

「全年牙科 / 年度身體檢查 / 全年普通科門診保險計劃」登記 / 續期表格  
Annual Dental/ Medical Check-up/ General Practice Outpatient Insurance Plan Enrollment/ Renewal Form

第一部份：有關現有之全年保險計劃資料  
Part I: Existing Annual Insurance Plan Information

此表格乃屬「全年牙科 / 年度身體檢查 / 全年普通科門診保險計劃」使用細則與條款之一部份。

This Form forms an integral part of the Terms and Conditions of the Annual Dental/ Medical Check-up/ General Practice Outpatient Insurance Plan.

建行(亞洲)信用卡號碼 CCB (Asia) Credit Card Number	信用卡會員姓名 Credit Cardmember Name	閣下現有之保險計劃項目 Existing Annual Insurance Plan
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第二部份：延續 / 登記全年保險計劃  
Part II: Enrollment / Renewal Instruction

「全年牙科保險計劃」之登記費為**150港元**(適用於「全年牙科保險計劃」指定診所)或**80港元**(適用於「全年牙科保險計劃」非指定診所)；「全年普通科門診保險計劃」之登記費為**330港元**(適用於「全年普通科門診保險計劃」指定診所)或**80港元**(適用於「全年普通科門診保險計劃」非指定診所)；「年度身體檢查保險計劃」之登記費為**270港元**(適用於「年度身體檢查保險計劃」指定化驗中心)或**200港元**(適用於「年度身體檢查保險計劃」非指定化驗中心)。(請於適當方格上"✓")

The enrollment fee for Annual Dental Insurance Plan is **HKD150** (only applicable to the "Annual Dental Insurance Plan" appointed clinics) or **HKD80** (only applicable to "Annual Dental Insurance Plan" any clinics); for Annual General Practice Outpatient Insurance Plan is **HKD330** (only applicable to "Annual General Practice Outpatient Insurance Plan" appointed clinics) or **HKD80** (only applicable to "Annual General Practice Outpatient Insurance Plan" any clinics) and for Annual Medical Check-up Insurance Plan is **HKD270** (only applicable to "Annual Medical Check-up Insurance Plan" laboratories) or **HKD200** (only applicable to "Annual Medical Check-up Insurance Plan" any laboratories). (Please mark "✓" in the appropriate box(es))

□ 延續上列現有之保險計劃及

Renew my existing Annual Insurance Plan and

□ 保留上列之額外購買受益人及轉讓受益人資料  
keep the existing Transferee(s) and Dependant(s) as printed above

□ 更改上列之額外購買受益人及轉讓受益人資料(請填寫第三部份)  
update the Transferee(s) and Dependant(s)  
(please go to Part III and complete the information)

□ 登記/更改保險計劃(只可選擇其中一項)

Enroll/change the Annual Insurance Plan (Only choose 1 from the followings)

• 「全年牙科保險計劃」  
Annual Dental Insurance Plan

□ B1. 指定診所 (D)  
B1. Appointed Clinics (D)

□ B2. 非指定診所 (E)  
B2. Any Clinics (E)

• 「全年普通科門診保險計劃」  
Annual General Practice Outpatient Insurance Plan

□ B3. 指定診所 (O)  
B3. Appointed Clinics (O)

□ B4. 非指定診所 (P)  
B4. Any Clinics (P)

• 「年度身體檢查保險計劃」  
Annual Medical Check-up Insurance Plan

□ B7. 指定化驗中心 (M)  
B7. Appointed Medical Laboratory (M)

□ B8. 非指定診所/化驗中心 (N)  
B8. Any Clinics/Medical Laboratory (N)

註： 1. 「全年牙科保險計劃」、「全年普通科門診保險計劃」及「全年普通科門診保險計劃」中，會員只可選擇登記其中一項。詳情請參閱本行網站 > 個人銀行首頁 > 信用卡首頁 > 尊享禮遇 > 免保費「全年保險計劃」。 2. eye信用卡及建行(亞洲)建造業銀聯雙幣信用卡只適用於參與「全年牙科保險計劃」。

Remarks: 1. Cardmembers can only select to enroll a plan among "Annual Dental Insurance Plan", "Annual General Practice Outpatient Insurance Plan", "Annual Medical Check-up Insurance Plan". For details please refer to our Bank website > Home > Credit Cards > Exclusive Privileges > Premium Free "Annual Insurance Plan". 2. eye Credit Card and CCB (Asia) Construction Industry UnionPay Dual Currency Credit Card are applicable to enroll Annual Dental Insurance Plan only.

第三部份：額外購買全年保險計劃指示  
Part III: Extra Subscription Instruction

額外購買(此部份只適用於「全年牙科保險計劃」及「年度身體檢查保險計劃」)閣下不可為自己額外購買相同之全年免費保險計劃。

「年度身體檢查保險計劃」之額外購買行政費每位為**400港元**。受益人可以是本人或親友；

「全年牙科保險計劃」之額外購買行政費每位為**550港元**。受益人可以是本人、本人之配偶/父母/配偶之父母/子女或附屬卡持有人。

Extra Subscription (Only applicable to Annual Dental Insurance Plan and Annual Medical Check-up Insurance Plan) You are not allowed to subscribe the same plan for yourself.

Annual Medical Check-up Insurance Plan's extra subscription administration fee is **HKD400** per subscription and dependents could be myself, my family members or friends.

Annual Dental Insurance Plan's extra subscription administration fee is **HKD550** per subscription. Dependents could be myself, my spouse, my parents, my parents-in-law, my children or my supplementary cardmember.

額外購買受益人 Extra Subscription Dependent	1	2	3
姓名(請以英文正楷填寫) Name (in Block Letters)			
香港身分證/旅遊證件/出世紙號碼 HKID/Passport/Birth Certificate No.			
性別 Sex	男 / 女 M / F	男 / 女 M / F	男 / 女 M / F
出生日期 Date of Birth	年 月 日 Y M D	年 月 日 Y M D	年 月 日 Y M D
關係 Relationship			
選擇之保險計劃(請選擇一項) Choice of Plan (Please choose one)	B1 / B2 / B7 / B8	B1 / B2 / B7 / B8	B1 / B2 / B7 / B8
額外購買保險計劃總數(最多三份) Total No. of Extra Subscription (up to 3)	「全年牙科保險計劃」_____份 及 「年度身體檢查保險計劃」_____份 Annual Dental Insurance Plan x _____ and Annual Medical Check-up Insurance Plan x _____		

轉讓計劃(此部份只適用於上列選擇「全年普通科門診保險計劃」及「年度身體檢查保險計劃」之主卡會員填寫)

「年度身體檢查保險計劃」之轉讓費為**40港元**(只限一位)。轉讓受益人可以是本人之配偶 / 父母/配偶之父母/子女或附屬信用卡會員；

「全年普通科門診保險計劃」之轉讓費為**40港元**(只限一位)。轉讓受益人可以是本人之配偶或子女。

Benefits Transfer (Only applicable to principal cardmember who choose Annual General Practice Outpatient Insurance Plan and Annual Medical Check-up Insurance Plan)

Annual Medical Check-up Insurance Plan: The transfer service fee is **HKD40**. Transferee (one only) could be my spouse, my parents, my parents-in-law, my children or my supplementary cardmember.

Annual General Practice Outpatient Insurance Plan: Transferees (up to 3) could be my spouse or children.

	「年度身體檢查保險計劃」 Annual Medical Check-up Insurance Plan	「全年普通科門診保險計劃」 Annual General Practice Outpatient Insurance Plan		
轉讓受益人 Transferee	1	1	2	3
姓名(請以英文正楷填寫) Name (in Block Letters)				
香港身分證 / 旅遊證件 / 出世紙號碼 HKID / Passport / Birth Certificate No.				
性別 Sex	男 / 女 M / F	男 / 女 M / F	男 / 女 M / F	男 / 女 M / F
出生日期 Date of Birth	年 月 日 Y M D	年 月 日 Y M D	年 月 日 Y M D	年 月 日 Y M D
關係 Relationship				

本人確認以上之選擇並明白一切有關之細則及同意有關之費用將從本人之信用卡賬戶扣除。本人已閱讀及同意本表格背頁所列之聲明。

I confirm my selection(s) as given above and understand the related conditions and agree the related fees and charges to be debited to my credit card account.

I have also read and agree to the Declaration printed overleaf of this Form.

會員簽署  
Cardmember's signature

日期  
Date

請填妥表格並以圖文傳真或郵寄交回。

傳真電話號碼：3111 6104

郵寄地址：香港七姊妹郵局郵政信箱60126號。

Please complete and return this form by fax or by mail.

Fax: 3111 6104

Address: P.O. Box 60126, Tsat Tsz Mui Post Office, Hong Kong

若閣下日後不願收到本行的任何宣傳品或單張，請致函香港七姊妹郵局郵政信箱60126號。

If you do not wish to receive our promotion materials/leaflets, please mail to P.O. Box 60126, Tsat Tsz Mui Post Office, Hong Kong.

For Office Use Only			
Ref.	Date	Input	CHK

## 聲明

本人/吾等謹此授權中國建設銀行(亞洲)股份有限公司(「銀行」)及友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)(「友邦保險」)或其指派人，在本人/吾等參與此「年度身體檢查保險計劃」、「全年普通科門診保險計劃」或「全年牙科保險計劃」後，代表本人/吾等根據「友邦保險」簽發之身體檢查/普通科門診/牙科團體保險，制定為本人/吾等、本人/吾等之受益人、轉讓受益人及附屬卡會員(如適用)提供保健服務之指定診所/化驗中心名單，並處理有關上述保健服務之一切行政事宜。

本人/吾等證實本表格上之資料全部確實無訛，並授權「銀行」及「友邦保險」或其指派人可向任何方面查證。本人/吾等同意負責及賠償「友邦保險」或其指派人因本人/吾等提供任何錯誤資料導致之及蒙受所有合理損失。

本人/吾等謹此聲明及同意，由「友邦保險」或其指派人搜集或持有之任何個人資料(包括關於本人/吾等之受益人/轉讓受益人/附屬卡會員之資料、(如適用)病歷或關於提供予本人/吾等之服務之資料)可由「友邦保險」或其指派人持有、使用及透露予與「友邦保險」及其有聯繫的個人/組織、或任何指定第三者(不論是否位於香港，包括再保險及索償調查公司、業界組織/聯會)，以處理本人/吾等之身體檢查計劃、門診醫療保險或牙科醫療保險。

本人/吾等明白，本人/吾等有權查閱並要求改正由「友邦保險」或其指派人持有之有關本人/吾等(及本人/吾等之受益人/轉讓受益人/附屬卡會員(如適用))之任何個人資料。有關申請可向「友邦保險」之團體保險部提出。本人/吾等日後投保之個人資料亦須受本聲明之約束。

本人/吾等接受由「友邦保險」或其指派人提供之「年度身體檢查/全年普通科門診/全年牙科保險計劃」(視屬何情況而定)之條款，包括安排醫生、牙醫或其他保健服務提供者，接受為本人/吾等提供保健服務之參予提供者直接發出的賬單，及向本人/吾等收回並不包括在內或超過「年度身體檢查/全年普通科門診/全年牙科保險計劃」(視屬何情況而定)所規定之保障賠償額之任何醫療費用。

當建行(亞洲)信用卡會員就「年度身體檢查/全年普通科門診/全年牙科保險計劃」所作之登記或續期獲成功批核及收到由銀行或其指派人發出的「年度身體檢查/全年普通科門診/全年牙科保險計劃」之專頁及確認信後，信用卡會員便可享受「年度身體檢查/全年普通科門診/全年牙科保險計劃」。但如有關之建行(亞洲)信用卡主卡會員(i)選擇享用「全年普通科門診保險計劃」或「全年牙科保險計劃」，有關會員必須於每個信用卡會籍年度內，每個月結單週期內最少以建行(亞洲)信用卡消費一次或全年累積消費達12,000港元或以上(包括購物簽賬及現金透支，但不包括結餘轉戶)；或(ii)選擇享用「年度身體檢查保險計劃」，有關會員必須於每個信用卡會籍年度內累積消費達12,000港元或以上(包括購物簽賬及現金透支，但不包括結餘轉戶)。如會員未能符合以上使用條件，而曾經享用保險計劃所提供之服務，「銀行」將於信用卡會籍屆滿時或建行(亞洲)信用卡取消時(以較早日子為準)，收取500港元之行政費。

若本人/吾等符合資格以「友邦保險」保費(只適用於人壽保險及個人意外保險，及以建行(亞洲)信用卡繳付之保費除外)作為計算「年度身體檢查保險計劃」之部份或全部消費要求。本人/吾等謹此授權「銀行」可向有關保單之友邦業務代表或「友邦保險」查證或取得有關本人/吾等的「友邦保險」保單資料。此外，本人/吾等明白及謹此授權「銀行」可搜集、處理本人/吾等就此登記表格項下之個人資料及其他事宜。本人/吾等亦同意本人/吾等就此登記表項下的資料及其後與此有關之日的可由友邦保險與銀行共用。

本人/吾等明白，本人/吾等須於本人之建行(亞洲)信用卡簽發日期起計20個工作天內，填妥並交回本「全年牙科/年度身體檢查/全年普通科門診保險計劃」登記/續期表格，而「全年牙科/年度身體檢查/全年普通科門診保險計劃」只適用於本人/吾等所選擇之保險計劃之登記及之後之續期，獲成功批核及以本人/吾等收到有關保險計劃之專頁及以「銀行」所發出之確認信為證，而確認信上將列明所選擇之保險計劃之有效時期。本人/吾等已閱讀、明白及同意受所有適用條款及細則所約束。本人/吾等謹此要求並授權「友邦保險」或其指派人將指定診所/化驗中心名單郵寄予本人/吾等(如適用)。有關建行(亞洲)信用卡賬戶必須為有效賬戶及有關建行(亞洲)信用卡會員不可違反會員合約之條款及細則。

本人/吾等明白，「年度身體檢查保險計劃」之登記費為270港元(適用於「年度身體檢查保險計劃」指定化驗中心)或200港元(適用於「年度身體檢查保險計劃」非指定化驗中心)；「全年普通科門診保險計劃」之登記費為330港元(適用於「全年普通科門診保險計劃」指定診所)或80港元(適用於「全年普通科門診保險計劃」非指定診所)；「全年牙科保險計劃」登記費為150港元(適用於「全年牙科保險計劃」指定診所)或80港元(適用於「全年牙科保險計劃」非指定診所)。「年度身體檢查保險計劃」之轉讓費為40港元。費用一經扣除，恕不退還。有關保險計劃請瀏覽本行網頁(個人銀行首頁 > 信用卡首頁 > 尊享禮遇 > 免保費「全年保險計劃」)。

本聲明之中、英文本如有任何差別，概以英文本為準。

## Declaration

I/We hereby authorize China Construction Bank (Asia) Corporation Limited ("CCB (Asia)") and AIA International Limited (Incorporated in Bermuda with limited liability) ("AIA") or its appointee(s) to act on my/our behalf to establish a list of appointed clinics/medical laboratories (as applicable) under the Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan Master Group Policy ("the said Policy") issued by AIA or its appointee(s) for the provision of the health care services to myself/ourselves and my/our dependent(s) and transferee(s) and supplementary cardmember(s) (if applicable) upon enrollment in the said Policy and to handle all administrative matters with respect to the provision of such services.

I/We confirm that the information given in this Form is correct and complete, and authorize CCB (Asia) and AIA or its appointee(s) to confirm this in any way AIA or its appointee(s) may choose. I/We agree to indemnify AIA or its appointee(s) for any losses reasonably sustained or incurred as a result of any incorrect information.

I/We hereby declare and agree that any personal information (including information pertaining to my/our dependent(s)/ transferee(s)/ supplementary cardmember(s)', if any, medical history or to any service rendered to me/us) collected or held by AIA or its appointee(s) is provided and may be held, used and disclosed by AIA to individuals/organisations associated with AIA or any selected third parties (within or outside Hong Kong, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing my/our Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan Benefits. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by AIA and its appointee(s) concerning me/us (and my/our transferee(s)/dependent(s)/supplementary cardmember(s), if any). Such request can be made to AIA's Group Insurance Department at AIA. Subsequent addition of similar personal information provided by me/us shall also be subject to this Declaration.

I/We agree to the terms of the Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan (as applicable) provided by AIA or its appointee(s) where it is to arrange for medical practitioners, dentists and other health care providers to accept direct billing from participating providers for health services rendered to me/us, recover from me/us for expenses of any medical treatment which are excluded from or exceed the benefit limits stipulated by the Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan (as applicable).

The Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan will become available, subject to CCB (Asia) Credit Card cardmember's receipt of the Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan leaflet(s) and the confirmation letter(s) from CCB (Asia) or its appointee(s), upon successful enrollment or renewal of the Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan(s); provided that (i) with respect to the Annual General Practice Outpatient Insurance Plan and the Annual Dental Insurance Plan, the relevant principal CCB (Asia) Credit Card cardmember must use his/her CCB (Asia) Credit Card at least once per statement cycle or has a total accumulated spending of a sum equals to or exceeding HKD12,000 (retail purchases and cash advances inclusive but excluding balance transfers) during the effective cardmembership year; or (ii) with respect to the Annual Medical Check-up Insurance Plan, the relevant principal CCB (Asia) Credit Card cardmember has a total accumulated spending of a sum equals to or exceeding HKD12,000 (retail purchase and cash advances inclusive but excluding balance transfers) during the effective cardmembership year. If such requirements are not met and the CCB (Asia) Credit Card Cardmember has enjoyed the services of the plan, an administration fee equals to HKD500 will be levied by the end of the cardmembership year or at the date of termination of the CCB (Asia) Credit Card, whichever is earlier.

To the extent that I/we am/are entitled to use my/our AIA insurance plan premium (only applicable to life insurance and personal accident insurance and excluding any premium paid using my/our CCB (Asia) Credit Card) as part or all of the usage requirement for the Annual Medical Check-up Insurance Plan, I/we hereby authorize CCB (Asia) to confirm or obtain information related to my/our AIA insurance plan from either my/our insurance agent or from AIA directly.

Further, I/we hereby agree and authorize CCB (Asia) to collect and/or process and/or handle my/our Annual Medical Check-up/General Practice Outpatient/Dental Insurance Plan Enrolment Form herein and my/our personal data and any other information in relation hereto. I also agree that my personal data and particulars provided in this application for, and subsequently for any purpose in relation hereto, be shared between AIA and CCB (Asia).

I/We understand that I/we need to complete and return this Annual Dental/Medical Check-up/General Practice Outpatient Insurance Plan Enrollment/Renewal Form within 20 business days from my/our CCB (Asia) Credit Card issuance date and the Annual Dental/Medical Check-up/General Practice Outpatient Insurance Plan will only be available to me/us upon successful enrollment and subsequent renewal of my/our chosen insurance plan as proven by my/our receipt of the confirmation letter(s) Issued by CCB (Asia), stating the effective period of such chosen insurance plan(s). I/We have read, understood and agreed to be bound by all applicable terms and conditions in relation thereto. I/We hereby request and authorize you or your appointee(s) to send me/us the list of appointed clinics/medical laboratories (if applicable). The relevant CCB (Asia) Credit Card account must be valid and the relevant CCB (Asia) Credit Card cardmember must not be in breach of the terms and conditions of the CCB (Asia) Credit Card Cardmember Agreement.

I/We understand that the enrollment fee for the Annual Medical Check-up Insurance Plan is HKD270 (only applicable to "Annual Medical Check-up Insurance Plan" laboratories) or HKD200 (only applicable to "Annual Medical Check-up Insurance Plan" any laboratories); for the Annual General Practice Outpatient Insurance Plan is HKD330 (only applicable to "Annual General Practice Outpatient Insurance Plan" appointed clinics) or HKD80 (only applicable to "Annual General Practice Outpatient Insurance Plan" any clinics); and for the Annual Dental Insurance Plan is HKD150 (only applicable to the "Annual Dental Insurance Plan" appointed clinics) or HKD80 (only applicable to "Annual Dental Insurance Plan" any clinics). The transfer service fee for the "Annual Medical Check-up Insurance Plan" is HKD40. Once the fee has been deducted, it is non-refundable. Please refer to our bank website (Home > Credit Cards > Exclusive Privileges > Premium Free "Annual Insurance Plan") for the details of the insurance plans.

In case of any discrepancies between the Chinese and English versions of the Declaration, the English version shall prevail.

POSTAGE  
WILL BE  
PAID BY  
LICENSEE  
郵費由持  
牌人支付

NO POSTAGE  
STAMP  
NECESSARY IF  
POSTED IN  
HONG KONG  
如在本港投寄  
毋須貼上郵票

**BUSINESS REPLY SERVICE**  
**LICENCE NO. 7605**

**China Construction Bank (Asia) Corporation Limited**  
**P.O. Box 60126**  
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