GENERALI
Assicurazioni Generali S.p.A.
忠 利 保 險 有 限 公 司

AAA MediCare

AAA MediCare – Application Form

Applicant's Particulars:

Family Name _____ First Name & Initials _____ Occupation / Business _____

Marital Status _____ Country of Residence _____ E-mail Address _____

Telephone
Office: _____ Home: _____ Mobile: _____ Personal Fax: _____

Postal Address : _____

Please complete the following details for each person to be insured.

Name(Family Name,First Name)	Sex	Date of Birth (D/M/Y)			Age	H.K.I.D. / Passport No.	Nationality on Passport	Education **
Applicant								
Spouse								
Children								

** Up to age 18, or 24 if in continuous full-time education (evidence will be required).

Choice of plan (please tick as appropriate)

Your Plan : □ Executive □ Major □ Primary

Territorial Scope : □ Area 1 (Worldwide excluding USA/Canada) □ Area 2 (Worldwide including USA/Canada)

Deductible option on hospital benefit:	Deductible amount per year	Discount on hospital & surgical premium
	□ US$ 1,500	5%
	□ US$ 2,500	10%

Annual Premium (US$)

	Hospital & Surgical		Optional Outpatient	Annual premium (US$)
	Gross	Discount % on deductible		
Applicant				
Spouse				
Children				
			Total Annual Premium	
			deduct first-year family discount of 5% (if applicable)	
			Annual Premium after discount	

Effective date of insurance (dd/mm/yyyy) : _____ (Earliest on the date of signing this application)

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Method of premium payment

☐ cheque

☐ VISA ☐ MasterCard

Name of Card Issuing Bank : _____

Credit Card No. ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ Expiry date (MM/YY) ☐☐ / ☐☐

Cardholder's Name : _____

I hereby authorize Assicurazioni Generali S.p.A. to charge my above credit card for the insurance premiums of this insurance policy.

_____ _____

Cardholder's signature Date (DD/MM/YYYY)

(all premium payment are to be made in HK dollar with fixed exchange rate of USD1=HKD7.80)

Claims Reimbursement Details

Applicant hereby agrees and authorizes Assicurazioni Generali S.p.A. to reimburse claims payment to the bank account below.

Name of bank account holder: _____ Relationship to applicant_____

Bank Name	Bank No.	Branch No.	Account No.

AAA MediCare – Comprehensive Health Declaration

This Health Declaration must be completed by each person to be insured. (Use photocopy if more than one person to be insured.)

Name of person to be insured	Height (ft/m)*	Weight (lbs/kgs)*	Weight change in past 12 months +/- (lbs/kgs)*

*delete where appropriate.

1. Do you have any deformity, lameness, amputation or any congenital or acquired physical defect? ☐ yes ☐ no

2. Have you ever been diagnosed and / or treated for :

a. disorders of the eyes, nose, throat? ☐ yes ☐ no

b. neurological disorders, dizziness, fainting, convulsions, headache, speech defect, paralysis or stroke, mental, nervous disorders, shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis, chronic respiratory disorder, jaundice, intestinal bleeding, ulcer, hernia, appendicitis, colitis, diverticulitis, haemorrhoids, recurrent indigestion or other disorders of the stomach, intestines, liver, gall bladder, sugar, albumin, blood or pus in urine, venereal disease, stone or other disorders of kidney, bladder, prostate, or reproductive organs? ☐ yes ☐ no

c. chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, or other disorders of the heart or blood vessels? ☐ yes ☐ no

d. diabetes, thyroid or other endocrine disorders? ☐ yes ☐ no

e. neuritis, sciatica, rheumatism, arthritis, gout or disorders of the muscles or bones, including the spine, and back joints? ☐ yes ☐ no

f. disorders of skin, lymph glands or any kinds of cysts? ☐ yes ☐ no

g. tumour or cancer? ☐ yes ☐ no

h. allergies, anaemia or disorders of the blood? ☐ yes ☐ no

3. Are you actually receiving treatment for any or all of the above-mentioned disorders or accidents including prescriptions? ☐ yes ☐ no

4. Other than the above, have you within the past 5 years?

a. had any mental or physical disorder not listed above? ☐ yes ☐ no

b. had a check-up, consultation, illness, injury or surgery? ☐ yes ☐ no

c. been a patient in a hospital, clinic, sanatorium or other medical facility? ☐ yes ☐ no

d. had an electrocardiogram, X-ray or other diagnostic test? ☐ yes ☐ no

e. been advised to have a diagnostic test, hospitalization or surgery which was not completed? ☐ yes ☐ no

5. Have you ever had a policy or application for life, accident, or medical insurance refused, postponed, declined, withdrawn, or had any additional terms (including extra premium or exclusions) imposed? ☐ yes ☐ no

6. Females only

a. Are you now pregnant as far as you know? ☐ yes ☐ no

b. Do you have any gynaecological disorder? ☐ yes ☐ no

7. Have you ever been advised to have any counselling or investigations in connection with A.I.D.S., Hepatitis B or Hepatitis C? ☐ yes ☐ no

8. What is your average intake of alcohol?_____ml per week ☐ yes ☐ no

9. Family Background: Have your parents, brothers or sisters ever had diabetes, high blood pressure, heart or kidney disease, cancer or mental illness? ☐ yes ☐ no

If the answer to any of the above questions is yes, please give full details: (use a separate sheet if necessary ☐)

Question No.	Diagnosis of illness and full details of treatment received and dates of treatment	Name and address of the medical attendant (s) who attended the patients

Name and Address of the Family-attending physician : _____

_____Tel. _____ Fax _____ Ref. No. _____

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PLEASE SIGN AND RETURN THIS FORM IN ORIGINAL WITH THE FULL PREMIUM.

1) **Declaration**

I hereby apply to be enrolled in the Plan together with the person(s) to be insured listed above. I hereby declare to the best of my knowledge and belief that the foregoing statements, including any statement attached, are true, correct and complete. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Insured Person(s) and the Insurer.

The Plan Rules attached to this Application have been read and understood by me and I accept them to be part of the contract of insurance issued as a result of this Application.

This insurance is unavailable to citizens or permanent residents (whatever nationality) of the United States of America or Canada. Purchase of this insurance by those people will render the policy null and void.

2) **Personal Information Collection Statement**

a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "**Company**") with data about yourself(ves), policyholder(s), insured(s), beneficiary(ies), claimant(s), and / or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and / or related products and services to you, the processing of claims under insurance policies issued and / or arranged by the Company, and / or the processing of any or all other requests, enquiries and complaints from you.

b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and / or related products and services to you, process claims under insurance policies issued and / or arranged by the Company, and / or process any or all other requests, enquiries, or complaints from you.

c) The purposes for which the Personal Data may be used are as follows: (i) processing (including, without limitation, underwriting) and / or approving applications for insurance and / or related products and services, and any addition, alteration, variation, cancellation, renewal and / or reinstatement of such products and services; (ii) administering insurance policies issued and / or arranged by the Company; (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the Company; (iv) exercising rights of subrogation, if applicable; (v) collection of amounts outstanding (if any) from customers; (vi) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and / or arranged by the Company; (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing (including, but not limited to, direct marketing), and other related activities; (ix) conducting data matching procedures; (x) designing insurance and / or related products and services for customers' use; (xi) marketing insurance and / or other related products and services of the Company, its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "**Affiliated Companies**")) and / or third parties selected by the Company; (xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and / or other competent authority; (xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and / or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and (xiv) any purposes relating thereto.

d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (3) above, without prior notification to you and / or any other relevant individuals to whom the Personal Data is related: (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and / or other services to the Company in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and / or members of such industry associations or federations; (iii) overseas locations or branches, as appropriate, of the Company, its Affiliated Companies and / or third parties selected by the Company; (iv) persons to whom the Company and / or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and / or its Affiliated Companies are expected to comply with; (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and / or its Affiliated Companies; (vi) lawful successors or assigns of the Company; and (vii) persons who owe a duty of confidentiality to the Company and / or its Affiliated Companies.

e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and / or members of such industry associations or federations.

f) In accordance with the Personal Data (Privacy) Ordinance: (i) any individual has the right to: (A) check whether the Company holds data about him / her and, if so, obtain a copy of such data; (B) require the Company to correct any data relating to him / her that is inaccurate; and (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and (ii) the Company has the right to charge a reasonable fee for the processing of any data access request.

g) The person to whom requests for access to data and / or correction of data and / or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 35/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

3) **Authorization**

a) I hereby authorize/and on behalf of all persons to be insured hereby authorize* (i) any doctor, hospital, clinic, or insurance company, government office or any organization or persons who has any records/knowledge/information of me/all persons to be insured* (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this Application and any claim arising therefrom; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform necessary examination, medical assessment and tests to evaluate the health status of me/all persons to be insured *in relation to (i) above.

b) This authorization shall bind the successors and assignees of me/all persons to be insured* and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

c) **I understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.**

I further understand that the above agreement is necessary for Generali to proceed with the application.

*delete where appropriate**.**

_____ _____

Signature of Applicant (on behalf of all persons to be insured) Date (DD/MM/YYYY)

(For office use only)

INSURER:
Assicurazioni Generali S.p.A.
Hong Kong Branch
5/F Generali Tower
8 Queen's Road East
Hong Kong

DISTRIBUTOR:
AAA MediCare Limited
Room 1007, Eastern Harbour Centre
28 Hoi Chak Street
Quarry Bay
Hong Kong