

**TheChoice  
Medical  
Insurance**  
**智采醫療計劃**



## 智采醫療計劃

健康是人生最重要的財富，絕對值得維護。您現在安逸的生活可能會被突如其來的疾病打亂。在醫療費用日益增長的前提下，我們都想確保在人生每個階段階可享用優質的醫療服務，又不會影響現有的生活質素。「智采醫療計劃」（「智采」或「本計劃」）提供的全面醫療保障便能減輕您的擔憂。

### 周全保障 顯赫護航

為您尊貴的人生旅程時刻守護，本計劃提供高達 5 千萬港元 的個人終身保障限額<sup>1</sup>，不僅涵蓋各類住院及手術保障，更特設「指定危疾全數保障 - 豁免每年自付費」<sup>2</sup>。更為您的定期健康檢查<sup>3</sup> 提供保障。住院及手術的保障範圍包括每日住院住房費用<sup>4</sup>、手術費用、醫生巡房及專科醫生費用等。

### 12種不同計劃組合 切合您個人的需要

本計劃特設覆蓋2個不同地區的3種不同計劃級別以供選擇。另設4等級的每年自付費5選擇 (0港元，2萬5千港元，5萬港元及8萬港元)，讓您輕鬆組合最切合理想的生活保障。假設您選擇毋需承擔任何每年自付費5的尊尚計劃，便可享有覆蓋全球<sup>12</sup>的醫療保障。倘若您本身已有僱主提供的醫療保障，而尋求額外醫療保障，附有每年自付費5的標準計劃或能滿足您所需。

### 指定危疾全數保障 – 豁免每年自付費<sup>2</sup>

巨大壓力及不良生活習慣往往會增加患上危疾的風險。香港每4名男性及每5名女性中，便分別有1人於75歲前患上癌症<sup>6</sup>。一旦不幸罹患危疾，難免給您與您的家人帶來突如其來的財務負擔。本計劃正好針對您的顧慮及需求，為您提供指定危疾全數保障一豁免每年自付費<sup>2</sup>，為您與您的家人減輕由於相關醫療費用而產生的財務壓力(保障金額需視乎不同計劃的每年保障限額、個人終身保障限額1及個別保障的保障限額而定)，專心捍衛您的家庭及您的健康。

### 貼心的額外保障

為關顧一旦不幸需要接受指定之特別治療及器官移植的投保人，本計劃在原有每年保障限額的基礎上提供額外每年保障限額<sup>7</sup> 高達150萬港元以應付不同醫療開支，包括器官及骨髓移植、癌症化學療法、放射療法、免疫療法、標靶治療、癌症質爾蒙療法、質子治療及腎臟透析。

### 保證每年續保<sup>8</sup>至100歲

本計劃可助您消除因歲月增長或健康轉變導致被終止保單的憂慮。無論您的健康、財務狀況或理賠紀錄有任何重大轉變，保特保險均保證您的保單可續保至被保人100歲(視乎續保時保特保險仍否持續提供本計劃，並受當時適用的條款及細則、保障及保障率所限。保障及保費並非保證及保特保險將對其保留更改的權利。)

### 保障靈活 與您未來同步

考慮到您未來的人生規劃可能有所轉變，本計劃特許您於年屆50、55、60或65歲時的保單週年享有一次(以終身計) 調整每年自付費<sup>1</sup>的權利，且無須提交任何可受保證明<sup>9</sup>，確保您一路獲享最切合未來所需的保障。

### 免現金住院服務<sup>21</sup>

為讓您能更安心接受治療，我們可以通過住院付款保證書為您安排住院醫療費用代支服務，為您在香港私家醫院提供免現金住院安排。

### 覆蓋全球的支援服務<sup>10</sup>

當您身處外地遇上意外或患病，本計劃的全球緊急援助服務將妥善照顧您的需要。你只需致電24小時環球緊急援助熱線，即可得到24小時環球緊急支援服務，包括電話醫療諮詢，緊急醫療撤離及遺體離運送等服務。

### 支援服務

致電保特保險的服務熱線(852) 2603 9435，讓我們的客戶服務主任隨時為您服務，處理您的保險需要。

## TheChoice Medical Insurance

Health is the most precious treasure in life which deserves the greatest defence. Your current peaceful and enjoyable life can be disturbed by unexpected illnesses. Despite the ever-increasing medical costs, we all want to ensure we can enjoy high quality medical services at different life stages without impact to our quality of life. TheChoice Medical Insurance ("TheChoice" or the "Plan") offers you comprehensive medical coverage that gives you a peace of mind.

### Comprehensive protection throughout life

To ensure you have an all-round protection during your life's journey, the Plan provides a Lifetime Limit<sup>11</sup> of up to HK\$50 million, including a range of hospitalisation and surgical benefits, as well as providing First-dollar Coverage-Deductible Waived for Designated Critical Illness<sup>2</sup>. What's more, it provides reimbursement for your regular health screening<sup>2</sup>. Hospitalisation and surgical benefits include daily hospital accommodation<sup>4</sup>, surgery fees, physician's visit and specialist's fees, etc.

### 12 different plan options to fit your specific needs

The Plan provides 3 different levels of plans that cover 2 different geographic areas. Furthermore, 4 Annual Deductible<sup>5</sup> options (HK\$0, HK\$25,000, HK\$50,000 and HK\$80,000) could be chosen to tailor your most ideal life protection. For example, Prestige Plan with HK\$0 annual deductible could provide a worldwide<sup>12</sup> full medical coverage to you. If you have an employer-sponsored medical coverage and are looking for additional medical coverage, our Standard Plan with Annual Deductible may suit your needs.

### First-dollar Coverage - Deductible Waived for Designated Critical Illness Benefit<sup>2</sup>

Heavy stress and unhealthy habits raise the risk of critical illnesses. In Hong Kong, 1 out of every 4 men or 5 women is diagnosed with cancer before the age of 75<sup>6</sup>. Critical illnesses may cause an unexpected financial burden on you and your family. The Plan is focused around your concerns and needs, offering First-dollar Coverage - Deductible Waived for Designated Critical Illness<sup>2</sup> to ease your and your family's financial stress due to related medical expenses (The amount of benefit is subject to applicable Annual Limit, Lifetime Limit<sup>1</sup> and limits for specific benefit items). The Plan provides protection for your family as well as your health.

### Tailored extra benefits

In the event that the insured needs to receive medical services for specific treatments and organ transplantation, the Plan provides additional Annual Limit<sup>7</sup> on top of its original Annual Limit up to HKD1.5 million to cover medical expenses of organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, cancer hormonal therapy, proton therapy and kidney dialysis.

### Guaranteed yearly renewable<sup>8</sup> up to age 100

The Plan takes away your concern over policy discontinuity due to old age and changes in health conditions. Regardless of any eventual changes to your health, financial condition or claim history, bolttech Insurance guarantees that your policy will be renewable until the age of 100 of the insured, subject to the continual availability of the Plan, terms and conditions applicable, the benefits and the prevailing premium rates of the Plan at the time of renewal. Benefits and premium are not guaranteed and subject to change by bolttech Insurance.

### Flexible protection aligned to your future needs

Your needs vary as you go through different life stages. The Plan enables you to switch to a lower Annual Deductible<sup>5</sup> option once (per lifetime) when the insured turns 50, 55, 60 or 65 without the need to provide proof of insurability<sup>9</sup>, meeting any changing needs in the future for protection.

### Cashless Inpatient Facility<sup>21</sup>

Allows you to be worry-free about treatment, we can arrange inpatient credit facility by means of guaranteed letter offers you cashless facility for confinement in private hospitals in Hong Kong.

### Worldwide support service<sup>10</sup>

If you have an accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance provided by International SOS 24-hour Worldwide Assistance Services that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

### Service at Your Fingertips

Just call one number at (852)2603 9435 and our Customer Service Representatives are at your service to address your insurance needs.

The Choice Medical Insurance 智采醫療計劃	
<b>Eligibility 申請資格</b>	
Issue Age 投保年齡	15 days - 69 (Age at last birthday) 15日至69歲(對上一次的生日年齡)
Benefit Term 保障年期	Guaranteed yearly renewal <sup>8</sup> up to age 100 of the insured 保證每年續保8至受保人100歲
Premium Payment Mode 保費繳付方式	Annually / Monthly 年繳 / 月繳
Currency 保單貨幣	HKD 港幣
Residence 居住地	Hong Kong 香港

Schedule of Benefit 保障範圍一覽表			
Benefit Schedule 保險項目			
Maximum Benefit Limit (HK\$) 最高保障限額(港元)			
Plan Level 計劃級別	Standard (Ward <sup>4</sup> ) 標準(大房 <sup>4</sup> )	Advance (Semi-Private Room <sup>4</sup> ) 優選(半私家房 <sup>4</sup> )	Prestige (Private Room <sup>4</sup> ) 尊尚(私家房 <sup>4</sup> )
Area of Cover 保障地區	Asia <sup>11</sup> 亞洲 <sup>11</sup>	Asia <sup>11</sup> 亞洲 <sup>11</sup>	Worldwide excluding US <sup>12</sup> 全球(美國除外) <sup>12</sup>
Annual Limit 每年保障限額	2,000,000	4,000,000	10,000,000
Lifetime Limit <sup>1</sup> 個人終身保障限額 <sup>1</sup>	10,000,000	20,000,000	50,000,000
Annual Deductible <sup>5</sup> options (Only available for item 1-5 under Section A. Core Benefits of this Schedule of Benefit) 每年自付費 <sup>5</sup> (只適用於此保障範圍覽表內「A.主要保障」下的項目1至5)	0 / 25,000 / 50,000 / 80,000		
<b>A. Core Benefits 主要保障</b>			
<b>1. Hospitalization Benefits 住院保障</b>			
Room and Board 住房及膳食費	Full Cover 全數保障		
Companion Bed 家屬陪床費	Full Cover 全數保障		
Private Nursing <sup>13</sup> 私家看護費 <sup>13</sup>	Full Cover (up to max. of 30 days per policy year and 180 days per lifetime) 全數保障 (每個保單年度最多30日及個人終身最多180日)	Full Cover (up to max. of 30 days per policy year and 180 days per lifetime) 全數保障 (每個保單年度最多30日及個人終身最多180日)	Full Cover (up to max. of 60 days per policy year and 180 days per lifetime) 全數保障 (每個保單年度最多60日及個人終身最多180日)
Specialist's Fee 專科醫生費	Full Cover 全數保障		
Physician's Visit 醫生巡房費	Full Cover 全數保障		
Intensive Care 深切治療費	Full Cover 全數保障		
Miscellaneous Hospital Services <sup>14</sup> 醫院雜費 <sup>14</sup>	Full Cover 全數保障		
Daily Hospital Cash <sup>15</sup> (for confinement in general ward of Hospital Authority's hospital in Hong Kong) (up to max. of 30 days per policy year) 每日住院現金 <sup>15</sup> (需入住香港公立醫院之大房) (每個保單年度最多30日)	Per day / 每日 500	Per day / 每日 1,000	
Daily Hospital Cash for Voluntary Room and Board Stay Below Private Room <sup>15</sup> (Stay in private hospital in Hong Kong) (up to max. of 30 days per policy year) 自願選擇入住私家病房以下級別病房之每日住院現金 <sup>15</sup> (需入住香港私家醫院) (每個保單年度最多30日)	Not Applicable 不適用		Per day / 每日 1,000
Psychiatric Treatment <sup>22</sup> (up to max. of 30 days per policy year and 180 days per lifetime) 精神疾病治療 <sup>22</sup> (每個保單年度最多30日及個人終身最多180日)	Not Applicable 不適用		Full Cover 全數保障

Schedule of Benefit 保障範圍一覽表			
2. Surgical Benefits 手術保障			
Maximum Benefit Limit (HK\$) 最高保障限額(港元)			
Plan Level 計劃級別	Standard (Ward <sup>4</sup> ) 標準(大房 <sup>4</sup> )	Advance (Semi-Private Room <sup>4</sup> ) 優選(半私家房 <sup>4</sup> )	Prestige (Private Room <sup>4</sup> ) 尊尚(私家房 <sup>4</sup> )
Surgery Fee (including surgeon's fee, operating theatre fee, anaesthetist's fee and Clinical Surgery fee) 手術費用 (包括外科醫生手術費、手術室費、麻醉師費及門診手術費)	Full Cover 全數保障		
Organ and Bone Marrow Transplantation 器官及骨髓移植	Full Cover 全數保障		
醫療裝置 Medical Appliances	Specified Items <sup>16</sup> : Full Cover Other Items: 50,000 per item per lifetime 指定項目 <sup>16</sup> : 全數保障 其他項目: 每項個人終身最高50,000	Specified Items <sup>16</sup> : Full Cover Other Items: 90,000 per item per lifetime 指定項目 <sup>16</sup> : 全數保障 其他項目: 每項個人終身最高90,000	
<b>3. Pre- and Post-Hospitalisation Benefits 住院前及出院後保障</b>			
Pre-Hospitalisation Outpatient <sup>17</sup> (within 31 days immediately before confinement or Clinical Surgery and max. 1 visit per day) 住院前門診保障 <sup>17</sup> (於住院或進行門診手術前的31日內之診治; 每日最多1次)	Per day / 每日 800	Full Cover 全數保障	
Post-Hospitalisation Outpatient <sup>20</sup> (within 60 days immediately after confinement or Clinical Surgery and max. 1 visit per day) 出院後門診保障 <sup>20</sup> (於出院或進行門診手術後的60日內之診治; 每日最多1次)	Per day / 每日 800	Full Cover 全數保障	
Post-Hospitalisation Home Nursing (within 31 days immediately after discharge following surgery or admission to ICU and up to max. of 31 days per policy year) 出院後私家看護 (於出院後的31日內之看護費, 需曾接受手術或入住深切治療部。每個保單年度最多31日)	Per day / 每日 800	Full Cover 全數保障	
<b>4. Extended Benefits 延伸保障</b>			
First-dollar Coverage - Deductible waived for Designated Critical Illness <sup>2</sup> (Only applicable to policies with Annual Deductible <sup>5</sup> ) 指定危疾之全數保障 - 豁免每年自付費 <sup>2</sup> (只適用於附有每年自付費的保單 <sup>5</sup> )	<b>First-dollar coverage - Waive Annual Deductible<sup>2,5</sup> 全數保障 - 豁免每年自付費<sup>2,5</sup></b>		
	<b>Designated Crises 指定危疾</b>		
<ul style="list-style-type: none"> <li>Cancer 癌症</li> <li>End Stage Lung Disease 末期肺病</li> <li>Primary Pulmonary Arterial Hypertension 原發性肺動脈高血壓</li> <li>Kidney Failure 腎衰竭</li> <li>Severe Rheumatoid Arthritis 嚴重類風濕關節炎</li> <li>Terminal Illness 末期疾病</li> </ul>	<ul style="list-style-type: none"> <li>Fulminant Hepatitis 暴發性肝炎</li> <li>Cardiomyopathy 心肌病</li> <li>Coronary Artery Disease Surgery 冠狀動脈手術</li> <li>Surgery to Aorta 主動脈手術</li> <li>Heart Attack 急性心肌梗塞</li> </ul>	<ul style="list-style-type: none"> <li>Chronic Liver Disease 慢性肝病</li> <li>Heart Valve Surgery 心臟手術</li> <li>Major Organ Transplantation 主要器官移植</li> <li>Stroke 中風</li> <li>Parkinson's Disease 帕金森症</li> </ul>	
Chemotherapy and Radiotherapy 癌症化療及放射療法	Full Cover (including immunotherapy, target therapy, cancer hormonal therapy and proton therapy) 全數保障 (包括免疫療法、標靶治療、癌症賀爾蒙療法及質子治療)		
Kidney Dialysis 腎臟透析	Full Cover 全數保障		
Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy and Kidney Dialysis <sup>7</sup> 額外每年保障限額 <sup>7</sup> (接受器官及骨髓移植、癌症化療、放射療法及腎臟透析適用)	500,000	1,000,000	1,500,000
HIV/AIDS Treatment <sup>18</sup> 人類免疫缺陷病毒/愛滋病治療 <sup>18</sup>	400,000 (once per lifetime) (個人終身只限一次)	800,000 (once per lifetime) (個人終身只限一次)	
Pregnancy Complications <sup>19</sup> 妊娠併發症 <sup>19</sup>	Full Cover 全數保障		



Schedule of Benefit 保障範圍一覽表

4. Extended Benefits 延伸保障			
Maximum Benefit Limit (HK\$) 最高保障限額(港元)			
Plan Level 計劃級別	Standard (Ward <sup>4</sup> ) 標準(大房 <sup>4</sup> )	Advance (Semi-Private Room <sup>4</sup> ) 優選(半私家房 <sup>4</sup> )	Prestige (Private Room <sup>4</sup> ) 尊尚(私家房 <sup>4</sup> )
Traditional Chinese Medicine (including Chinese bone-setting and acupuncture) (within 60 days immediately after discharge or Clinical Surgery) (max. 1 visit per day and up to max. of 10 visits per policy year) 中醫治療(包括跌打及針灸) (於出院或進行門診手術後的60日內之診治, 每日最多1次及每個保單年度最多10次)	Not Applicable 不適用		Per visit / 每次 350
5. Emergency Dental Treatment Benefit 緊急牙科治療保障			
Emergency Dental Treatment <sup>14</sup> (Due to accident) 緊急牙科治療 <sup>14</sup> (因意外引致)	Full Cover 全數保障		
6. Health Screening Benefit 健康檢查保障			
Health Screening <sup>3</sup> 健康檢查 <sup>3</sup>	Not Applicable 不適用	Once and up to 1,500 for every 2 policy years (For policies with Annual Deductible <sup>5</sup> , once and up to 750 for every 2 policy years) 每2個保單年度1次及每次最高為1,500 (附有每年自付費 <sup>5</sup> 的保單則為每2個保單年度1次及每次最高為750)	Once and up to 3,000 for every 2 policy years (For policies with Annual Deductible <sup>5</sup> , once and up to 1,500 for every 2 policy years) 每2個保單年度1次及每次最高為3,000 (附有每年自付費 <sup>5</sup> 的保單則為每2個保單年度1次及每次最高為1,500)
7. Other 其他			
Convertibility to Reduce Annual Deductibles <sup>5</sup> at Specified Ages <sup>9</sup> 保證可於指定年齡減低年度自付費 <sup>9</sup>	Privilege to reduce Annual Deductible <sup>5</sup> within 31 days before or after the policy anniversary at insured's age 50 / 55 / 60 / 65 without providing proof of insurability. The premium would be based on factors, including but not limited to new Annual Deductible <sup>5</sup> , plan level and age of the insured and the premium table applicable at that time. This right can only be exercised once per lifetime. 可選擇於緊接50 / 55 / 60 / 65歲 (下次生日年齡) 時的保單週年日前後31日內行使, 而無須提交任何可受保證明。保費將根據各種因素, 包括但不限於新的年度自付費 <sup>5</sup> 、其計劃級別、受保人的年齡及當時的保費表而釐定。個人終身最多只可行使一次。		
24-Hour Worldwide Assistance Services <sup>10</sup> 24小時環球緊急支援服務 <sup>10</sup>	Service Program 服務支援		
B. Supplementary Outpatient Benefits (Optional) (Must be at the same plan level of the Hospitalisation Benefit) 附加門診保障(自選)(必須與住院保障計劃級別相同)			
1. Consultation at Physician's Office (Per visit) 醫生診所治療費(每次)	350	500	Full Cover 全數賠償
2. Specialist's Consultation* (Per visit) 專科診治費*(每次)	700	1,000	Full Cover 全數賠償
3. Consultation at Patient's Home (Per visit) 在家診治費(每次)	700	1,000	Full Cover 全數賠償
4. Physiotherapist's and Chiropractor's Treatment* (Per visit) 物理治療師及脊椎治療師之治療費(每次)	550	750	Full Cover 全數賠償
5. Chinese Medicine Practitioner's Treatment (including Chinese bone-setting and acupuncture) (Per visit and max. 10 visits per policy year) 每次中醫治療費(包括跌打及針灸) (每個保單年度最多10次)	350	500	900
6. Psychiatric Outpatient Treatment* (Per visit and max. 5 visits per policy year) 每次精神科門診治療費* (每個保單年度最多5次)	350	500	900
7. Dietetic Guidance / Speech Therapy / Occupational Therapy* (Per visit and max. 2 visits per policy year) 營養治療輔導 / 語言治療 / 職業治療* (每次之治療費上限; 每個保單年度最多2次)	350	500	900
Overall Annual Limit for benefit items 1-7 above 以上保障項目1至7之每年最高賠償上限	Up to a total of 40 visits per policy year and one visit per day per benefit item 每個保單年度合共最多40次; 每項受保項目每日1次		

Schedule of Benefit 保障範圍一覽表

B. Supplementary Outpatient Benefits (Optional) (Must be at the same plan level of the Hospitalisation Benefit) 附加門診保障(自選)(必須與住院保障計劃級別相同)			
Plan Level 計劃級別	Standard (Ward <sup>4</sup> ) 標準(大房 <sup>4</sup> )	Advance (Semi-Private Room <sup>4</sup> ) 優選(半私家房 <sup>4</sup> )	Prestige (Private Room <sup>4</sup> ) 尊尚(私家房 <sup>4</sup> )
8. Prescribed Western Medicines and Drugs* (from a pharmacy outside clinic) (Per policy year) 醫生處方西方藥物* (只限診所以外之藥房) (每個保單年度)	2,500	3,500	5,000
9. Diagnostic X-Ray and Laboratory Tests* (Per policy year) X光檢驗及化驗費* (每個保單年度)	2,500	3,500	5,000
10. Vaccination (Per policy year) 防疫注射 (每個保單年度)	300	600	1,000
* Written referral by the attending physician is required (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrician and Otorhinolaryngologist can be waived). 須由主診醫生以書面推薦 (皮膚科、眼科、婦科、骨科、兒科及耳鼻喉科之專科可獲豁免)			
C. Supplementary Dental Benefits (Optional) (Must be chosen together with Supplementary Outpatient Benefits and at the same plan level) 附加牙科保障 (自選)(需同時投保附加門診保障及需與其計劃級別相同)			
Overall Annual Limit 每年最高賠償上限	2,000	3,500	5,500
1. Routine Oral Examination and Scaling 例行口腔檢查及洗牙	Full Cover 全數賠償 (Twice per policy year) (每個保單年度最多2次)		
2. a) Dental X-Ray 牙科X光檢驗 b) Abscesses 牙銀膿腫 c) Fillings 補牙 d) Extraction 脫牙 e) Root canal fillings 齒根管的填補 f) Dentures, Crowns and bridges (due to accident) 假牙、牙冠及牙橋(只適用於因意外而導致)	Full Cover 全數賠償		

Notes:

- A. Reasonable and Customary charges for the above benefits (except for Health Screening Benefit<sup>3</sup>) will be paid by Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance"). Reasonable and Customary shall mean:
- in relation to a fee, a charge or an expense, shall mean any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Physician; (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. bolttech Insurance reserves the right to determine whether any particular charge is Reasonable and Customary with reference to including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association at the location where the eligible expense is incurred. bolttech Insurance reserves the right to adjust any and all benefits payable under the Plan which in our opinion is not Reasonable and Customary;
  - in relation to a confinement shall mean the admission and length of a confinement, and medical services and treatment received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the treatment of similar illness or injury at the location where such confinement is made.
- B. The above coverage and benefits are applicable to TheChoice. For the premium of TheChoice, please refer to the corresponding premium table for details. bolttech Insurance reserves the right to revise the benefits payable, terms and conditions and the premium at any time.
- C. A 30-day waiting period from the policy date is applicable for the above benefits, except for the waiting periods otherwise specified in this plan material and the treatment due to accident. Please refer to the policy provisions for details.
- D. If the confinement is at a higher accommodation level than the insured plan level, the amount payable shall equal to the amount of the benefits payable (subject to the limit under the insured plan level) multiplied by the adjustment factors as follows:
- |  |     |  |       |                                    |             |
|--|-----|--|-------|------------------------------------|-------------|
| (i) Ward4 to Semi-Private Room4          | 50% | (ii) Ward4 to Private Room4            | 25%   | (iii) Ward4 to Deluxe Room4        | Not Covered |
| (iv) Semi-Private Room4 to Private Room4 | 50% | (v) Semi-Private Room4 to Deluxe Room4 | 12.5% | (vi) Private Room4 to Deluxe Room4 | 25%         |

備註:

- A. 保持保險(香港)有限公司(「保持保險」)將會根據以上保障(健康檢查保障<sup>3</sup>除外)的合理及慣常的收費來作出賠償。合理及慣常是指:
- 就費用、收費或開支而言,指須符合以下條件的任何費用或開支:(a)為醫療需要之治療、用品或醫療服務的實際收費,並在醫生的護理、監管或命令下,為患病或受傷人士提供符合良好醫療服務標準的護理;(b)有關費用不超過當地提供類似治療、用品或醫療服務的一般或合理收費標準;(c)不包括任何因有購買保險才會衍生的費用;及(d)不得超過實際產生的費用、收費或開支。保持保險保留根據(但不限於)衍生該筆合資格費用所在地區政府、相關機構及認可之醫療組織所提供的有關刊物或資料(如收費表等),以決定任何該等收費是否合理及慣常收費之權利。對於保持保險認為不屬合理及慣常收費的費用,保持保險保留調整本計劃所定之任何或所有應付賠償額之權利。
  - 就住院而言,指在住院期間所進行之醫療服務和治療,必須符合提供醫療服務所普遍接受的專業標準,並且不應超過當地治療同類疾病或傷患的一般標準。
- B. 以上範圍及保障均適用於智采醫療計劃。有關智采醫療計劃的保費,可參閱相關之保費表。保持保險保留隨時修訂應付賠償額、條款及細則及保費之權利。
- C. 以上受保項目均設有30日之等候期,除以上個別提及的等候期、人壽保險及由意外引致的治療外。詳情請參閱保單條文。
- D. 如住院之住房級別高於投保之計劃級別,應付金額將相等於應付賠償額(受限於受保計劃級別之限額)乘以下調整因數:
- |                             |     |  |       |  |      |
|-----------------------------|-----|--|-------|--|------|
| (i)大房4升至半私家房 <sup>4</sup>   | 50% | (ii)大房 <sup>4</sup> 升至私家房 <sup>4</sup>   | 25%   | (iii)大房 <sup>4</sup> 升至豪華病房 <sup>4</sup> | 不受保障 |
| (iv)半私家房4升至私家房 <sup>4</sup> | 50% | (v)半私家房 <sup>4</sup> 升至豪華病房 <sup>4</sup> | 12.5% | (vi)私家房 <sup>4</sup> 升至豪華病房 <sup>4</sup> | 25%  |

## 註釋:

- 個人終身保障限額指保特保險(香港)有限公司「保特保險」對受保人的所有保單及附加保障(如有)提供理賠之終身最高賠償總額,不論當時保單仍生效與否。
- 只適用於附有每年自付費<sup>5</sup>之保單及受每年及個人終身保障限額<sup>1</sup>所限。於保單生效日或上次復效日起計九十(90)日內,就期間出現徵狀或診斷出之指定危疾相關的住院或手術費所作出之索償,每年自付費<sup>5</sup>的結餘將不會被豁免。有關指定危疾之詳情及定義,請參閱本單張保障範圍一覽表、保單條款及保單資料頁。
- 只適用於計劃級別為「優選」及「尊尚」之保單及受限於相關的限額。此保障支付的受保人須於由保單日起計已連續受保兩(2)年(最初受保期)及已達十八(18)歲或以上,且其接受健康檢查之時間需為最初受保期之後。另外,此保障可於最初受保期後起計每兩(2)年理賠一次,未使用的保障並不能帶到下一個保單年度。詳情請參閱本單張保障範圍一覽表及保單條款。
- 豪華病房**是指醫院內等級高於私家房的標準單人病房。  
**標準私家病房**是指受保人在住院期間入住設有浴室的標準單人病房,但不包括設有廚房、飯廳或客廳的任何高級病房。如受保人入住的醫院設有多個等級之私家病房,標準私家病房則指該醫院所提供之價錢最低的私家病房。  
**半私家房**是指醫院的雙人病房,配有兩(2)張病床(不包括陪床)和一(1)個相鄰的浴室。  
**大房**是指醫院內配有超過兩(2)張病床(但不包括陪床)的病房。
- 每年自付費(載於保單資料頁內)是指須由保單持有人或受保人自行負擔的部份合資格費用,該費用將從賠償額中扣減。
- 資料來源:醫院管理局「香港癌症資料統計中心」於2015年的資料。
- 如保特保險須就器官及骨髓移植、癌症化療、放射療法、免疫療法、標靶治療、癌症賀爾蒙療法、質子治療及腎臟透析的保障支付賠償時,保特保險將提高該保單年度的每年保障限額。此保障於每個保單年度只適用一次。而個人終身保障限額則維持不變。詳情請參閱保單條款。
- 保證終身續保受限於保特保險是否仍繼續提供本計劃、當時適用的條款及細則(包括但不限於續保時的保單終止條款、受保項目及保費率)。續保之保費並非保證,而每次續保之保費將根據續保時的受保人實際年齡及當時的保費表來釐定。保費表將根據各種因素,包括但不限於相關的醫療費用的增加、保特保險的理賠數據及保單條款是否適用來釐定。保特保險保留隨時作出修改受保項目、條款及細則及保費的權利。
- 該申請須於相關的保單週年日之前或之後的三十一(31)日內提出。此權利只可於受保人的終身行使一次而且不可撤回。
- 此服務由第三方服務機構提供,保特保險將不會就第三方服務機構的行為或疏忽負上任何責任。而保特保險或將不時調整有關服務詳情,恕不提前通知。此項由第三方服務機構提供的服務將適用於受保人在外地旅遊或暫時居住國外並每次行程不超過連續九十(90)天。
- 保特保險將涵蓋受保人在以下亞洲國家和地區發生的合理和慣常的醫療費用,包括孟加拉、不丹、汶萊、柬埔寨、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、中國內地、馬來西亞、馬爾代夫、蒙古、尼泊爾、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- 保特保險將涵蓋受保人於全球各地(但不包括美國)產生的合理和慣常的醫療費用。
- 此服務只適用於當受保人仍在住院期間並於接受手術後或於離開深切治療部後之服務。
- 醫院雜費包括藥物、敷料、普通夾板和石膏倒模、物理療法、X光檢查和當地救護車服務等。緊急牙科治療包括診症、止血、脫牙和X光檢查。有關可賠償項目之詳情,請參閱保單條款。
- 「每日住院現金保障」不會連同「自願選擇入住及使用私家病房以下級別病房之食宿的每日住院現金保障」一同賠償。
- 指定項目包括(i)起搏器;(ii)經皮冠狀動脈腔內成形術的支架;(iii)眼內人造晶體;(iv)人工心瓣;(v)金屬或人工關節置換;(vi)人工韌帶置換或植入;及(vii)人工椎間盤。
- 只適用於最終導致受保人住院或接受外科手術之入院前的門診診斷。保特保險不會支付任何中醫治療、脊椎治療、足病診治或物理治療的費用,不論受保人最終是否因此診斷而需要住院或進行外科手術。
- 此保障的等候期是由保單日起計連續五(5)年。此保障只會終身支付一次。此項理賠將會取代保單其他的保障項目就住院和治療而作出的賠償。
- 此保障的等候期為由保單日起計一(1)年。覆蓋的妊娠併發症包括異位妊娠、葡萄胎妊娠、彌散性血管內凝血病、先兆子癇、流產、先兆性流產、醫學處方人工流產、胎兒死亡、產後出血需要子宮切除術、子癇、羊水栓塞和妊娠肺栓塞。
- 此保障不包括中醫治療或足病診治,不論該診治是否與受保人出院後的門診治療有關。
- 免現金住院服務為一項替受保人向指定香港私家醫院代付其於住院期間須付之醫療支出的行政安排,且需於入院前預先獲得批核。此服務並非保單內的保障範圍及為一項非保證的服務,保特保險有權隨時撤銷或調整此項服務的內容而無需另行通知,並保留絕對決定權。如該保單附有每年自付費<sup>5</sup>或其餘額,保單持有人須於入院時向該醫院繳付該餘額。如保特保險已代付的醫療費用高於保障的上限時,保特保險將向保單持有人收取該差額。有關入院前預先批核的詳情,請參閱該用戶指南和智采醫療 - 免現金住院服務申請表。
- 此保障一經理賠,該住院和治療的開支將不會就該保單條款下的其他保障項目獲得理賠。

## Footnotes:

- Lifetime Limit refers to the maximum aggregate amount of benefits payable under all insurance policies and supplemental benefits (if any) issued by bolttech Insurance covering the insured during his / her lifetime, regardless whether the insurance policies are still in force.
- Only applicable to policies with Annual Deductible<sup>5</sup> and subject to the Annual Limit and Lifetime Limit<sup>1</sup>. bolttech Insurance shall not waive the payment of any balance of Annual Deductible<sup>5</sup> if the confinement is related to designated crises whose symptoms appear or relevant diagnosis or surgery occurs within the first ninety (90) days from the policy date. Please refer to the schedule of benefit of this brochure, policy provisions, and policy schedule for the details and the document "Definition of Designated Crises" for the definition of "Designated Crises".
- Only applicable to Advance Plan and Prestige Plan and subject to the respective limits. This benefit is payable when the insured is aged eighteen (18) or above, has been continuously covered for two (2) years from the policy date ("Initial Period) and the date of health screening received is after the Initial Period. This benefit is payable once every two (2) years after the Initial Period. Unused benefit cannot be carried forward to the next policy year. Please refer to schedule of benefit of this brochure and policy provisions for details.
- Deluxe Room shall mean a standard single occupancy room of the class higher than Private Room in a hospital. Private Room shall mean a standard single occupancy room with adjoining bathroom for the insured's use during his/her confinement, but excluding any room of upper class with its own kitchen, dining or sitting rooms in a hospital. If the insured is confined in a hospital which offers multiple classes of Private Rooms, the Private Room shall refer to the lowest priced Private Room offered by the hospital. Semi-Private Room shall mean a twin or double occupancy room in a hospital with two (2) patient beds (not including companion bed) and one (1) adjoining bathroom. Ward shall mean a multi-bed room in a hospital with more than two (2) patient beds (not including companion bed).
- Annual Deductible shall mean the part of eligible expenses which shall be borne by the policyholder or the insured and which has to be deducted from the reimbursable sum as shown in the policy schedule.
- Source: Information from Hong Kong Cancer Registry, Hospital Authority as of 2015.
- When the benefit is payable under Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and Kidney Dialysis, bolttech Insurance shall increase the Annual Limit for that policy year. This benefit is only available once per policy year. The amount of Lifetime Limit<sup>1</sup> shall remain unchanged. Please refer to policy provisions for details.
- Guaranteed yearly renewal is subject to the continual availability of the Plan offered by bolttech Insurance, terms and conditions applicable including but not limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, bolttech Insurance's medical claim experience and persistency of policies from time to time. bolttech Insurance reserves the right to revise the benefits payable, terms and conditions and premiums at any time.
- The application should be made within thirty-one (31) days immediately before or after the relevant policy anniversary and subject to the Annual Deductible<sup>5</sup> options available at that time and such terms and conditions as determined by bolttech Insurance from time to time. This right can only be exercised once per lifetime of the insured and is irrevocable.
- The service is provided by International SOS Assistance (HK) Limited ("International SOS"). bolttech Insurance shall not be responsible for any act or failure to act on the part of International SOS. bolttech Insurance may revise the details of the services from time to time without prior notice. International SOS services are available to bolttech Insurance's insured when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.
- bolttech Insurance shall cover the Reasonable and Customary medical expenses incurred by the insured in the following countries and territories in Asia, which includes Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Nepal, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- bolttech Insurance shall cover the Reasonable and Customary medical expenses incurred by the insured anywhere in the world excluding the United States of America.
- Only applicable after the insured's surgery or discharged from Intensive Care Unit while the insured is still confined in hospital.
- Miscellaneous Hospital Services Benefit covers drugs and medicines, dressing, ordinary splints and plaster casts, physiotherapy, x-ray examinations and local ambulance service, etc. Emergency Dental Treatment Benefit covers consultation, staunch bleeding, tooth extraction and x-ray. For further details, please refer to the policy provisions for the details of the items which the benefits are payable.
- Daily Hospital Cash Benefit will not be paid in conjunction with "Daily Hospital Cash for Voluntary Room and Board Stay below Private Room".
- Specified Items include(i) Pace maker; (ii) Stents for Percutaneous Transluminal Coronary Angioplasty; (iii) Intraocular lens; (iv) Artificial cardiac valve; (v) Metallic or artificial joints for joint replacement; (vi) Prosthetic ligaments for replacement or implantation between bones; and (vit) Prosthetic intervertebral disc.
- Only applicable to the pre-admission outpatient consultations result in the insured's confinement or clinical surgery. This benefit shall not be payable for any Chinese medicine treatment, chiropractic consultation, podiatry consultation or physiotherapy, regardless whether such consultation results in the insured's confinement or clinical surgery.
- The waiting period of this benefit is five (5) consecutive years from the policy date. This benefit is only payable once per lifetime of the insured. Payment of this benefit shall be in lieu of all benefits provided by the policy in respect of such confinement and treatment.
- The waiting period of this benefit is one (1) year from the policy date. The covered pregnancy complications are ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy.
- This benefit excludes Chinese medicine treatment or podiatry consultation, regardless whether such consultation relates to the follow-up out-patient consultations of the insured.
- Cashless Inpatient Facility is an administrative arrangement to pay the covered expenses during confinement on behalf of the insured to the designated private hospitals in Hong Kong, pre-admission approval is required. It is not a benefit item under the policy and not a guaranteed arrangement. bolttech Insurance reserves the rights to terminate or vary the service in its sole discretion without further notice. If there is Annual Deductible or its balance of eligible plan, policyholders are required to pay such balance when being admitted to hospital. If the medical cost paid by bolttech Insurance is higher than the maximum limit of benefits, bolttech Insurance would seek reimbursement from policyholders for such balance. Please refer to its user guide and "TheChoice Medical - Cashless Inpatient Facility Application Form" for the details of pre-admission approval.
- Once this benefit is paid, no other benefit will be payable in respect of such confinement and treatment under the policy.

#### 重要事項及說明：

- i. 您必須提供所有可能影響保特保險保險有限公司作為承保人而接受承保及評估之重要事實，如未能確定該項事實是否重要，應將該等事實填報，我們建議您將有關的資料（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。
- ii. 所有核保及理賠決定均取決於保特保險，保特保險將根據申請人及受保人於投保時所提供的資料而決定接受或拒絕有關申請，保特保險保留接納或拒絕任何申請的權利，並無須給予任何理由。申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。
- iii. 以上全部保障及款項將於扣除未清繳之保費或任何應付予保特保險之款項(如有)後支付。
- iv. 保單持有人可向保特保險作出書面申請取消保單。如在相關保障期內沒有作出任何賠償，保特保險將退還一定比例的年度保費(扣除行政費用後)。如以月繳形式繳付保費，則不會退還任何已繳的保費，同時保單持有人將需要支付相關行政費用。詳情請參閱保單條款。
- v. 本計劃之保單條款受香港特別行政區的法律所規管。
- vi. 本單張只供參考及旨在解釋本計劃的主要特點，有關條款細則的詳細資料及所有不承保事項，請參閱本計劃的保單條款。如本單張及保單條款內容於陳述上出現任何歧異，應以保單條款的原義為準。如欲在投保前參閱保單條款的條款及細則，您可向保特保險索取副本。本單張中英對照，如有任何歧異，概以英文原義為準。
- vii. 若於中國內地接受醫療治療，於入院時有關醫院必須是中華人民共和國國家衛生健康委員會評定為三級甲等的醫院。

#### 不承保事項：

##### 主要不承保項目(適用於除牙科保障外的所有保障)：

##### 除非於保單條款或保單資料頁另有註明外，以下情況將不受保特保險保障：

受保前已存在的疾病/先天性疾病、於保單日起計三十(30)日內出現的病症或疾病、任何主要為物理治療或就醫療檢查的住院、愛滋病或受人類免疫力缺乏病毒感染任何相關的併發症、睡眠疾病(睡眠窒息症除外)、兒童發展問題、持續性植物人狀態、性傳播疾病、妊娠或終止妊娠、以美容為目的之治療或外科整形手術、酗酒或濫用藥物、牙科治療或手術(由意外引起除外)、衍生於尋找或獲得替代器官或從捐贈者身上移除器官及一切相關運輸及行政上的器官移植服務費用、預防性治療、治療過度肥胖或控制體重計劃或縮胃手術、實驗性質的或非主流的治療、戰爭、非法活動、蓄意自我毀傷、專業或危險性運動、採購或使用醫療裝置及器具/身體檢查/接種及疫苗注射/精神病(除非該等項目已於本計劃明確列明的除外)。

#### 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)、由酗酒/濫用藥物所引致的疾病或傷害、戰爭或非法活動、口腔衛生指導、牙菌斑控制或飲食指導。

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。

#### Important Notes and Declarations:

- I. You are required to disclose all material facts which you know bolttech Insurance as an insurer would regard them as likely to influence the acceptance and assessment of the application. If you are unsure whether an information is considered as a material fact, 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 cause the invalidation of the policy.
- II. All underwriting and claims decisions are made by bolttech Insurance. bolttech Insurance relies upon the information provided by the applicant and the insured in the insurance application. bolttech Insurance reserves the right to accept or decline any application and can decline your application without giving any reason. The liability of bolttech Insurance does not commence until the application has been formally accepted and the premium has been paid.
- III. All the above benefits and payment are paid after deducting unpaid premiums or any amount due to bolttech Insurance under the policy.
- IV. The policyholder may cancel the policy by sending a written request to bolttech Insurance. If no claims have been paid or will be payable under the policy during the relevant policy period, bolttech Insurance will refund a proportionate amount of annual premium paid less an administration charge. If premium is paid by monthly installment, no premium will be refunded and an administration charge will be payable by the policyholder. Please refer to the policy provisions for details.
- V. The policy provisions of the Plan are governed by the laws of the Hong Kong Special Administrative Region.
- VI. This plan material is for reference only and indicates the key features of the Plan. For the exact terms and conditions and the full list of exclusions of the Plan, please refer to the policy provisions of the Plan. In the event of any ambiguity or inconsistency between the terms of this plan material and the policy provisions, the policy provisions shall prevail. If you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from bolttech Insurance. In the event of discrepancies between the English and Chinese versions of this plan material, the English version shall prevail.
- VII. In case of medical treatment in Mainland China, the subject hospital must be a Grade 3A hospital recognized by the National Health Commission of the People's Republic of China at the time of admission.

#### Exclusions:

##### Major Exclusions (applicable to all benefits except Dental benefits):

Unless otherwise specified in the policy provisions or policy schedule, bolttech Insurance shall not be liable to pay any benefits under the policy in the following circumstances:

Pre-existing condition / congenital conditions, illnesses or diseases occurs during the first thirty (30) days from the policy date, any confinement primarily for physiotherapy or medical investigation, AIDS or any complications associated with HIV infection, sleep disorder (except sleep apnoea), child development problems, persistent vegetative state, sexually transmitted diseases, pregnancy/termination of pregnancy, cosmetic treatments or plastic surgery, alcoholism/ drug abuse, dental treatment or surgery (except for arising from accident), organ transplant services fee incurred in identifying, procuring a replacement organ or removal of the organ from the donor and all associated transportation and administration, preventive treatments, treatment of obesity or weight control programs or bariatric surgery, experimental or unconventional treatment, war, illegal activities, self-inflicted injuries, professional or hazardous sports, procurement or use of medical appliances and devices / physical examinations / vaccination and immunisation / mental disorder (unless such items explicitly covered by this Plan).

##### Dental Exclusions:

Self-inflicted injuries, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), conditions or injury arising out of alcoholism / drug abuse, war or illegal activities, oral hygiene instructions, plaque control program and dietary instructions.

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





# TheChoice Medical Insurance Application Form

## 智采醫療保險計劃申請表

<ul style="list-style-type: none"> <li>One application form for <u>one person to be insured only</u> 每份申請表只跟投保一名受保人</li> <li>Person to be insured must be applicant himself or his spouse or child 受保人必須是申請人自己或其配偶或子女</li> <li>Please tick as appropriated 請選擇並加「✓」號</li> </ul>		For Company Use only: 公司專用 Effective Date: (DD/MM/YYYY) 生效日期(日/月/年) / /
<b>Personal Details of Applicant (Applicant must be a HKID cardholder and age 18 or above)</b> 申請人個人資料(申請人年齡必須為18歲以上及持有香港身份證)		
Name in English (same as HKID Card) 英文姓名(與香港身份證相同)	Family Name 姓 Given Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼 ( )	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Date of Birth (DD/MM/YYYY) 出生日期(日/月/年) / /	Occupation (Applicable to Applicant who is also the person to be insured) 職業(適用於同時為受保人的申請人)	Nationality (Optional) 國籍(非必要填寫)
<b>Contact Details of Applicant 申請人聯絡資料</b>		
Address 地址* (Please complete in ENGLISH 請以英文填寫)		
Flat 單位	Room 室	Floor 層數
Block 座		
Building / Mansion / House / Estate 大廈/閣/樓/屋苑		
Street / Road 街/道		
District 地區 <input type="checkbox"/> HK Island 香港島 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> N.T. 新界		
Contact No. 聯絡電話	Mobile No. 流動電話號碼	Email Address# 電郵地址#
<b>Details of Person to be insured 受保人資料</b>		
Please tick one only 請只選擇一項	<input type="checkbox"/> Myself (Details as above) 本人(資料與以上相同)	<input type="checkbox"/> Spouse 配偶
	<input type="checkbox"/> Child 子女	
Please provide average stay of the person(s) to be insured in Hong Kong per year 受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: 如受保人之每年平均居港時間少於9個月,請提供海外居住地名稱: _____		
Name in English (same as HKID Card) 英文姓名(與香港身份證相同)	Family Name 姓 Given Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼 ( )	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Date of Birth (DD/MM/YYYY) 出生日期(日/月/年) / /	Occupation 職業	Nationality (Optional) 國籍(非必要填寫)
<b>Choice of Cover 投保項目</b>		
<b>Core Benefits 主要保障</b>		<b>Optional Outpatient Benefit 自選門診保障</b>
Plan level 計劃級別	Annual Deductible option 每年自付費	<b>Optional Outpatient and Dental Benefits 自選門診及牙科保障</b>
<input type="checkbox"/> Standard (Ward) 標準(大房)	<input type="checkbox"/> HK\$0	Note: Must be the same as the level of the Hospitalization Benefit 附註: 計劃級別必須與住院保障相同
<input type="checkbox"/> Advance (Semi-Private Room) 優選(半私家房)	<input type="checkbox"/> HK\$25,000	
<input type="checkbox"/> Prestige (Private Room) 尊尚(私家房)	<input type="checkbox"/> HK\$50,000	
	<input type="checkbox"/> HK\$80,000	
<b>Grand Total Annual Premium (excluding Insurance levy)</b> 每年總保費(不包括保費徵費)		HKS 港幣

\* P.O. Box, hotel address and overseas address are not acceptable. 不接受信箱、酒店地址和海外地址。

# Please provide email address to enjoy bolttech Insurance eServices app and receive medical claim statement by email.  
請提供電郵地址以享用保特保險eServices應用程式及透過電子郵件收取醫療索償理賠表。

<b>Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, it can be completed by the applicant)</b> 健康聲明(由受保人填寫,若受保人為18歲以下,則可由申請人填寫)										
1. 您的身高及體重 Your Height and Weight	Height: 身高:	m: 米:	cm: 厘米:	ft: 尺:	in: 寸:	Weight: 體重:	Kg: 公斤:	lb: 磅:		
<b>2. Have you ever had or been told to have any of the following: 您有否曾患上或獲悉患上下列疾病:</b>									<b>Yes 有</b>	<b>No 否</b>
i. Diseases of the Heart 心臟病									<input type="checkbox"/>	<input type="checkbox"/>
ii. Cancer or tumor 癌症或腫瘤									<input type="checkbox"/>	<input type="checkbox"/>
iii. Diabetes or high blood sugar 糖尿病或高血糖									<input type="checkbox"/>	<input type="checkbox"/>
iv. Hepatitis B or C 乙型肝炎或丙型肝炎									<input type="checkbox"/>	<input type="checkbox"/>
v. Kidney Failure 腎功能衰竭									<input type="checkbox"/>	<input type="checkbox"/>
vi. Stroke 中風									<input type="checkbox"/>	<input type="checkbox"/>
<b>3. In the last 5 years have you received medical advice or been treated for any of the following: 在過去的5年裡,您有否曾就下列疾病接受過醫療建議或治療:</b>									<b>Yes 有</b>	<b>No 否</b>
i. Carcinoma insitu, abnormal growth or polyps 原位癌,異常生長或息肉									<input type="checkbox"/>	<input type="checkbox"/>
ii. Asthma, tuberculosis, pneumonia or chronic obstructive lung disease 哮喘,肺結核,肺炎或慢性阻塞性肺病									<input type="checkbox"/>	<input type="checkbox"/>
iii. Stomach ulcer or pancreatitis or gastritis 胃潰瘍或胰腺炎或胃炎									<input type="checkbox"/>	<input type="checkbox"/>
iv. High blood pressure or high cholesterol 高血壓或高膽固醇									<input type="checkbox"/>	<input type="checkbox"/>
v. Abnormal liver function 肝功能異常									<input type="checkbox"/>	<input type="checkbox"/>
vi. Nephritis or abnormal kidney function, prostate enlargement or elevated PSA levels, polycystic ovarian syndrome or endometriosis 腎炎或腎功能異常、前列腺肥大或PSA值高於正常水平、多囊卵巢綜合症或子宮內膜異位									<input type="checkbox"/>	<input type="checkbox"/>
vii. Any injury or disorder of the eyes (excluding vision corrected by prescription lens), ears, bones, joints or spine or physical disability 任何眼睛的受傷或病症(不包括通過處方鏡片矯正視力)、耳朵、骨骼、關節或脊柱或身體殘疾									<input type="checkbox"/>	<input type="checkbox"/>
viii. HIV infection or positive HIV test result 愛滋病感染或愛滋病檢測陽性結果									<input type="checkbox"/>	<input type="checkbox"/>
ix. Depression, mental disorder or intellectual disability 抑鬱症,精神病或智力障礙									<input type="checkbox"/>	<input type="checkbox"/>
<b>4. For any conditions other than the above: In the last 3 years, have you: 在過去3年中,除上述病狀外,您有沒有:</b>									<b>Yes 有</b>	<b>No 否</b>
i. had ongoing follow-up with a doctor or specialist doctor for a period of 6 months or more? 與醫生或專科醫生持續進行6個月或更長時間的跟進?									<input type="checkbox"/>	<input type="checkbox"/>
ii. received medication or treatment, any of which was for a continuous period of 2 weeks or more? 服用藥物或接受治療,當中任何一項持續兩週或更長時間?									<input type="checkbox"/>	<input type="checkbox"/>
iii. had a surgical procedure, or been hospitalized for a continuous period of 6 days or more? (If yes, please provide relevant report(s)) 進行手術或持續住院超過6天?(如有,請提交相關報告)									<input type="checkbox"/>	<input type="checkbox"/>
iv. had an abnormal result or results outside the normal range in a blood test, biopsy, ECG, imaging scan, pap smear, colonoscopy or other investigation? (If yes, please provide relevant report(s)) 在血液測試、活組織檢查、心電圖、影像學掃描、子宮頸抹片檢查、結腸鏡檢查或其他檢驗測試中發現異常或超出正常範圍的結果?(如有,請提交相關報告)									<input type="checkbox"/>	<input type="checkbox"/>



Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, it can be completed by the applicant) 健康聲明(由受保人填寫,若受保人為18歲以下,則可由申請人填寫)		
<b>5. Family Health History 親屬健康狀況</b>	<b>Yes 有</b>	<b>No 沒有</b>
Amongst your biological parents, brothers or sisters: 您的親生父母,兄弟或姐妹有沒有:		
i. Two or whom have been diagnosed with breast or ovary cancer (for female person to be insured only), colon cancer or rectal cancer, heart disease or stroke before age 50 兩名或以上在50歲以前被診斷患有乳癌或卵巢癌(女性受保人適用)、結腸癌或直腸癌、心臟病或中風	<input type="checkbox"/>	<input type="checkbox"/>
ii. One of whom has been diagnosed with Alzheimer's disease, Polycystic Kidney Disease, Motor Neurone Disease, Parkinson* Disease or Muscular Dystrophy before age 60 在60歲以前被診斷患有阿爾茨海默症(認知障礙症)、多囊腎病、運動神經元病、帕金森症或肌肉營養不良症	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. (Applicable to female person to be insured only) 只適用於女性受保人</b>	<b>Yes 是</b>	<b>No 否</b>
i. Are you pregnant now? 您現在是否懷有身孕?	<input type="checkbox"/>	<input type="checkbox"/>
ii. If Yes: do you have any complications such as high blood pressure, eclampsia or pre-eclampsia, gestational diabetes or risk of premature delivery (excluding reduced iron levels for which you are taking vitamin supplements)? 如是,您曾否患有任何併發症、如高血壓、子癇或子癇前症(妊娠毒血症)、妊娠糖尿病或早產風險(因鐵質水平下降而需要服用維生素補充劑除外)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer Yes to any of the above questions, please provide relevant report(s) and details below: 如上述任何問題的回答為「是」,請提供相關報告及詳細資料如下:						
Name of condition 病症名稱	Date diagnosed 診斷日期 (DD/MM/YYYY)	What treatment did you have? Please include treatment period, type of treatment and the details (e.g. name of medication, procedure or surgery) 你曾接受何種治療?請註明接受治療的時間,治療種類及其詳情(如藥物名稱、治療程序或手術之名稱)	Are you Fully Recovered with no ongoing treatment? 您是否已完全康復及沒有正在進行治療?		Date of full recovery (if applicable) 完全康復日期(如適用) (DD/MM/YYYY)	If not fully covered, please advise stage of recovery, ongoing treatment, etc. 如未完全康復,請提供康復情、正在進行的治療等。
			Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>		
			Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>		
			Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>		
如您有任何醫療報告或醫療檢查報告,請隨此表格同時附上,並請於空格加「✓」號。 If you have any medical reports or reports of medical investigations, please enclose them and put a tick in the box.					<input type="checkbox"/> 另有附頁 With Attachment	

Bank Name and Account No. for claim reimbursement (Account-Holder must be the Applicant) 理賠時所用之銀行名稱及帳戶號碼(戶口持有人必須是申請人)	
Personal Bank account (Hong Kong Dollar only) 個人銀行戶口(只限港元)	
Bank Name 銀行名稱	Branch Code 分行代碼 Bank account no. 銀行帳號
Premium Payment Method 繳付保費方法	
Payment Mode 付款期數	<input type="checkbox"/> Yearly 每年 <input type="checkbox"/> Monthly 每月 Note: If payment mode is monthly, the monthly premium is equal to annual premium times 0.09. 註:如選擇每月付款,月費等於年費乘以0.09.
Payment Method 付款方法	<input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Credit Card (Please complete the below "Credit Card Payment Authorization" section) 信用卡(請填寫以下「信用卡付款授權」部分)
If the Cardholder is not the applicant, please fill in the following information. 若信用卡持有人並非申請人,請填寫以下資料。	
Relationship with the applicant 與申請人關係: <input type="checkbox"/> spouse 配偶 <input type="checkbox"/> parents 父母 <input type="checkbox"/> children 子女	Reason for paying premium and insurance levy on behalf of the applicant 代申請人支付保費及保費徵費的原因
<input type="checkbox"/> I hereby confirm to pay the premium and insurance levy in respect of this Application. 本人同意及承擔此申請的全數應繳保費及保費徵費金額。	
Credit Card Payment Authorisation 信用卡付款授權	
<input type="checkbox"/> Visa 卡	<input type="checkbox"/> Master Card 萬事達卡
Cardholder's Name 持卡人姓名	
Credit Card Account No. 信用卡戶口號碼	Credit Card Expiry Date (MM/YY) 信用卡到期日(月/年)
<input type="checkbox"/> I hereby authorise Bolttech Insurance (Hong Kong) Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice. 本人茲授權保特保險(香港)有限公司從本人上述之信用卡賬戶支取此保險所應繳之保費及保費徵費(包括續保保費),直至另行通知。	
X Cardholder's Signature 持卡人簽署	Date 日期 (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。此授權之副本與正本具同等效力。

2. I undertake that I will inform/have informed my spouse or child to be Insured (if applicable) about this Policy and the Personal Information Collection Statement (BPICS) of bolttech Insurance (whether contained herein or otherwise obtained) before transferring his/her personal data to bolttech Insurance. bolttech Insurance shall not accept any liability for the person 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 person to be insured for the transfer of his/her personal data to bolttech Insurance for the purpose of enrolling him/ her in the TheChoice Medical Insurance plan.

本人承諾於遞交所需之個人資料予保特保險前，須/已通知本人的受保配偶或子女(如適用)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)。保特保險將不會就受保人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，並確認已獲得受保人的同意，將其個人資料移交保特保險以作申請智采醫療計劃之用。

3. I have read, understand and accept the PICS of bolttech Insurance.

本人已細閱、明白及接受保特保險之收集個人資料聲明。

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。

### 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。

X

Applicant's Signature 申請人簽署

Signed in Hong Kong on (DD/MM/YYYY) 於香港簽署之日期(日/月/年)

## Advisor/Broker's Information 代理人/經紀資料

Advisor / Broker/Technical Representative's Name 代理人/經紀/業務代表名稱	Email Address 電郵地址
Account Code 帳戶號碼	Contact No. 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 2603 9435.

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 2603 9435 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。

# 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:

- 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。
- 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。
- 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。
- 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。
- 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。
- 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