

# mediTop Plan

利加保 — 寶貴健康之選



**Liberty**  
**International®**

Member of Liberty Mutual Group

# Application Form 投保申請書

(Please complete in English 請盡可能以英文填報)

Broker / Agent Name 經紀/代理名稱: **TRANS-PACIFIC INSURANCE BROKERS LTD.**

## Policyholder's Information 保單持有人資料

Name of Policyholder 保單持有人名稱: \_\_\_\_\_

Name of Insured (If other than Policyholder) 投保人名稱 (如非保單持有人): \_\_\_\_\_

\*Policyholder's Relationship to Insured 保單持有人與投保人關係: \_\_\_\_\_

\*No premium refund or replacement enrollment allowed upon staff termination of services with the Employer (if the Policyholder is Employer)  
中途斷保將不獲退還任何保費及不可中途更換投保人 (如保單持有人為僱主)

Address 地址: \_\_\_\_\_

Fax No 傳真: \_\_\_\_\_ Home Tel 家居電話: \_\_\_\_\_ Mobile Tel 流動電話: \_\_\_\_\_

Nationality 國籍: \_\_\_\_\_ E-mail 電郵: \_\_\_\_\_

Name of Employer / Association 僱主/團體組織名稱: \_\_\_\_\_

Occupation 職位: \_\_\_\_\_ Business Nature 業務性質: \_\_\_\_\_

The effective date shall be the date when this application is accepted by Liberty International Insurance Ltd.  
生效日期為利寶國際保險有限公司接受此申請書之日期

## Insured & Dependent's Information 投保人及投保家屬資料

Surname / Other name 姓 / 名	HKID / Passport No. 香港身份證 / 護照號碼	Gender (M/F) 性別 (男/女)	Date of birth (M/D/Y) 出生日期 (月/日/年)	Occupation 職業	Deductible Selected 墊底費選擇

(High risk occupation or standalone spouse/child cover will be subject to premium loading 高風險職業或獨立配偶/子女保障將會被增收附加保費)

## Choice of Coverage 投保計劃

The premium rates are valid from 1 July 2011 保費由二零一一年七月一日生效

		Yearly Payment 按年繳費 (HK\$ 港幣) (*Semi-Private Room Premium Rates *半私家房保費率)		
Deductible 墊底費		HK\$ 港幣 30,000	HK\$ 港幣 50,000	HK\$ 港幣 100,000
Age of Participants (on last birthday) 申請人年齡 (以上個生日為準)		Annual Rate (HK\$) x No. of person 年費(港幣) x 人數		
15 days – 17 years old 滿兩周至17歲		\$1,600 x	\$1,339 x	\$851 x
18 - 20		\$1,221 x	\$1,024 x	\$653 x
21 - 30		\$1,499 x	\$1,256 x	\$799 x
31 - 40		\$2,150 x	\$1,797 x	\$1,140 x
41 - 50		\$2,882 x	\$2,410 x	\$1,522 x
51 - 54		\$4,809 x	\$4,015 x	\$2,525 x
55 - 60		\$5,721 x	\$4,776 x	\$3,001 x
61 - 64		\$7,735 x	\$6,455 x	\$4,053 x
Subtotal 小計				
*Premium Rate for Private Room is 若你選擇私家房保障, 保費為		<input type="checkbox"/> Subtotal 小計 x 2.25		
*Premium Rate for Ward is 若你選擇大房保障, 保費為		<input type="checkbox"/> Subtotal 小計 x 0.78		
Total (HK\$) 合計 (港幣)				
(Rounding up to the nearest dollar 進位至個位整數)				

If you have any enquiry concerning the plan or premium calculation, please dial (+852) 2892 3877 for assistance.

如果你對於計劃或保費的計算有任何疑問, 歡迎致電(+852) 2892 3877 查詢。

# Personal Data Collection Statement

## 個人資料須知聲明

**Part I (applicable to Insured)** The information you provide to us is collected to enable us to administer any insurance product or service applied for, or any alternatives, variations, cancellations or renewals; any claim or investigation or analysis of such claim; and exercising right of subrogation. The said information may be transferred to any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes and our direct marketing; or any association, federation or similar organization of insurance companies (Federation) that exists or is formed from time to time.

**Part II (applicable to Company as Policyholder)** The Company understands that (a) it is duly authorized to release the information of its being the Insured and their Insured Dependents Member and will fully indemnify Liberty for any losses, damages, or claims that might result from the release of such information; (b) Liberty may not process this Application if it fails to obtain any information requested in this Application; and (c) it has the right to obtain access to and to request amendments of any personal information held by Liberty concerning the Insured Members and to inform all Members regarding this contract before submitting their personal information to Liberty. Liberty shall not accept any liability for uninformed Members. You may contact Liberty's personal data privacy officer at the address below for any request to access and/or correct any information supplied to us. Moreover, Liberty International Insurance Ltd is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

**甲：(投保人適用)：**閣下所提供的資料，為本公司提供保險產品/服務之行政業務所需，或該類產品或服務的任何更改、變更、取消、或續期、任何索償及有關之調查或分析；行使任何代位權。以上資料，可轉移於任何其它從事與保險或再保險業務有關的公司；或與保險業務有關的中介人或索償或調查或其它服務提供者，以達到任何上述或有關目的或作行銷；或現存或不時成立之任何保險公司協會或聯會或類同組織「聯會」，以達到任何上述或有關目的。

**乙：(投保公司適用)：**本公司明白(a)本公司獲得正式授權，可以提供其僱員及其家屬的資料予利寶，並全面保障利寶免因提供該資料而遭受任何損失、損害或索償；(b)倘若申請人未能提供本申請所需的資料，利寶可能未能處理本申請；及(c)申請人有權查閱及要求更正利寶持有有關投保人的所有個人資料及在遞交所需之個人資料予利寶前，須就有關合約通知所有投保人。利寶不會就投保人未獲通知而負上任何責任。閣下可聯絡本公司個人資料私隱主任，地址如下，要求查閱/更改任何交予本公司閣下的個人資料。此外，在此授權利寶國際保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下的任何資料。

## Declaration & Authorization

### 投保人聲明 / 授權

**Declaration:** I/We hereby apply to be enrolled in the Plan together with the Insured(s) listed overleaf. I declare to the best of my knowledge and belief that the information given in this Application is true and complete. I acknowledge on behalf of all Insured that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and/or treated prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form the basis of the contract between the Insured and the Insurer. I/We have read and agreed to be bound by the Policy and I accept them to be part of the contract of insurance issued as a result of this application. I/we understand this insurance is unavailable to permanent residents outside Hong Kong. Purchase of this insurance by permanent residents outside Hong Kong will render the policy null and void.

**Authorization:** I/We authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this application from other organizations, institutions or other persons, including other insurance companies/medical service provider, and to compare such information with my personal data, and to use the results for taking of any actions that may be adverse to my/our interests (including declining this application). This authorization shall survive me and shall be irrevocable and photocopy of this authorization shall be as valid as original. I/we understand that the effective date shall be the date when this application is accepted by Liberty International Insurance Ltd.

**投保人聲明：**本人及申請書內各人現向貴公司投購醫療保險謹聲明已就實情完整地將本人及各投保人的資料填報於投保書內。本人謹代表所有投保人同意，凡因原患之疾病，損傷或其他知悉情況而引致之醫療需要，一律不予賠償。本人已細讀並同意遵守本計劃之各條例並同意這份聲明及投保書將被用作投保 / 受保雙方合約的基礎，及同意長期在香港以外居留之人士，均不獲接受投購本醫療計劃。上述人士在本港購買後如離港定居於海外，此保單即屬無效。

**授權：**本人(等)授權利寶國際保險有限公司向 / 從其他組織或機構(包括其他保險公司/醫療提供者)收集關於本人(等)的必須投保資料及其後索償申請之資料並與本人(等)的個人資料作出比較並利用比較結果採取任何行動，包括不符合本人(等)利益者(包括不接納此申請)；此授權不能推翻，即使本人(等)去世，此授權仍然有效。此授權書之影印本與正本具同等效力。本人(等)明白有效日期須為利寶國際有限公司接受此申請之日期。

Are you or any of the Insured(s) physically handicapped or disabled currently?

閣下及各投保人現時是否有身體殘障或缺陷? Yes 有 ☐ No 沒有 ☐

If "Yes", please list out the insured(s) 如 "有"，請註明有關投保人：

Signature of Insured 投保人簽署  
(on behalf of all Insured Members 代表各投保人)

(MM/月)/(DD/日)/(YYYY/年)  
Date 日期

Signature of Policyholder 保單持有人簽署

(MM/月)/(DD/日)/(YYYY/年)  
Date 日期

Signature of Agent/Broker with Company chop  
保險顧問公司 / 代理人簽署及公司蓋章

(MM/月)/(DD/日)/(YYYY/年)  
Date 日期

TRANS-PACIFIC INSURANCE BROKERS LTD.

Please sign and return this insurance application form and an ID card copy of each insured(s) together with a crossed cheque or the completed Credit Card Payment Authorization Form to your insurance agent/broker or directly to "Liberty International Insurance Ltd, 13/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong".  
請將已簽署之投保申請書和每位投保人之身份證副本連同劃線支票或信用卡付款授權書一併寄回你的保險代理/經紀或直接寄回 "香港鰻魚涌華蘭路25號大昌行商業中心13樓 - 利寶國際保險有限公司" 辦理



## Method of Payment 付款方法

### ☐ By Cheque 以支票繳付

Please make crossed cheque payable to "Liberty International Insurance Limited". Post dated cheque will not be accepted  
請提供劃線支票，抬頭請註明「利寶國際保險有限公司」。期票將不予接受。

### ☐ By Credit Card 以信用卡繳付

I hereby authorize and request "Liberty International Insurance Limited" to debit the initial premiums and subsequent premiums from my VISA / Master Card Account for the premium stated on the proposal form and subsequent renewal invitation.

本人茲授權並要求「利寶國際保險有限公司」從本人下列之 VISA / 萬事達咭戶口內支付本申請書或續保通知書所註明之首年及其後應繳之保費。

Name of Applicant: \_\_\_\_\_ HKID / Passport No. : \_\_\_\_\_  
申請人姓名 香港身份證 / 護照號碼

Name of Cardholder 信用卡持有人姓名: \_\_\_\_\_

Expiry Date 屆滿日期: \_\_\_\_\_ / \_\_\_\_\_ (M月/Y年)

VISA/MasterCard Account No. 帳戶號碼: \_\_\_\_\_ — — —

\_\_\_\_\_  
Cardholder's Signature 持咭人簽署 Date 日期 (MM月) / (DD日) / (YYYY年)

## Renewal Premium Rate 續保年費

(for clients over 65 years old of age 只適用於超過65歲之客戶)

The premium rates are valid from 1 July 2011 保費由二零一一年七月一日生效

	Yearly Payment 按年繳費 (HK\$ 港幣) (Semi-Private Room Premium Rates 半私家房保費率)		
Deductible 墊底費	港幣 HK\$ 30,000	港幣 HK\$ 50,000	港幣 HK\$ 100,000
Age of Participants (on last birthday) 申請人年齡 (以上個生日為準)	Annual Rate (HK\$) 年費(港幣)		
*65 – 69	\$11,424	\$9,535	\$5,987
*70 – 74	\$15,993	\$13,346	\$8,381
*75 – 79	\$22,393	\$18,688	\$11,735
*80 – 100	\$31,351	\$26,161	\$16,430

\*The Renewal Premium Rate is for reference only 此續保年費只供參考

## Benefit Schedule 福利細表

	Ward 大房	Semi-Private 半私家房	Private 私家房
Overall Annual Limit 全年限額 Inclusive of (1) & (2) 包括項目 (1) 和 (2)	HK\$ 港幣1,000,000	HK\$ 港幣1,000,000	HK\$ 港幣1,000,000
(1) Hospitalization & Surgical Benefit 住院及手術福利	Full Covered after deductible 當扣除墊底費後， 可獲全面保障。	Full Covered after deductible 當扣除墊底費後， 可獲全面保障。	Full Covered after deductible 當扣除墊底費後， 可獲全面保障。
(2) Post Operation Treatment - Per year limit (within 30 days after hospital discharge) 手術後之治療 - 每年限額 (出院後30日內)	HK\$2,000 after deductible 當扣除墊底費後， 最高賠償為港幣2,000。	HK\$2,000 after deductible 當扣除墊底費後， 最高賠償為港幣2,000。	HK\$2,000 after deductible 當扣除墊底費後， 最高賠償為港幣2,000。

If hospitalization is changed to a higher level, a discount factor will be applied to the benefit.  
若入住較高級別之房間，賠償將會被打折扣。

Co-ordination of Benefit – mediTop benefits shall be paid after any other insurance policies in force or after any other indemnity source.

共付賠償 — 如投保人擁有其他保單或從其他途徑獲得賠償，本保單將為最後賠償單位。

## Special Plan Features 計劃優點

- ✓ Top up of Hospitalization Benefits up to HK\$1,000,000
- ✓ Full Refund for Surgical Fees & Hospital Services Fees after Deductible exhausted
- ✓ Oncology Treatment Benefit (Day Confinement Covered)
- ✓ Post Operation Treatment
- ✓ Post Accident Reconstructive Surgery up to HK\$1,000,000 per lifetime
- ✓ Worldwide Cover for Hong Kong Residents subject to Room & Board sublimits
- ✓ Additional Free SOS Evacuation Services up to HK\$1,000,000
- ✓ Deductible selection that suit you and your family
- ✓ Renewable up to age 100
- ✓ No concurrent medical policy is required
- ✓ 全年住院福利高達港幣100萬
- ✓ 當扣除墊底費後，外科手術費、醫院雜費全數賠償
- ✓ 腫瘤治療福利 (包括日間住院治療)
- ✓ 手術後之治療
- ✓ 意外後之矯形手術終身保障額高達港幣100萬
- ✓ 因應住房及膳食限額，全球保障香港居民
- ✓ 額外免費SOS撤離服務高達港幣100萬
- ✓ 適合你和你家人之墊底費選擇
- ✓ 續保至100歲
- ✓ 無需同時擁有其他醫療保單

## Major Exclusions 主要不保事項

- Pre-existing conditions  
受保前已存在的傷病。
- Any medical services associated with pregnancy / fertility / contraceptive technique / sterilization.  
所有與懷孕 / 生育 / 節育 / 絕育有關之治療或醫療服務。
- Birth defects and congenital illnesses or cosmetic surgery  
先天性缺陷 / 整容手術。
- Treatment for Hepatitis B, C or D Virus and / or liver disorders while the Insured Member is a known Hepatitis B, C or D Carrier prior to policy inception date.  
若投保人在保單生效前已知悉是 (乙 / 丙 / 丁型) 肝炎帶菌者，在保單生效後之 (乙 / 丙 / 丁型) 肝炎治療及/或肝病治療之費用均不受保。
- Dental treatment or oral surgery; eye refraction and ear examinations  
牙科治療 / 配眼鏡及聽力測試。
- Injury or sickness arising directly or indirectly from war, strike, riot, revolution, or any warlike operation or participation in illegal acts.  
所有因恐怖襲擊活動、戰爭、暴亂及騷亂引致之傷病。
- Mental illness and psychiatric disorders (For e.g. depression, etc.)  
精神 / 心理科問題 (如: 抑鬱等等)。
- Prostheses, corrective devices special braces, appliances, wheel chairs, crutches or other equipment.  
安裝或使用輔助儀器或特殊矯正儀器，如義肢、助聽器、輪椅、拐杖等費用。
- Hospitalization primarily for diagnosis or X-ray examinations or physical therapy or routine medical examinations unless recommended by a registered physician.  
非經由註冊西醫推薦及証實之入院治療 / X光檢查 / 物理治療 / 例行體格檢查。
- Self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse.  
一切因自己蓄意引起之損傷、自殺、酗酒、吸毒或濫用藥物。
- Sexually transmitted or Venereal diseases, AIDS, ARC and their sequelae.  
性病、愛滋病、後天免疫力缺乏症及其併發症。
- Long term care facility, spa, hydro-clinic, rest cures & sanatorium.  
長期康護用品、溫泉、水療、休養或療養之治理。
- Any expenses for health supplements and all specialised Chinese herbs and / or tonic medicine such as but not limited to bird's nest, lngzhi, ginseng, cordiceps sinensis, agaricus blazei murill, sika deer antler, etc.  
任何健康補充劑或食品 / 特別的中草藥 / 滋補藥材等費用，例如但不限於下列中草藥：燕窩 / 靈芝 / 人參 / 冬蟲夏草 / 姬松茸 / 梅花鹿茸等等。
- Non-Hong Kong residents unless otherwise agreed  
非香港居民，除非經特別同意。

Note: This leaflet serves as a general guideline. Please refer to the policy and schedule for details of cover and exclusions.

注意: 此簡介只作參考，有關承保內容及不保事項以保險單內容為準。

Liberty International Insurance Limited is a 100% owned subsidiary company of Liberty Mutual Group. Boston-based Liberty Mutual Group is the 3rd largest property and casualty insurer in the United States and the 2nd largest US based international property and casualty insurer. The Company ranks 82nd on the Fortune 500 list of largest corporations in the United States based on 2010 revenue. With financial strength ratings of "Excellent" (A) from A.M. Best Company, "Good" (A2) from Moody's Investor Service and "Strong" (A-) from Standard & Poor's. Liberty Mutual Group has the financial strength to provide a wide array of products and services.

利寶國際保險有限公司為美國Liberty Mutual (利寶互助) 集團的全資子公司。總公司設於美國波士頓的利寶互助集團的是全美第三大財產及意外保險公司，亦是全美第二大國際財產及意外保險公司。以2010年的收入計算，公司名列美國財富雜誌全美企業五百強之82位。今天，利寶互助集團是一家多元化的國際保險集團，被保險金融評級機構A.M. Best 評為"Excellent" (A)、穆迪投資評為"Good"(A2)級及標準普爾評為"Strong"(A-) 級，擁有極雄厚之財政實力，能為客戶提供廣泛的保險服務。

Underwritten by Liberty International Insurance Ltd. 由利寶國際保險有限公司承保

Address: 13/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong S.A.R. 地址: 香港鰂魚涌華蘭路25號大昌行商業中心13樓

Telephone電話: (852) 2892-3877 Fax 傳真: (852) 2572-8071 Website 網址: www.libertyinternational.com.hk

Note: This leaflet serves as a general guideline. All terms and conditions are subject to the Policy 此小冊子之內容只供參考，所有內容以保單為準。