

ManuPlan Employee Group Enrolment Sheet - To be Completed by Employer
專業僱員保障計劃 團體僱員登記表格 - 由僱主填寫
For Group with 20 or above employees 只供二十人或以上之團體使用

- Notes
- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any correction you make on this form.
 - Completed Form should be sent to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
 - Please submit Enrolment Sheet Supplementary Form(s) completed by the respective employee together with this form.

- 注意事項
- 請用正楷填寫，並於適當空格內加✓號。請於任何刪改之位置旁簽署。
 - 請將填妥的表格寄交九龍中央郵箱70302號宏利人壽保險(國際)有限公司。
 - 請將由有關僱員填寫之僱員登記表之附加表格連同本表格一併交回。

Policy No. 保單編號	-	Policyholder Name 保單持有人名稱	
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A. EMPLOYEE & DEPENDENT INFORMATION# 僱員及家屬資料#					
Please fill in (17) - (22) if dependent coverage is provided. If more than one dependent is covered, please fill in (17) - (22) and cross out (1) - (16) of next column. 如有家屬被保，請提供(17)至(22)項的資料。如多於一名家屬被保，請開新一欄填寫第(17)至(22)項，並刪去第(1)至(16)項。					
		Employee 僱員	Employee 僱員	Employee 僱員	Employee 僱員
(1) Cert no (Ignore if assigned by Manulife) 證書編號 (若由宏利編發，則毋須填寫)					
(2) Surname in English (as shown on HKID card/Passport) 英文姓氏 (必須與香港身份證/護照相同)					
(3) Other Name in English (as shown on HKID card/Passport) 英文名字 (必須與香港身份證/護照相同)					
(4) Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)		D / M / Y	D / M / Y	D / M / Y	D / M / Y
(5) Sex 性別 (M) Male 男 (F) Female 女		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
(6) Marital Status 婚姻狀況 (S) Single 單身 (M) Married 已婚 (W) Widowed 寡居 (D) Divorced 離婚		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D
(7) HKID Card / Passport no. 香港身份證/護照號碼					
(8) Bank A/C no (for claim paid by Autopay only) 銀行賬戶號碼 (只適用於以自動轉賬方式支付賠償)	Bank code - Branch code 銀行編號 - 分行編號				
	Account no 賬戶號碼				
(9) Country of Residence 居住地 [▲] (Please complete if not in HK 若居住在香港，請無須填寫)					
(10) Email Address 電郵地址					
(11) Date of Employment (dd/mm/yyyy) 受僱日期 (日/月/年)		D / M / Y	D / M / Y	D / M / Y	D / M / Y
(12) Coverage Effective date (dd/mm/yyyy)* 保障生效日期 (日/月/年)		D / M / Y	D / M / Y	D / M / Y	D / M / Y
(13) Division (If applicable) 所屬分行 (如適用)					
(14) Basic Salary 基本薪金	Mode 支付方式 (M) Monthly 月薪 (A) Annual 年薪	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> A
	Amount (in policy currency) 金額 (團體保單之貨幣單位)				
(15) Plan 計劃					
(16) Occupation / Job Duties 職業/工作職務 [▲] (Please specify % of time spent on manual work. 請說明體力勞動工作佔工作職務時間的百分比。)		(%)	(%)	(%)	(%)
(17) Dependent's Surname 家屬姓氏					
(18) Dependent's Other Name 家屬名字					
(19) Related Employee Name 有關僱員姓名					
(20) Relationship with Employee 與僱員關係 (SP) Spouse 配偶 (S) Son 子 (D) Daughter 女		<input type="checkbox"/> SP <input type="checkbox"/> S <input type="checkbox"/> D	<input type="checkbox"/> SP <input type="checkbox"/> S <input type="checkbox"/> D	<input type="checkbox"/> SP <input type="checkbox"/> S <input type="checkbox"/> D	<input type="checkbox"/> SP <input type="checkbox"/> S <input type="checkbox"/> D
(21) Dependent's Date of Birth (dd/mm/yyyy) 家屬出生日期 (日/月/年)		D / M / Y	D / M / Y	D / M / Y	D / M / Y
(22) Dependent's HKID Card / Passport / Birth Cert no. 家屬香港身份證/護照/出生證明書號碼					

If the Country of Residence of the dependent is not the same as the employee, please specify separately. 如家屬之居住地與僱員不同，請另行申報。
[▲] Please make sure that the Country of Residence for the employee is up-to-date in Manulife's Employee Benefits' Group policy record as that will determine the destination of any emergency evacuation or repatriation services under the policy.
 請確保有關僱員備存於宏利僱員福利團體保障計劃內受保人的居住地資料為正確無誤。如遇上緊急事故，宏利將以此資料作為有關之撤離或遣返安排之目的。
 * Application of employee enrolment should be submitted to Manulife within 31 days from the date on which the employee becomes eligible to enroll under this group scheme. (For eligibility under the scheme, please refer to the Benefit Schedule for details.) Otherwise, Evidence of Insurability, claims declaration and the employer's written request are required for underwriting consideration. 此僱員參加表格須於僱員合資格投保於此團體保單計劃的三十一日內遞交給宏利。(有關僱員於計劃內的合資格性，請參閱福利賠償表。)否則便須提交投保資格證明、索償聲明書及僱主的書面申請作核保審批。
[▲] If the Employer does not provide any information for the occupation / job duties here, it is deemed that the Employer declares this employee to be a clerical worker with no time spent on manual work. If the space provided is insufficient, the Employer can provide further descriptions on separate sheet.
 如僱主沒有在此欄提供職業/工作職務資料，則視作僱主聲明此僱員從事文職工作，當中沒有任何體力勞動工作的成分。僱主可自行以附頁提供更多有關此僱員的職業/工作職務的資料。



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B. DECLARATION 聲明	
It is confirmed and agreed that	本人認為並同意下列各項
1 I have obtained all necessary consents from my employees to supply the information of them and their dependents to your company. They all agree that these data can be used by your company to carry on its businesses and may be	1 本人已取得所有僱員同意，可向貴公司提供其與家屬個人資料。他們均同意該等資料可供貴公司使用，致使貴公司之業務得以順利運作，亦可供
(i) used by your company for the purpose of (a) approving and administering the policy or any alterations, cancellation or renewal of it; (b) underwriting and any claims or analysis of it; (c) statistical or actuarial research of your company, your associated companies or the insurance industry; (d) providing/promoting insurance or financial related products or services to them through insurance intermediaries or direct marketing; and/or transferred to (a) any related company or other company carrying on insurance or reinsurance related	(i) 貴公司作以下用途：(a)批核及管理本保單、任何其後作出之修訂、取消保單或續保事宜；(b)核保、分析及處理賠償申請；(c)供貴公司、相關公司或保險業作統計或精算研究用途；(d)透過保險中介人或直接推廣方式向他們提供/推廣宏利或聯營公司之保險或財務產品資料；及/或
(ii) business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization/me to fulfill any of the above purposes and/or for the purpose of data verification within the insurance industry by way of matching procedures or otherwise; and/or reinsurance of the policy.	(ii) 轉移予：(a)任何相關公司、其他從事與保險或再保險有關業務之公司；或現時已存在或日後組成之中介、理賠、調查或其他服務之供應商或由保險公司組成之聯會或組織；(b)任何人士/機構作上述用途；於保險業內以配對或其他方法核實資料；與及安排再保險。
2 all employees have confirmed that they have obtained all necessary authorizations from their dependents to supply their information to your company;	2 所有僱員確認已向所有受保家屬取得一切所需授權，可向貴公司提供其個人資料。
3 I shall indemnify your company for any loss or expenses incurred by your company by reason of any misstatement in the above confirmation by me and/or any claim for breach of Personal Data (Privacy) Ordinance by my employees.	3 本人將就任何因上述聲明出現錯漏及/或本人之僱員就違反個人資料(私隱)條例事宜提出索償而招致之費用或損失、向貴公司作出賠償。

Date Signed 簽署日期

Authorized Signature and Company Stamp 獲授權人士簽署及公司印章

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。