



旅遊學院學生醫療保險計劃 Student Medical Insurance for Institute for Tourism Studies	澳門幣 In Mop	一般不受保項目 General Exclusions
住院 (100% 賠償率) Hospitalization (100% Reimbursement)	計劃 1 Plan 1	<ol style="list-style-type: none"> 非正式註冊醫生或醫院所施行之治療。 Treatment not by a registered doctor or legally operating hospital. 非因病所需之例行健康檢查及防疫注射。 Routine medical examinations, vaccination, immunization and injection not required in treatment of an illness. 因戰爭由戰爭、恐怖主義活動、罷工、暴亂、革命或軍事活動所引致的傷而引致之疾病或損傷。 Any injury resulting from war, declared or undeclared, acts of terrorism, strike, riot, revolution or any warlike operation. 因參加非法活動而引致之損傷。 Injuries resulting from participation in illegal acts. 直接或間接由參加各項危險及全職運動所招致之損傷。 Injuries arising directly or indirectly as a result of participation in any dangerous or professional sport. 因神經失常或自招之損傷、精神紊亂引致之治療。 Injuries due to insanity or self-infliction, treatment due to function disorder of mind. 在受保前所存在之病症。 Pre-existing conditions. 避孕或不育之治療。 Treatments due to Birth Control or treatment pertaining to infertility. 懷孕引致的治療。 Treatments due to pregnancy. 純屬休養之治療費用。 Rest cures; sanitarium care. 任何美容手術或保險生效日期以前已有病症之外科整形手術。 Cosmetic surgery for purpose of beautification, or plastic surgery for any pre-existing condition. 性病及其他後遺症，後天缺乏免疫力症。 Venereal Diseases or their sequelae; AIDS and ARC. 濫用藥或酒精中毒。 Drug addiction or alcoholism. 先天性不健全。 Congenital anomalies existing at the time of birth. 自殺或企圖自殺。 Suicide or attempted suicide. 牙科治療、屈光不正、驗眼或配眼鏡。 Dental treatment, treatment of eye refractions or fitting eye glasses.
每日住房及膳食費 (每日最高賠償) / 每症最高三十日 Daily Room & Board (per day limit) / Max. 30 days per disability	200	
醫生巡房費 (每日最高賠償) / 每症最高三十日 In-hospital Doctor's visit (per day limit) / Max. 30 days per disability	100	
醫院服務費 (每症最高) Hospital Services (Max. per disability)	4,000	
手術費 (每症最高) Surgical Fees (Max. per disability)		
複雜手術 Complex	10,000	
大手術 Major	7,500	
中手術 Intermediate	5,000	
小手術 Minor	2,250	
麻醉師費 (每症最高) Anaesthetist's Fee (Max. per disability)		
複雜手術 Complex	3,000	
大手術 Major	2,250	
中手術 Intermediate	1,500	
小手術 Minor	750	
手術室費 (每症最高) Operating Theatre (Max. per disability)		
複雜手術 Complex	3,000	
大手術 Major	2,250	
中手術 Intermediate	1,500	
小手術 Minor	750	
主診專科醫生費* (每症最高) In-hospital Specialist Consultation (Per disability *)	1,000	
門診 (100% 賠償率) Outpatient (100% Reimbursement)		
西醫門診費用 (每保單年度最高賠償 15 次) Clinical Consultation (15 visits per policy year)	200	
專科醫生門診費用 * (每保單年度最高賠償 15 次) Specialist Consultation * (15 visits per policy year)	200	
中醫及跌打門診費用(每保單年度最高賠償 15 次) Chinese Herbalist & Bonesetter (15 visits per policy year)	200	
物理治療/脊椎治療費用*(每保單年度最高賠償 15 次) Physiotherapist/Chiropractor* (15 visits per policy year)	200	
以上四個項目每保單年度次數限額 Max. visits per policy year for the above 4 items combined	15	
診斷性 X-光及化驗 (每保單年度最高賠償*) Diagnostic X-ray & Lab. Test (Max. per policy year *)	1,000	
緊急醫療護送服務# Emergency Assistance Service and Benefit		<p>備註 Remarks:</p> <ul style="list-style-type: none"> - 地域限制: 受保障地區只接受澳門特別行政區。 Territorial Limitation: It is only covered in Macau Special Administrative Region - 住院醫療保險範圍僅限於鏡湖醫院、科大醫院及仁伯壽綜合醫院 In-patient Benefits is applicable to Kiang Wu Hospital, University Hospital and Centro Hospitalar Conde de S. Januario, - #緊急醫療護送服務提供在以澳門居住地以外地區不超過 90 日的旅程的緊急援助服務，以及緊急遣返服務之目的地為居住地澳門。 Emergency Assistance Service and Benefit apply worldwide outside Macau and for the trips not exceeding ninety (90) consecutive days, and the destination is Macau for the Medical Evacuation / Repatriation service.
全球緊急支援 Worldwide Emergency Assistance	Unlimited	
緊急遣返護送 Medical Evacuation / Repatriation	Unlimited	

索償程序 Claims Procedures

- *必須經主診西醫指定方為有效

* Must be referred or recommended by the attending physician.

- 門診醫療保險範圍可適用於澳門註冊西醫、中醫及物理治療師，以及聯豐亨網絡醫生之記賬服務。

The Clinical Consultation Benefit is applicable to Registered Medical Practitioner in Macau SAR and credit facility service in LFH panel doctor network.

- 使用非指定網絡醫生:1) 取回有醫院或門診醫生簽名或蓋章之正本收據,收據上有醫生註明所有診斷之病症;2) 將正本收據及轉介信(如適用)連同填妥之賠償申請表格於求診日起 90 日內,一併交回聯豐亨保險有限公司醫療保險部,以便處理有關賠償申請。

Consultation at Non-Panel Doctors: 1) Request of doctor's receipt and invoice/ account statement with proper specification of the diagnosis by the attending doctor on the original bills in the event of either hospitalization or clinical call; 2) Submit the original bills & referral letter together (if available) with the completed Group Medical Insurance claim form to the Medical Insurance Dept. of LFH within 90 day.

- 使用指定網絡醫生(只限一般西醫門診、專科及中醫內科)

Consultation at Panel Doctors (General Practitioner, Specialist Practitioner and Chinese Internal Medicine Herbalist only)

1) 使用澳門(聯豐亨)網絡門診醫生時,請出示閣下之醫療卡便可; 2) 持咭人每年門診次數超過保單最高限制後,不應再使用該醫療保險咭,若持咭人再次使用醫療保險咭,有關費用將由持卡人負責。

1) Please show your LFH medical card to the Macau (LFH) panel doctor's clinic for verification; 2) Whenever a cardholder reaches his/her maximum available benefits stated in the Policy, he/she shall not use the medical card anymore. If the cardholder continues to use his/her medical card after the maximum benefit has been reached, the employee / cardholder will be liable for all the expenses incurred.



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住院 (100% 賠償率) Hospitalization (100% Reimbursement)	計劃 1 Plan 1	<ol style="list-style-type: none"> 非正式註冊醫生或醫院所施行之治療。 Treatment not by a registered doctor or legally operating hospital. 非因病所需之例行健康檢查及防疫注射。 Routine medical examinations, vaccination, immunization and injection not required in treatment of an illness. 因戰爭由戰爭、恐怖主義活動、罷工、暴亂、革命或軍事活動所引致的傷而引致之疾病或損傷。 Any injury resulting from war, declared or undeclared, acts of terrorism, strike, riot, revolution or any warlike operation. 因參加非法活動而引致之損傷。 Injuries resulting from participation in illegal acts. 直接或間接由參加各項危險及全職運動所招致之損傷。 Injuries arising directly or indirectly as a result of participation in any dangerous or professional sport. 因神經失常或自招之損傷、精神紊亂引致之治療。 Injuries due to insanity or self-infliction, treatment due to function disorder of mind. 在受保前所存在之病症。 Pre-existing conditions. 避孕或不育之治療。 Treatments due to Birth Control or treatment pertaining to infertility. 懷孕引致的治療。 Treatments due to pregnancy. 純屬休養之治療費用。 Rest cures; sanatoria care. 任何美容手術或保險生效日期以前已有病症之外科整形手術。 Cosmetic surgery for purpose of beautification, or plastic surgery for any pre-existing condition. 性病及其他後遺症，後天缺乏免疫能力症。 Venereal Diseases or their sequelae; AIDS and ARC. 濫用藥或酒精中毒。 Drug addiction or alcoholism. 先天性不健全。 Congenital anomalies existing at the time of birth. 自殺或企圖自殺。 Suicide or attempted suicide. 牙科治療、屈光不正、驗眼或配眼鏡。 Dental treatment, treatment of eye refractions or fitting eye glasses.
每日住房及膳食費 (每日最高賠償) / 每症最高三十日 Daily Room & Board (per day limit) / Max. 30 days per disability	300	
醫生巡房費 (每日最高賠償) / 每症最高三十日 In-hospital Doctor's visit (per day limit) / Max. 30 days per disability	150	
醫院服務費 (每症最高) Hospital Services (Max. per disability)	6,000	
手術費 (每症最高) Surgical Fees (Max. per disability)		
複雜手術 Complex	15,000	
大手術 Major	11,250	
中手術 Intermediate	7,500	
小手術 Minor	3,380	
麻醉師費 (每症最高) Anaesthetist's Fee (Max. per disability)		
複雜手術 Complex	4,500	
大手術 Major	3,380	
中手術 Intermediate	2,250	
小手術 Minor	1,130	
手術室費 (每症最高) Operating Theatre (Max. per disability)		
複雜手術 Complex	4,500	
大手術 Major	3,380	
中手術 Intermediate	2,250	
小手術 Minor	1,130	
主診專科醫生費* (每症最高) In-hospital Specialist Consultation (Per disability *)	1,500	
門診 (100% 賠償率) Outpatient (100% Reimbursement)		
西醫門診費用 (每保單年度最高賠償 15 次) Clinical Consultation (15 visits per policy year)	300	
專科醫生門診費用 * (每保單年度最高賠償 15 次) Specialist Consultation * (15 visits per policy year)	300	
中醫及跌打門診費用 (每保單年度最高賠償 15 次) Chinese Herbalist & Bonesetter (15 visits per policy year)	300	
物理治療/脊椎治療費用* (每保單年度最高賠償 15 次) Physiotherapist/Chiropractor* (15 visits per policy year)	300	
以上四個項目每保單年度次數限額 Max. visits per policy year for the above 4 items combined	15	
診斷性 X-光及化驗 (每保單年度最高賠償*) Diagnostic X-ray & Lab. Test (Max. per policy year *)	1,500	
緊急醫療護送服務# Emergency Assistance Service and Benefit		
全球緊急支援 Worldwide Emergency Assistance	Unlimited	
緊急遺體護送 Medical Evacuation / Repatriation	Unlimited	

備註 Remarks:
- 地域限制: 受保障地區只接受澳門特別行政區。
Territorial Limitation: It is only covered in Macau Special Administrative Region
- 住院醫療保險範圍僅限於鏡湖醫院、科大醫院及仁伯島綜合醫院
In-patient Benefits is applicable to Kiang Wu Hospital, University Hospital and Centro Hospitalar Conde de S. Januario,
- #緊急醫療護送服務提供在以澳門居住地以外地區不超過 90 日的旅程的緊急援助服務，以及緊急遺體護送之目的地為居住地澳門。
Emergency Assistance Service and Benefit apply worldwide outside Macau and for the trips not exceeding ninety (90) consecutive days, and the destination is Macau for the Medical Evacuation / Repatriation service.

索償程序 Claims Procedures

- *必須經主診西醫指定方為有效

* Must be referred or recommended by the attending physician.

- 門診醫療保險範圍可適用於澳門註冊西醫、中醫及物理治療師，以及聯豐亨網絡醫生之記賬服務。

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Consultation at Non-Panel Doctors: 1) Request of doctor's receipt and invoice/ account statement with proper specification of the diagnosis by the attending doctor on the original bills in the event of either hospitalization or clinical call; 2) Submit the original bills & referral letter together (if available) with the completed Group Medical Insurance claim form to the Medical Insurance Dept. of LFH within 90 day.

- 使用指定網絡醫生(只限一般西醫門診、專科及中醫內科)

Consultation at Panel Doctors (General Practitioner, Specialist Practitioner and Chinese Internal Medicine Herbalist only)

1) 使用澳門(聯豐亨)網絡門診醫生時, 請出示閣下之醫療卡便可; 2) 持咭人每年門診次數超過保單最高限制後, 不應再使用該醫療保險咭, 若持咭人再次使用醫療保險咭, 有關費用將由持卡人負責。

1) Please show your LFH medical card to the Macau (LFH) panel doctor's clinic for verification; 2) Whenever a cardholder reaches his/her maximum available benefits stated in the Policy, he/she shall not use the medical card anymore. If the cardholder continues to use his/her medical card after the maximum benefit has been reached, the employee / cardholder will be liable for all the expenses incurred.



醫療保險計劃
MEDICAL INSURANCE PLAN

福利項目 Benefit Items	福利上限 (澳門幣) Benefit Limit (MOP)	
	計劃一 PLAN 1	計劃二 PLAN 2
住院福利 (100% 賠償率) Hospitalization Benefit (100% Reimbursement)		
每日住房及膳食費 (每日最高限額) / 每症最高三十日 Daily Room & Board (per day limit) / Max. 30 days per disability	200	300
醫生巡房費 (每日最高限額) / 每症最高三十日 In-hospital Doctor's visit (per day limit) / Max. 30 days per disability	100	150
醫院服務費 (每症最高限額) Hospital Services (Max. per disability)	4,000	6,000
手術費 (每症最高限額) Surgical Fees (Max. per disability)		
複雜手術 Complex	10,000	15,000
大手術 Major	7,500	11,250
中手術 Intermediate	5,000	7,500
小手術 Minor	2,250	3,380
麻醉師費 (每症最高限額) Anaesthetist's Fee (Max. per disability)		
複雜手術 Complex	3,000	4,500
大手術 Major	2,250	3,380
中手術 Intermediate	1,500	2,250
小手術 Minor	750	1,130
手術室費 (每症最高限額) Operating Theatre (Max. per disability)		
複雜手術 Complex	3,000	4,500
大手術 Major	2,250	3,380
中手術 Intermediate	1,500	2,250
小手術 Minor	750	1,130
住院專科醫生診費 * (每症最高限額) In-hospital Specialist Consultation * (Max. per disability)	1,000	1,500
門診福利 (100% 賠償率) Outpatient Benefit (100% Reimbursement)		
西醫門診費用 (每保單年度最高賠償 15 次) Clinical Consultation (15 visits per policy year)	200	300
專科醫生門診費用 * (每保單年度最高賠償 15 次) Specialist Consultation * (15 visits per policy year)	200	300
中醫及跌打門診費用 (每保單年度最高賠償 15 次) Chinese Herbalist & Bonesetter (15 visits per policy year)	200	300
物理治療/脊椎治療費用*(每保單年度最高賠償 15 次) Physiotherapist/Chiropractor* (15 visits per policy year)	200	300
以上四個項目每保單年度次數限額 Max. visits per policy year for the above 4 items combined	15	15
診斷性 X - 光及化驗 (每保單年度最高賠償*) Diagnostic X-ray & Lab. Test (Max. per policy year *)	1,000	1,500
緊急醫療護送服務# Emergency Assistance Service and Benefit		
全球緊急支援 Worldwide Emergency Assistance	Unlimited	Unlimited
緊急遣體護送 Medical Evacuation / Repatriation	Unlimited	Unlimited
全年保費 Annual Premium		
澳門幣 MOP	200	300

- 地域限制：受保障地區只接受澳門特別行政區。
Territorial Limitation : It is only covered in Macau Special Administrative Region
- 住院醫療保險範圍僅限於鏡湖醫院、科大醫院及仁伯爵綜合醫院。
Hospitalization Benefits is applicable to Kiang Wu Hospital, University Hospital and Centro Hospitalar Conde de S. Januario.
- 門診醫療保險範圍可適用於澳門註冊西醫、中醫及物理治療師，以及聯豐亨網絡醫生之記賬服務(門診醫療、專科醫生醫療及中醫內科醫療)。
The Clinical Consultation Benefit is applicable to Registered Medical Practitioner in Macau SAR and credit facility service in LFH panel doctor network (General Practitioner, Specialist Practitioner & Chinese Internal Medicine Herbalist).
- #緊急醫療護送服務提供在以澳門居住地以外地區不超過 90 日的旅程的緊急援助服務，以及緊急遣返服務之目的地為居住地澳門。
Emergency Assistance Service and Benefit apply worldwide outside Macau and for the trips not exceeding ninety (90) consecutive days, and the destination is Macau for the Medical Evacuation / Repatriation service..
- *必須由主診西醫處方轉介信方為有效。
* Must be referred or recommended by the attending physician in written.



醫療保險計劃申請表
MEDICAL INSURANCE APPLICATION FORM

學生資料 Students Details

學生姓名 Name of Student	證件編號 Identity Card No.
出生日期 Date of Birth (日 DD / 月 MM / 年 YYYY)	性別 Sex
學生編號 Student No.	
澳門聯絡電話 Contact No. in Macau	
澳門聯絡地址 Address in Macau	
電郵地址 Email Address	
身高及體重 Height & Weight	身高 Height : _____ (cm) 體重 Weight: _____ (kg)
保單期 Insurance Period	<input type="checkbox"/> 新投保 NEW 由 From 01 - 08 - 2019 to 至 31- 07- 2020

賠償方法 Claim Settlement Method

在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和存款戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.

本公司將賠償款項（如有）直接存入保單持有人／受保人之戶口，請填寫以下資料（聯豐亨保險將不會為任何錯誤或疏忽負責）：

For claim payment (if any) direct credit to Policyholder/ Insured Person's bank account, please complete all of the following (LFH does not accept liability for any error or omissions):

Account Holder's Name (Must be the same as the Insured Student 必須與學生本人相同) 戶口持有人姓名:				
銀行名稱 Bank Name	<input type="checkbox"/> BOC 澳門中國銀行	<input type="checkbox"/> TFB 澳門大豐銀行	<input type="checkbox"/> WHB 澳門永亨銀行	銀行帳戶號碼 Bank A/C No.
	<input type="checkbox"/> ICBC 工銀澳門	<input type="checkbox"/> BNU 澳門大西洋銀行	<input type="checkbox"/> BCM 澳門商業銀行	

登記資料 Benefit Enrollment Details

請在適當的方格內填上“ ”號 Please put a " " in the appropriate box

住院及門診醫療保障 Hospitalization & Out-Patient Benefit	計劃 PLAN	全年保費 Annual Premium	實收保費 Premium to be paid
	<input type="checkbox"/> 計劃一 PLAN 1	MOP 200.00	
	<input type="checkbox"/> 計劃二 PLAN 2	MOP 300.00	

學生問卷 Questionnaire to Student

	Yes 是	No 否
1 閣下是否已購買現時仍生效的醫療保險？ Do you have any medical insurance now in force in respect of the Insured to be covered？ 如答“是”，請詳列投保人現時仍生效之醫療保險。 For “Yes”, please give details of the existing medical insurance policy purchased. _____	<input type="checkbox"/>	<input type="checkbox"/>
2 閣下曾否被拒絕承保任何人壽、醫療保險、或被評估、修改任何保單及取消續保？ Have you to be covered ever been refused any form of life or medical insurance or ever had a policy rated, modified, or renewal thereof refused？	<input type="checkbox"/>	<input type="checkbox"/>
3 閣下有否考慮參與任何危險運動或競賽(如越野賽車、攀山、攀石、滑雪跳躍、滑翔運動、吊索跳崖或潛水)？ Do you to be covered contemplate to engage in any hazardous sports or races(motor rallies, mountaineering, rock-climbing, ski-jumping, bungee jumping or engaging in diving)？	<input type="checkbox"/>	<input type="checkbox"/>
4 閣下曾否因以下疾病接受治療，或被告知有包括但並不限於血壓不正常、潰瘍、肺結核、精神失常、血栓塞、脫腸症、糖尿病、癌症、靜脈曲脹、性病、癱瘓、關節炎、風濕、神經失常、泌尿系統不正常、脊柱病或心臟病？ Have you to be covered ever been treated for or told that you have such as but not limited to abnormal blood pressure, ulcers, tuberculosis, mental disorder, thrombosis, hernia, diabetes, cancer, varicose veins, venereal disease, paralysis, arthritis, rheumatism, any disorder of disease of nervous, genito-urinary system, spinal or heart？	<input type="checkbox"/>	<input type="checkbox"/>
5 請提供閣下的家庭醫生全名及地址 Please give full name and address of your family physician _____ 以上各題如答“是”，請列明詳細資料 If answer of above questions is “Yes”, please give full details _____		



學生須知 Important Notes to Student

A. 可保性 Insurability

- A1. 投保人須為旅遊學院學生，並不超過65歲。
The Student must be an Institute for Tourism Studies Students and under age 65.
- A2. 此醫療保險計劃僅提供予旅遊學院學生，學生一旦退學，將不能為本醫療保險計劃續保。
This Medical Insurance is provided for the student of Institute for Tourism Studies only. Once the students leave the University, the student can't be renewal the Medical Insurance for themselves
- A3. 此醫療保險計劃申請有效期為2019年9月30日前。
This Medical Insurance is only applied before 30 September 2019.

B. 承保條件 Underwriting Condition

- B1. 學生提交申請資料時，聯豐亨保險有限公司有權釐訂保障計劃之申請接受與否。
LFH reserves the sole right to determine whether the application is acceptable or not in accordance with the information submitted at the time of application by the student.
- B2. 學生於投保時必須填寫上列之學生問卷。
Student must fill the Questionnaire to Student.
- B3. 此計劃提供的保障，必須在聯豐亨保險有限公司確定接納投保申請後，及收妥保費後，才能正式生效。
The liability of the company does not commence until this application has been accepted by LFH and the premium paid.
- B4. 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡閣下所知及所信而作答的。閣下並沒有隱瞞任何重要資料及同意此申請書之內容及聲明將成為此項保險合約之承保根據。閣下在此確認，如未能提供真實及準確無誤之資料或通知聯豐亨保險有限公司（“聯豐亨”）任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
That the answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of your knowledge and belief. You have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Luen Fung Hang Insurance Company Limited (“LFH”) and you. You hereby acknowledge that failure to supply true and accurate answers to this application or inform LFH of all material information about your application may render LFH unable to accept or process this application or the insurance policy void.
- B5. 此投保申請表所述之資料內容僅供參考用途，一切條款，以聯豐亨之保單為準。
The information in this application form is for reference only. The final interpretation of any specific provision or its applicability is subject to the provisions of LFH Policy.

C. 取消 Cancellation

- 取消保障 – 保費不設退款。
The premium is not refundable for any cancellation of coverage.

備註 Remarks :

- (1) 請附交下列文件之影印本：學生身份證及旅遊學院學生證/學費收據。
Please attach copies of the following documents : Student's I.D. and Student Card of Institute for Tourism Studies or Tuition Fee Payment Receipt.
- (2) 本申請表及所有附交文件概不發還。
All application forms and documents submitted will not be returned .
- (3) 如閣下之申請不獲接納，所繳付之保費金額將全數以支票或退回閣下載於本申請表格內之銀行帳戶。
If your application is not accepted, the premium paid will be refunded by cheque or to your bank A/C stated in this application form.

聲明及授權 Declaration & Authorization

本人明白及同意 IT IS UNDERSTOOD AND AGREED :

- (1) 本人，即受保學生謹此聲明，本投保書內所載問題之陳述及答覆，均為全部正確無訛。本人並特此同意，此等陳述及答覆均會成為保單之基礎及其中一部份。
I, Student hereby declare that all statements and answers to all questions stated in this Application Form are to the best of my knowledge and belief complete and true and I hereby agree that these statements and answers shall form the basis and become a part of any policy issued hereunder.
- (2) 本投保書是本人在澳門特別行政區內簽署，如有任何訛騙或資料失實，本人之保障有失效之虞。
I declare that this Proposal Form is applied and signed at Macau Special Administrative Region, in case of fraud or factual misrepresentation, the cover for me may be invalidated.
- (3) 本人同意接受「醫療保險計劃」保單上所訂的條款及細則。
I agree to accept all the terms and conditions of “MEDICAL INSURANCE” Policy.
- (4) 本人同意聯豐亨保留一切有關投保書接納與否之權利。
I agree LFH reserves the right to accept or decline my application.
- (5) 本人明白必須繳付保費後，聯豐亨對本人之保險責任始行生效。
I understand that LFH's liability for myself and/or for the Insured Person(s) will only take effect provided that premium has been paid.
- (6) 本人明白我所提供的資料為聯豐亨提供保險業務所需，並可能使用於下列目的：
The information provided by me to LFH is collected to enable Luen Fung Hang to carry on insurance business and may be used for the purpose of :
-任何與保險或財務有關的產品或服務，包括但不限於保險、理財、退休金或退休金計劃，或該等產品或服務的申請及任何更改、變更、取消、續期及/或復效的申請；
-processing and/or approving applications for products and/or services and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and/or services which may include, without limitation, insurance, provident fund or scheme, or other financial products or services;
-不時向本人推薦及提供產品及/或服務，及執行、維持、管理及營運該等產品及/或服務；
-offering and providing products and/or services to me from time to time, and administering, maintaining, managing and operating such products and/or services;
-任何索償，或該等索償的調查、分析、處理、評估、釐定或回應該等索償；
-any claim or investigation, analyzing, processing, assessing, determining or responding of such claims;
-行使任何代位權；
-exercising any right of subrogation;
-防止及/或偵查罪行、欺詐及其他不誠實的行為；及
-preventing and/or detecting crimes, fraud and other dishonest behavior; and



-可能移轉予下述各方（無論在澳門特別行政區境內或境外）作為上述列出目的之用：

May be transferred to the following parties (whether within or outside the Macau Special Administrative Region) for the purposes set out as above :

- ◆ 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員；
reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
- ◆ 任何向聯豐亨及/或其相關聯公司提供業務運作有關的行政、電訊、電腦、市場推廣及/或其他服務的代理人、承攬人、商業夥伴及第三方服務供應商；
agents, contractors, business partners, and third party service providers who provide administration, telecommunications, computer, marketing, and/or other services to LFH and/or any of its affiliated companies in connection with the operation of business;
- ◆ 根據對聯豐亨具法律約束力的規定，或因監管或其他管理機構所要求聯豐亨遵守的指引，履行對任何人士的披露責任；
any person to whom LFH is under an obligation to make disclosure under the requirements of any law binding on LFH or under and for the purposes of any guidelines issued by regulatory or other authorities with which LFH are expected to comply;
- ◆ 任何對聯豐亨有保密責任的人。
any other person under a duty of confidentiality to LFH which has undertaken to keep such information confidential.

(7) 本人明白本人有權查閱及要求更正由聯豐亨持有有關本人的個人資料；及/或要求不將該等個人資料用於直接促銷的用途。如有需要，本人/我們可向聯豐亨醫療保險部提出，地址：澳門新口岸宋玉生廣場398號中航大廈四樓。

I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by Luen Fung Hang and/or not to use data for direct marketing purpose. Requests for such access can be made to the Medical Insurance Department of LFH, address: No. 398 Alameda Dr. Carlos D'Assumpcao, Edificio CNAC, 4 Andar, Macau.

本人明白及授權，且不得撤回 IT IS UNDERSTOOD AND IRREVOCABLY AUTHORIZED :

- (1) 本人特此授權任何擁有本人之任何記錄或資料之任何註冊醫生、醫院、診所或保險公司，可向聯豐亨提供任何上述資料。
I hereby authorize any licensed physician, hospital, clinic or insurance company that has any records or knowledge of me to give any such information to LFH.
- (2) 如本人此申請不獲接納，所繳付之保費金額將全數退回本人載於本申請表格內之銀行帳戶。
If my application is not being accepted, the deposit premium should be refund to my bank A/C under this application form
- (3) 本人授權聯豐亨可向有關的保險行業協會及聯會和該等協會及聯會的會員從保險業內收集的資料中查閱及/或核對本人任何資料。
LFH is hereby authorized to obtain access to and/or to verify any data provided by me with the information collected by the relevant insurance industry associations and federations, and members of such industry associations and federations from the insurance industry.

學生簽名 Signature of Student

簽署日期 Signed Date :

基本資料 General Information (公司留用 For Office Use Only)

主保單編號 Master Policy No.			
計劃類型 Scheme Type		保險類型 Benefit Type	醫療 Medical
生效日期 Effective Date	/ / (日 DD /月 MM /年 YYYY)	到期日 Expiry Date	自保單生效日起一年內有效。 One year of the Effective Date