

# BUPA HEALTH INSURANCE SCHEME CREDIT CARD AUTHORISATION FORM

## 保柏醫療保障計劃信用卡付款授權書



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫妥本表格，並於適用地方加「✓」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Subscriber's Name 投保人姓名	Tel No. 電話號碼	Fax No. 傳真號碼
Membership No. (16 digits) 會員編號 (16位數字)	Email Address 電郵地址	

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the bottom of this page for your reference. This information can also be found on our website. 若您選擇郵寄此表格，請複印此頁底部的「個人資料收集聲明」以作將來參考之用。您亦可於我們的網頁隨時瀏覽有關資料。

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again. 若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若您已傳真此表格給我們，請無須寄回此表格。

Annual / Monthly Payment* 年繳或月繳*	Annual Payment Only 只限年繳		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Diners Club <input type="checkbox"/> American Express		
Cardholder's Name 持卡人姓名	HKID Card No. 香港身份證號碼	Credit Card Account No. 信用卡戶口號碼	Credit Card Expiry Date 信用卡到期日 (MM月 / YY年)

I hereby authorise and direct Bupa (Asia) Limited to debit the Subscription due from my credit card account on an annual / monthly basis until further notice. 本人茲授權保柏(亞洲)有限公司從本人的信用卡戶口每年 / 每月支付應繳保費金額，直至另行通知。

If the Cardholder is not the applicant / Subscriber, please fill in the following information. 若信用卡持有人並非申請人 / 投保人，請填寫以下資料。

Relationship with the applicant / Subscriber 與申請人 / 投保人關係 \_\_\_\_\_ Reason for paying Subscription on behalf of the applicant / Subscriber 代申請人 / 投保人支付保費的原因 \_\_\_\_\_

I hereby confirm to pay the Subscription due of Bupa Health Insurance Scheme for the applicant / Subscriber below

本人同意及承擔以下申請人 / 投保人之全數應繳之保柏醫療保障計劃保費金額

(Mr / Mrs / Ms)

(先生 / 太太 / 女士)

with HKID Card No.

香港身份證號碼 \_\_\_\_\_

\* Applicable to Hospital Cash Insurance Scheme / Bupa Care Pro / Bupa Care Kid / Bupa Together Health Insurance Scheme only.

只適用於「保柏住院現金」保障計劃 / 「保柏卓康健」 / 「保柏童康健」 / 「保柏互通保額」醫療保障計劃。

### Personal Information Collection Statement 個人資料收集聲明

I / We understand and agree that all personal information relating to me / the Member contained in this form will be used by Bupa for the purpose of (1) processing any Applications for insurance products and services; (2) making or receiving any payments in connection with my / our insurance; (3) communication with me / us about this form; (4) exercising the right to determine indebtedness, collecting and recovering amounts owing by me / us or any person who has provided any security or undertaking for my / our liabilities; and (5) satisfying any applicable legal or regulatory requirements.

I / We agree that such information may be transferred for the above purposes to any of the following parties (within or outside Hong Kong): British United Provident Association Limited and Bupa International Limited ("Group Company"), any insurance intermediaries as authorised by myself / ourselves and Bupa, any service providers providing services to Bupa, any association or federation relating to the insurance industry, and any person or organisation as required by law.

**Consequences of non-provision of personal information:** I / We understand that Bupa may be unable to process my / our Application(s) for insurance products and services if I / we fail to provide any information requested in this form or otherwise by Bupa.

**My rights in respect of my personal information:** I / We further understand that (1) under the Personal Data (Privacy) Ordinance, I / we shall have the right to request access to and correction of any personal information concerning me / us provided to Bupa; and that all such requests can be made in writing and addressed to the Data Protection Officer of Bupa at 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong or by other means as Bupa may notify me / us from time to time; and (2) I / we can contact Bupa's Customer Care helpdesk on 2517 5333 for any enquiries about the Personal Information Collection Statement. The detailed version of our "Personal Information Collection Statement" may be obtained on our website at <http://www.bupa.com.hk/eng/Others/legal-notices.aspx> or by calling our Customer Care helpdesk on 2517 5333.

本人 / 吾等明白及同意保柏透過此表格收集之本人 / 會員之個人資料，可供保柏用作以下用途 (1) 處理任何申請及提供保險有關服務；(2) 就本人 / 吾等的保險繳付及收取賬項；(3) 就此表格與本人 / 吾等聯絡；(4) 行使向本人 / 吾等提供保險和相關服務及產品而享有的權利，例如釐定欠付本人 / 吾等拖欠的任何款項的金額，及向本人 / 吾等或任何已為本人 / 吾等的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；及 (5) 遵守任何法例或監管要求。

本人 / 吾等同意該等資料可因上述用途提供予下述任何各方 (不論在香港境內或境外)：British United Provident Association Limited 及 Bupa International Limited (「集團公司」)、任何由本人 / 吾等及保柏授權的保險代理人、任何向保柏提供服務的供應商機構、與保險業相關之團體及任何法律要求的任何人士及團體。

**未能提供個人資料的後果：**本人 / 吾等明白若本人 / 吾等不能提供此表格或保柏要求的其他資料，保柏不能處理對保險產品及服務作出的申請。

**有關個人資料的權利：**本人 / 吾等明白 (1) 根據個人資料(私隱)條例，本人 / 吾等有權查閱及修正保柏所持有關於本人 / 吾等的任何個人資料。有關要求請致函本公司保障資料主任，地址為：香港鰂魚涌華蘭路25號柏克大廈18樓，或按保柏不時通知本人 / 吾等的其他途徑遞交；及 (2) 本人 / 吾等如對本個人資料收集聲明有任何查詢，可致電保柏客戶服務專線 2517 5333。

有關個人資料收集聲明之詳情，請參閱本公司之網站 <http://www.bupa.com.hk/chi/Others/legal-notices.aspx> 或可致電保柏客戶服務專線 2517 5333。

Cardholder's Signature 持卡人簽署	Contact Phone No. 聯絡電話號碼	Date 日期 (DD日 / MM月 / YY年)
X		X
For Bupa use only 保柏專用		
Bupa Membership No. : 保柏會員編號	Authorised Code : 授權代碼	
Subscription 保費 (HK\$港幣) : _____	Date 日期 (DD日 / MM月 / YY年) : _____	