\$25,093	\$35,142	\$35,656
71*	\$12,538	\$12,896	\$19,143	\$19,880	\$25,297	\$25,667	\$35,905	\$36,430
72*	\$12,823	\$13,189	\$19,518	\$20,268	\$25,756	\$26,133	\$36,512	\$37,046
73*	\$13,215	\$13,593	\$20,001	\$20,771	\$26,323	\$26,708	\$37,226	\$37,771
74*	\$13,558	\$13,945	\$20,465	\$21,252	\$27,223	\$27,621	\$38,538	\$39,102
75*	\$14,865	\$15,290	\$22,433	\$23,296	\$30,090	\$30,530	\$42,751	\$43,376
76*	\$15,147	\$15,580	\$22,859	\$23,738	\$30,660	\$31,108	\$43,561	\$44,199
77*	\$15,447	\$15,888	\$23,265	\$24,160	\$31,173	\$31,630	\$44,255	\$44,903
78*	\$15,757	\$16,208	\$23,704	\$24,615	\$32,151	\$32,622	\$45,842	\$46,513
79*	\$16,071	\$16,530	\$24,183	\$25,113	\$33,366	\$33,854	\$47,298	\$47,990
80*	\$17,383	\$17,879	\$26,009	\$27,010	\$36,257	\$36,788	\$51,514	\$52,268
81 - 99*	\$17,712	\$18,219	\$26,503	\$27,523	\$36,944	\$37,485	\$52,491	\$53,259

* "0" year old means 15 days of age 「0」歲指出生滿15天

* Premium of 65 years old or above is for renewal only 65歲或以上之保費只適用於續保

Annual Premium Table (HK\$) (Insurance levy is not included in the below premium)
每年保費表(港幣)(以下保費並未包括保費徵費)

Supplementary Major Medical Benefits (Optional) 附加額外醫療保障(自選) (Renewal up to Age 75 only 可續保至75歲)								
Plan Level 計劃級別	Ward 大房		Semi-Private 二等房		Private 私家房		Private 私家房	
Plan Code 計劃名稱	MZ1		MZ2		MZ3		MZ4	
Age Last Birthday 上次生日年齡	M 男	F 女	M 男	F 女	M 男	F 女	M 男	F 女
0* - 4	\$719	\$719	\$1,064	\$1,069	\$1,393	\$1,393	\$1,886	\$1,886
5-17	\$558	\$558	\$816	\$820	\$1,065	\$1,065	\$1,442	\$1,442
18	\$563	\$587	\$837	\$884	\$1,098	\$1,155	\$1,481	\$1,606
19	\$563	\$587	\$837	\$884	\$1,098	\$1,155	\$1,481	\$1,606
20	\$563	\$587	\$837	\$884	\$1,098	\$1,155	\$1,481	\$1,606
21	\$576	\$602	\$854	\$905	\$1,111	\$1,170	\$1,500	\$1,626
22	\$576	\$602	\$854	\$905	\$1,111	\$1,170	\$1,500	\$1,626
23	\$576	\$602	\$854	\$905	\$1,111	\$1,170	\$1,500	\$1,626
24	\$576	\$602	\$854	\$905	\$1,111	\$1,170	\$1,500	\$1,626
25	\$585	\$656	\$860	\$992	\$1,122	\$1,286	\$1,516	\$1,793
26	\$592	\$666	\$873	\$1,007	\$1,138	\$1,305	\$1,538	\$1,819
27	\$595	\$669	\$877	\$1,011	\$1,143	\$1,310	\$1,546	\$1,828
28	\$597	\$671	\$880	\$1,015	\$1,148	\$1,316	\$1,552	\$1,836
29	\$603	\$678	\$889	\$1,026	\$1,159	\$1,328	\$1,567	\$1,853
30	\$642	\$726	\$946	\$1,090	\$1,230	\$1,411	\$1,659	\$1,963
31	\$651	\$736	\$960	\$1,106	\$1,248	\$1,430	\$1,683	\$2,002
32	\$654	\$740	\$964	\$1,110	\$1,254	\$1,437	\$1,692	\$2,033
33	\$656	\$743	\$968	\$1,116	\$1,260	\$1,444	\$1,699	\$2,052
34	\$671	\$771	\$991	\$1,169	\$1,288	\$1,510	\$1,738	\$2,143
35	\$733	\$873	\$1,094	\$1,320	\$1,419	\$1,703	\$1,884	\$2,391
36	\$766	\$921	\$1,110	\$1,371	\$1,449	\$1,770	\$1,965	\$2,479
37	\$780	\$936	\$1,115	\$1,379	\$1,467	\$1,790	\$1,985	\$2,502
38	\$793	\$957	\$1,136	\$1,403	\$1,481	\$1,806	\$2,025	\$2,547
39	\$799	\$1,001	\$1,202	\$1,494	\$1,581	\$1,939	\$2,136	\$2,711
40	\$837	\$1,015	\$1,213	\$1,504	\$1,602	\$1,975	\$2,164	\$2,738
41	\$915	\$1,105	\$1,306	\$1,646	\$1,694	\$2,087	\$2,296	\$2,934
42	\$963	\$1,151	\$1,364	\$1,735	\$1,784	\$2,188	\$2,409	\$3,071
43	\$987	\$1,180	\$1,410	\$1,814	\$1,829	\$2,256	\$2,515	\$3,195
44	\$1,011	\$1,233	\$1,491	\$1,895	\$1,930	\$2,367	\$2,649	\$3,307
45	\$1,203	\$1,383	\$1,768	\$2,101	\$2,281	\$2,603	\$3,227	\$3,691
46	\$1,273	\$1,419	\$1,870	\$2,145	\$2,403	\$2,707	\$3,379	\$3,816
47	\$1,286	\$1,434	\$1,887	\$2,166	\$2,425	\$2,733	\$3,411	\$3,852
48	\$1,309	\$1,459	\$1,922	\$2,206	\$2,471	\$2,784	\$3,475	\$3,924
49	\$1,332	\$1,485	\$1,957	\$2,247	\$2,515	\$2,833	\$3,539	\$3,997
50	\$1,371	\$1,529	\$2,014	\$2,311	\$2,578	\$2,908	\$3,632	\$4,103
51	\$1,448	\$1,615	\$2,098	\$2,443	\$2,700	\$3,074	\$3,793	\$4,330
52	\$1,524	\$1,700	\$2,210	\$2,576	\$2,858	\$3,252	\$4,011	\$4,577
53	\$1,575	\$1,782	\$2,285	\$2,662	\$2,955	\$3,363	\$4,204	\$4,790
54	\$1,624	\$1,810	\$2,357	\$2,743	\$3,037	\$3,452	\$4,340	\$4,936
55	\$1,809	\$1,886	\$2,679	\$2,903	\$3,477	\$3,673	\$4,933	\$5,216
56	\$1,903	\$2,055	\$2,852	\$3,133	\$3,711	\$3,956	\$5,238	\$5,590
57	\$1,971	\$2,130	\$2,954	\$3,246	\$3,846	\$4,099	\$5,430	\$5,794
58	\$2,056	\$2,221	\$3,082	\$3,388	\$4,014	\$4,279	\$5,670	\$6,050
59	\$2,152	\$2,325	\$3,223	\$3,541	\$4,194	\$4,471	\$5,920	\$6,328
60	\$2,306	\$2,391	\$3,476	\$3,670	\$4,506	\$4,649	\$6,356	\$6,568
61	\$2,524	\$2,617	\$3,754	\$3,951	\$4,913	\$5,007	\$6,980	\$7,115
62	\$2,590	\$2,686	\$3,910	\$4,116	\$5,100	\$5,198	\$7,210	\$7,349
63	\$2,634	\$2,732	\$3,976	\$4,185	\$5,242	\$5,342	\$7,379	\$7,521
64	\$2,745	\$2,847	\$4,133	\$4,350	\$5,394	\$5,498	\$7,630	\$7,777
65*	\$2,858	\$2,964	\$4,354	\$4,583	\$5,717	\$5,827	\$8,121	\$8,278
66*	\$3,051	\$3,138	\$4,611	\$4,789	\$6,075	\$6,164	\$8,632	\$8,758
67*	\$3,194	\$3,285	\$4,844	\$5,031	\$6,350	\$6,443	\$9,032	\$9,164
68*	\$3,298	\$3,392	\$4,970	\$5,161	\$6,548	\$6,644	\$9,277	\$9,413
69*	\$3,401	\$3,498	\$5,094	\$5,290	\$6,714	\$6,812	\$9,545	\$9,684
70*	\$3,626	\$3,729	\$5,474	\$5,684	\$7,170	\$7,275	\$10,191	\$10,340
71*	\$3,799	\$3,907	\$5,772	\$5,994	\$7,520	\$7,630	\$10,691	\$10,847
72*	\$3,939	\$4,051	\$5,984	\$6,214	\$7,887	\$8,003	\$11,176	\$11,339
73*	\$4,041	\$4,157	\$6,143	\$6,380	\$8,099	\$8,217	\$11,476	\$11,644
74*	\$4,181	\$4,301	\$6,356	\$6,601	\$8,380	\$8,503	\$11,876	\$12,049

* 0* year old means 15 days of age 0歲指出生滿15天

* Premium of 65 years old or above is for renewal only 65歲或以上之保費只適用於續保

Annual Premium Table (HK\$) (Insurance levy is not included in the below premium)
每年保費表(港幣)(以下保費並未包括保費徵費)

Supplementary Outpatient Benefits (Optional) 附加門診保障(自選) (Renewal up to Age 75 only 可續保至75歲)								
Plan Level 計劃級別	Economy 經濟		Economy 經濟		Standard 標準		Standard 標準	
Plan Code 計劃名稱	OP220Z		OP260Z		OP320Z		OP400Z	
Age Last Birthday 上次生日年齡	M 男	F 女	M 男	F 女	M 男	F 女	M 男	F 女
0* - 4	\$ 7,251	\$ 7,251	\$ 8,511	\$ 8,511	\$10,284	\$10,284	\$12,768	\$12,768
5 - 17	\$ 4,325	\$ 4,325	\$ 5,076	\$ 5,076	\$ 6,133	\$ 6,133	\$ 7,616	\$ 7,616
18 - 24	\$ 3,397	\$ 3,964	\$ 3,988	\$ 4,654	\$ 4,817	\$ 5,621	\$ 5,982	\$ 6,979
25 - 29	\$ 3,468	\$ 4,070	\$ 4,071	\$ 4,776	\$ 4,918	\$ 5,772	\$ 6,106	\$ 7,166
30 - 34	\$ 3,504	\$ 4,158	\$ 4,112	\$ 4,880	\$ 4,968	\$ 5,898	\$ 6,168	\$ 7,323
35 - 39	\$ 3,540	\$ 4,246	\$ 4,154	\$ 4,985	\$ 5,018	\$ 6,022	\$ 6,231	\$ 7,477
40 - 44	\$ 3,893	\$ 4,671	\$ 4,570	\$ 5,484	\$ 5,520	\$ 6,624	\$ 6,854	\$ 8,226
45 - 49	\$ 4,246	\$ 5,097	\$ 4,985	\$ 5,981	\$ 6,022	\$ 7,226	\$ 7,477	\$ 8,973
50 - 54	\$ 4,565	\$ 5,353	\$ 5,402	\$ 6,332	\$ 6,579	\$ 7,713	\$ 8,039	\$ 9,424
55 - 59	\$ 4,968	\$ 5,703	\$ 5,782	\$ 6,637	\$ 7,046	\$ 8,086	\$ 8,745	\$10,039
60 - 64	\$ 5,582	\$ 6,140	\$ 6,498	\$ 7,148	\$ 7,916	\$ 8,707	\$ 9,829	\$10,812
65 - 69*	\$ 7,257	\$ 7,982	\$ 8,448	\$ 9,293	\$10,290	\$11,318	\$12,777	\$14,055
70 - 74*	\$ 9,489	\$10,438	\$11,047	\$12,152	\$13,456	\$14,802	\$16,709	\$18,379

Supplementary Dental Benefits (Optional) 附加牙科保障(自選) (Renewal up to Age 75 only 可續保至75歲)		
Plan Level 計劃級別	Economy 經濟	Standard 標準
Plan Code 計劃名稱	DE500Z	DE800Z
Age Last Birthday 上次生日年齡	港幣HK\$	HK\$ 港幣
0* -17	\$ 1,003	\$ 1,578
18-74*	\$ 1,254	\$ 1,973

* "0" year old means 15 days of age 「0」歲指出生滿15天

* Premium of 65 years old or above is for renewal only 65歲或以上之保費只適用於續保

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費(港幣\$)	Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費(港幣\$)
From 1 Jan 2018 till 31 Mar 2019 由2018年1月1日至2019年3月31日	0.040%	\$2,000	From 1 Apr 2020 till 31 Mar 2021 由2020年4月1日至2021年3月31日	0.085%	\$4,250
From 1 Apr 2019 till 31 Mar 2020 由2019年4月1日至2020年3月31日	0.060%	\$3,000	From 1 Apr 2021 onwards 由2021年4月1日之後	0.100%	\$5,000

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit boltechinsurance.hk or contact: (852) 3123 3344.

保險業監管局已按規定的徵費率向相關的保單徵收保費徵費。已收取的徵費付款會按規定轉付予保險業監管局，詳情請瀏覽 boltechinsurance.hk 或聯絡(852) 3123 3344。

CARING Family Medical Insurance Application Form

安康寶家庭醫療保障申請表

Please tick as appropriated 請選擇並加「✓」號

Applicant's Name 申請人姓名		Effective Date (DD/MM/YYYY) 保單起保日期(日/月/年) / /	
HKID/ Passport No. 身份證/護照號碼 ()	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年) / /	Contact No.: 聯絡電話	
Email Address 電郵地址 (Claim Adjustment Statement will be sent by email if email address is provided. 如有提供電郵地址,醫療索償理賠表將以電郵送遞。)			
Applicant's Address 申請人地址			

Name of Family Members to be Insured 投保之家庭成員姓名	HKID/Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別	Height (m) 身高(米)	Weight (kg) 體重(千克)	Occupation 職業
Applicant 申請人	Ditto 同上	Ditto 同上				
Choice of Benefit 保障選擇						
Basic Hospitalisation Benefits (A1) 基本住院保障	<input type="checkbox"/> Ward (HS700Z) 大房	<input type="checkbox"/> Semi-Private (HS1500Z) 二等房	<input type="checkbox"/> Private (HS2000Z) 私家房	<input type="checkbox"/> Private (HS2800Z) 私家房		
Supplementary Major Medical Benefits (Optional) (A2) 附加額外醫療保障(自選)	<input type="checkbox"/> Note: Same as the level of the Basic Hospitalisation Benefit. 附注:與基本住院保障等級別相同。					
	Ward (MZ1) 大房	Semi-Private (MZ2) 二等房	Private (MZ3) 私家房	Private (MZ4)		
Supplementary Outpatient Benefits (Optional) (A3) 附加門診保障(自選)	<input type="checkbox"/> Economy (OP220Z) 經濟	<input type="checkbox"/> Economy (OP260Z) 經濟	<input type="checkbox"/> Standard (OP320Z) 標準	<input type="checkbox"/> Standard (OP400Z) 標準		
Supplementary Dental Benefits (Optional) (A4) 附加牙科保障(自選)	<input type="checkbox"/> Economy (DE500Z) 經濟	<input type="checkbox"/> Standard (DE800Z) 標準	A 保費總額 Total Premium: 港幣 HK\$ (A = A1 + A2 + A3 + A4)			

Name of Family Members to be Insured 投保之家庭成員姓名	HKID/Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別	Height (m) 身高(米)	Weight (kg) 體重(千克)	Occupation 職業
Spouse 配偶						
Choice of Benefit 保障選擇						
Basic Hospitalisation Benefits (B1) 基本住院保障	<input type="checkbox"/> Ward (HS700Z) 大房	<input type="checkbox"/> Semi-Private (HS1500Z) 二等房	<input type="checkbox"/> Private (HS2000Z) 私家房	<input type="checkbox"/> Private (HS2800Z) 私家房		
Supplementary Major Medical Benefits (Optional) (B2) 附加額外醫療保障(自選)	<input type="checkbox"/> Note: Same as the level of the Basic Hospitalisation Benefit. 附注:與基本住院保障等級別相同。					
	Ward (MZ1) 大房	Semi-Private (MZ2) 二等房	Private (MZ3) 私家房	Private (MZ4)		
Supplementary Outpatient Benefits (Optional) (B3) 附加門診保障(自選)	<input type="checkbox"/> Economy (OP220Z) 經濟	<input type="checkbox"/> Economy (OP260Z) 經濟	<input type="checkbox"/> Standard (OP320Z) 標準	<input type="checkbox"/> Standard (OP400Z) 標準		
Supplementary Dental Benefits (Optional) (B4) 附加牙科保障(自選)	<input type="checkbox"/> Economy (DE500Z) 經濟	<input type="checkbox"/> Standard (DE800Z) 標準	B 保費總額 Total Premium: 港幣 HK\$ (B = B1 + B2 + B3 + B4)			

Name of Family Members to be Insured 投保之家庭成員姓名	HKID/Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別	Height (m) 身高(米)	Weight (kg) 體重(千克)	Occupation 職業
Children (1) 子女						
Children (2) 子女						
Choice of Benefit 保障選擇						
Basic Hospitalisation Benefits (C1) 基本住院保障	<input type="checkbox"/> Ward (HS700Z) 大房	<input type="checkbox"/> Semi-Private (HS1500Z) 二等房	<input type="checkbox"/> Private (HS2000Z) 私家房	<input type="checkbox"/> Private (HS2800Z) 私家房		
Supplementary Major Medical Benefits (Optional) (C2) 附加額外醫療保障(自選)	<input type="checkbox"/> Note: Same as the level of the Basic Hospitalisation Benefit. 附注:與基本住院保障等級別相同。					
	Ward (MZ1) 大房	Semi-Private (MZ2) 二等房	Private (MZ3) 私家房	Private (MZ4)		
Supplementary Outpatient Benefits (Optional) (C3) 附加門診保障(自選)	<input type="checkbox"/> Economy (OP220Z) 經濟	<input type="checkbox"/> Economy (OP260Z) 經濟	<input type="checkbox"/> Standard (OP320Z) 標準	<input type="checkbox"/> Standard (OP400Z) 標準		
Supplementary Dental Benefits (Optional) (C4) 附加牙科保障(自選)	<input type="checkbox"/> Economy (DE500Z) 經濟	<input type="checkbox"/> Standard (DE800Z) 標準	C 保費總額 Total Premium: 港幣 HK\$ (C = C1 + C2 + C3 + C4)			

保險業監管局已向相關的保單按規定的徵費率向相關的保單徵收保費徵費。已收取的徵費付款會按規定轉付予保險業監管局。詳情請瀏覽 bolttechinsurance.hk 或聯絡 (852) 3123 3344。
Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit bolttechinsurance.hk or contact: (852) 3123 3344.

(不包括保費徵費 excluding Insurance levy)
總數 Grand Total (A+B+C): 港幣 HK\$

Please read the following questions carefully & answer in full. 請詳閱以下問題並全部作答。

1. In the past 5 years, have you or any of your family members to be insured ever been advised to be hospitalised, undergo surgery or undergo investigation of any kind or had medical investigation which may indicate a health disorder? Yes 有 No 否
 在過去5年內，您或您的任何投保家庭成員有否曾被建議住院或接受任何手術、或有任何檢查結果顯示健康異常？
2. Have you or any of your family members to be insured ever been suffered from, or diagnosed to have, or been treated for, or having any indication or symptoms of cancer or tumour (including polyps of any kind), high blood pressure, stroke, chest pain or heart disease, liver problem (including but not limited to hepatitis C and hepatitis B carrier), lung disease, kidney disease, diabetes mellitus, epilepsy, respiratory problem, rheumatic fever, thyroid disease, blood disease, or any disorder or disease of brain, central nervous system, pancreas, bones, or Uro-Genital, HIV, AIDS or AIDS related complex? Yes 有 No 否
 您或您的任何投保家庭成員有否曾患上或正在有下列所述之疾病的先兆或症狀、或曾就下列疾病接受治療：癌病或腫瘤(包括任何瘻肉)、高血壓、中風、心絞痛或心臟疾病、肝臟問題(包括但不限於丙型肝炎及乙型肝炎或為帶菌者)、肺病、腎病、糖尿病、癲癇、呼吸系統病症、風濕性發熱、甲狀腺疾病、血液疾病、任何關於腦部或中樞神經、胰臟、骨骼、泌尿生殖系統、人類免疫力缺乏病毒或愛滋病的疾病或病症，或與愛滋病有關的併發症？

If your answer is "Yes" for any of the above questions, please give full details below: 若上述問題的答案為「有」者，請詳述如下：

Name of person to be insured 準受保人姓名	Name of condition/Diagnosis 症狀/診斷	Date diagnosed 確診日期 (DD/MM/YYYY) (日/月/年)	Details of treatment and operation 治療及手術詳情	Date of full recovery (No ongoing treatment follow-up) (if applicable) 完全康復日期 (沒有持續治療及跟進)(如適用)	Please advise the stage of recovery (if not recovered), ongoing treatment etc. 請提供所在之康復階段(如未康復)、正在進行的治療等。
		/ /			
		/ /			
		/ /			

3. Has any of your parents or brother or sister ever had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, muscular dystrophy, Huntington's disease, polycystic kidney or any other hereditary diseases? (If please complete the table below in details.) Yes 有 No 否
 您的父母或其中一位兄弟/姊妹有否曾或現在正患上糖尿病、乳癌、子宮頸癌、卵巢癌、腸癌或者其他癌病、高血壓、心臟病、中風、肌肉萎縮症、亨廷頓氏痙攣症、多囊腎病或任何其他遺傳病？(若「是」，請填寫下列親屬健康狀況及詳細加以說明。)

Relationship 親屬關係	Age of Onset 獲悉患病年齡	Type of Disease 疾病名稱	Current Health Condition 目前健康狀況	In the case of death, please specify (1) Casue of Death & (2) Age of Death 若不幸身故，請具體說明(1)身故原因及(2)身故年齡

4. Please provide average stay of the person(s) to be insured in Hong Kong per year 投保人每年平均居港時間：_____ months 月
 If the average stay is less than nine months, please provide the place of residence outside Hong Kong:
 如投保人之每年平均居港時間少於9個月，請提供該海外地方名稱：_____

5. Bank Name & Account No. for claim settlement (Account-Holder must be the Applicant) 賠償時所用之銀行名稱及帳戶號碼(戶口持有人必須為申請人)

Bank Name 銀行名稱 _____ Bank Code 銀行編號 _____ Branch Code 分行編號 _____ Account Number 帳戶號碼 _____

Credit Card Payment VISA MasterCard Card Expiry Date 信用卡有效期至 _____ Credit Card No. 信用卡號碼 _____
 Authorisation: 信用卡付款授權: _____
 Mode of Payment: Yearly 年繳 Monthly 月繳 Note: If payment mode is monthly, the monthly premium is equal to annual premium times 0.09.
 付款期數: _____ 註: 如選擇每月付款, 月費等於年費乘以0.09.

I hereby authorise Bolttech Insurance (Hong Kong) Company Limited to charge my above credit card account for the premium of this insurance, including renewal premium.
 本人茲授權保特保險(香港)有限公司從本人上述之信用卡帳戶中支取此保單所應繳之保費, 包括續保保費。

_____ / / _____
 持卡人姓名 Cardholder's Name 持卡人簽署 Cardholder's Signature 日期 Date (DD/MM/YYYY)

Declaration and Authorisation 聲明及授權

1. I hereby declare that, to the best of my knowledge and belief, all particulars and statements given in this Application are true and complete. I agree that this Application shall be the basis of the contract between me and Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance"). I further authorise any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to bolttech Insurance or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.
本人謹此聲明在本申請表內填報之一切，就本人之所知所信，全部真實無訛。本人同意此申請表為本人與保特保險(香港)有限公司「保特保險」之間所訂立合約之依據。本人進一步授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷(包括但不限於診症、診斷性檢驗結果、藥方或治療資料)給予保特保險或其已獲授權之代理人。此授權書之副本與正本具同等效力。
2. I undertake that I will inform/have informed the Family Members to be Insured about this Policy and the Personal Information Collection Statement of bolttech Insurance (whether contained herein or otherwise obtained) before transferring their personal data to bolttech Insurance. bolttech Insurance shall not accept any liability for the Family Members to be Insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the Family Members to be Insured for the transfer of their personal data to bolttech Insurance for the purpose of enrolling them in the CARING Family Medical Insurance Plan.
本人承諾於遞交所需之個人資料予保特保險前，須/已通知投保之家庭成員有關本保單及保特保險之收集個人資料聲明(不論是否載於此申請表或由其他途徑取得)。保特保險將不會就投保之家庭成員未被通知的情況承擔任何責任。本人承諾會遵守個人資料(私隱)條例，並確認已獲得投保之家庭成員的同意，將其個人資料移交保特保險以作申請安康寶家庭醫療保障計劃之用。
3. I have read, understand and accept this PICS. I consent to the transfer of my personal data outside Hong Kong and I understand my personal data may not be protected to the same or similar level in Hong Kong.
本人已細閱及本人明白及接受本收集個人資料聲明。本人同意把本人的個人資料轉移至香港境外，且本人明白本人的個人資料未必可以獲得與在香港相同或類似程度的保障。

Applicable to Insurance Broker only:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by bolttech Insurance, bolttech Insurance will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to bolttech Insurance that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for bolttech Insurance to proceed with the application.

只適用於保險經紀：

申請人明白、確知及同意，保特保險會就申請人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。如申請人為法人團體，則代表申請人簽署的獲授權人員在此向保特保險確認他/她已獲該法人團體授權。申請人亦明白保特保險必須取得申請人的同意，才可以處理其保單申請。

bolttech Insurance intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICS. If you do not agree to receive such marketing communications or bolttech Insurance's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

保特保險有意向閣下發送推廣訊息或資料及根據收集個人資料聲明第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或不同意保特保險就該目的使用閣下的個人資料，請在以下有關方格內加上(✓)號，藉以行使閣下不同意此項安排的權利。

- Opt-out marketing communications or materials and bolttech Insurance's intend use of my personal data.
拒絕接收推廣訊息或資料及保特保險就該目的使用本人的個人資料。

Applicant's Signature 申請人簽署

Adviser / Broker 理財顧問/代理人

Account Code 帳戶號碼

Date 日期 (DD/MM/YYYY)

Email Address 電郵地址

Contact Tel 聯絡電話

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the “Company”) as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實,如未能確定這項事實是否具有實質性的關係,應將該等事實填報,我們建議你將有關的資料(包括此投保書副本作紀錄),以備日後作參考之用。為確保你的利益,你應如實呈報所有有關資料,否則此保單將可能無法提供你所需的保障,甚至可能會導致此保單無效。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited (“bolttech Insurance”), previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司(「保特保險」)前身為富衛保險有限公司,獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案,以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名,是國際保險科技集團保特集團的其中一員。

有關本公司提供之產品及服務的更多信息,請瀏覽 bolttechinsurance.hk

Product Suitability Assessment Form

產品合適性評估表

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited.

請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據保特保險(香港)有限公司之個人資料收集聲明予以處理。

Applicant's name: 申請人姓名：	Proposed insured's name: 準受保人姓名：	Proposed Insured's Age: 準受保人年齡：	Proposed insured's Sex: 準受保人性別：	Proposed insured's relationship to applicant: 準受保人與申請人關係：

Step 1: Customer's medical insurance needs and objectives:

第一步：客戶醫療保險需求及目標：

- Are you able to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
您確定每年都能支付醫療保險保費，以享用醫療保險保單中所指定的保障項目和服務來保障未來可能出現之疾病或傷患嗎？
 a) Yes 確定
 b) No 不確定
- What is your annual budget for medical insurance protection?
您的每年醫療保障費用預算為？
HK\$ 港幣 _____
- Do you have any existing personal medical insurance(s)?
您有現有的個人醫療保險嗎？
 a) Yes 有 _____
(If yes, please indicate no. of in-force policy)
如有，請寫出生效之保單數目：
i) Medical expense reimbursement insurance 醫療費用實報實銷保險 _____
ii) Daily cash for hospitalization insurance 每日住院現金保險 _____
iii) Critical illness insurance 危疾保險 _____
iv) Personal accident insurance 個人意外保險 _____
 b) No 沒有
- Why do you want to purchase a new medical insurance?
您為什麼想購買一份新的醫療保險？
 a) For insurance protection of the increasing medical treatment costs 為日益增加的醫療費用提供保險保障
 b) For income protection during sickness 用於疾病期間的收入保障
 c) My existing medical insurance cover is insufficient 我的現有醫療保險保障不足
 d) To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme") 我希望享受「自願醫保」所提供的免稅額
 e) Others, please specify 其他，請註明： _____
- What are your preferred benefits and coverages for your newly applied medical insurance?
在您新投保的醫療保險中，您首要考慮的保障項目和保險範圍是什麼？
 a) Basic hospitalization and surgical benefits 基本住院及手術保障之項目
 b) Comprehensive medical insurance protection 全面的醫療保險保障
 c) Income protection during sickness 疾病期間的收入保障
 d) Annual deductible or co-insurance options to lower the annual premium 每年以自付費或共付保險形式投保之選項，以降低每年的保費

Step 2: Insurance intermediary product recommendation after product suitability assessment
第二步：產品合適性評估後，保險中介人之產品建議

Insurance intermediary product recommendations: 保險中介人之產品建議：

Step 3: Customer selected product after product suitability assessment
第三步：產品合適性評估後客戶選擇之產品

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.

本人/我們確認本人/我們已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是本人/我們自己所決定的。

Plan name 計劃名稱: _____

Annual Deductible option (if applicable) 每年自付費選擇(如有): HK\$ _____

Optional benefit (if applicable) 自選保障(如有): _____

客戶聲明 Customer Declaration:

- 1) I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected. 本人/我們已細閱及明瞭本人/我們所選擇之醫療保險產品的產品小冊子、資訊單張及保單條款之內容。
- 2) I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium. 本人/我們確認本人/我們所選擇之醫療保險產品(包括任何種類之賠償、非賠償、或組合產品)符合本人/我們的保險需要及購買醫療保險產品的目標(包括但不限於(i)住院期間的收入保障;(ii)為疾病或受傷之住院及其醫療費用作準備),及本人/我們有能力支付其所需的保費。
- 3) I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties. 本人/我們確認本人/我們所選擇之醫療保險產品是在沒有受第三者壓力下由本人/我們自行決定的。
- 4) I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格內所提供之資料乃用作分析本人/我們的醫療保險需求,並為本人/我們在選擇保險計劃及保費金額時作參考。本人/我們亦明白此表格內之資料會根據保特保險(香港)有限公司的收集個人資料聲明予以處理。
- 5) We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格之分析及選擇乃基於本人/我們所提供之資料而作出的,當中並不構成保特保險(香港)有限公司之任何責任。
- 6) I / We understand that I / We am required to inform Bolttech Insurance (Hong Kong) Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued. 本人/我們明白,如本人/我們就此表格內的資料有任何重大更改,本人/我們需在保單生效前通知保特保險(香港)有限公司。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application. 本人/我們作為申請人確認已細閱及明瞭此表格之內容,並代表此計劃之準受保人/現有受保人就以上問題提供正確無誤之資料。

Applicant's name
申請人姓名

Applicant's Signature
申請人簽署

Date (DD / MM / YYYY)
日期(日/月/年)

Proposed insured's name
(if different from the Applicant)
準受保人姓名(如跟申請人不同)

Proposed insured's Signature
準受保人簽署

Date (DD / MM / YYYY)
日期(日/月/年)

Name of Agent / Broker
經紀姓名

Agent's / Broker's Code
經紀編號

Agent's / Broker's signature
經紀簽署