

健康測試服務

了解您的健康狀況 身體健康樂無憂

Health Screening Program

Know Enough About Your Health To Stay Healthy and Happy



Protecting Your Health the Way You Protect Your Loved Ones

Health is precious. You certainly owe it to yourself and your loved ones to take good care of your health as well as theirs. But exactly how much do you know about your own physical fitness?

Most illnesses can be cured without much price or pain if you know about it early enough for proper treatment. After all, prevention is better than cure.

The Health Screening Program* provided by Manulife offers four plans that help you understand your health conditions better and identify symptoms or physical conditions that may put your health at risk.

Enrol Today

Simply complete the form and return it to us together with your cheque made payable to "Manulife (International) Limited". You may also pay by credit card.

For details, please contact your Manulife insurance advisor.

保護您和家人的健康

健康無價。您定必關心自己和家人的健康。那麼您是否了解自己的身體狀況？

所謂預防勝於治療，許多疾病若能及早發現，均能夠較容易予以適當治療。

宏利的「健康測試服務」*備有四種計劃，讓您更了解您的身體狀況，並確認可能對健康有影響的症狀或身體狀況。

立即登記

只須填妥參加表格，並連同抬頭為「宏利人壽保險（國際）有限公司」的支票一併交回本公司。您亦可以信用咭繳費。

有關詳情，請與您的宏利保險顧問聯絡。

Centres for Health Screening 健康測試中心

Tel. 電話

Plan 計劃

Central 中環	UMP Medical Centre (Central) 聯合醫務中心 (中環) Rm 1401-1403, Wing On House, 71 Des Voeux Road Central, Hong Kong 香港中環德輔道中71號永安集團大廈1401-1403室	2840 1636	■ ● ▲ ★
Wan Chai 灣仔	UMP Medical Centre (Wan Chai) 聯合醫務中心 (灣仔) Rm 1109, Office Tower, Convention Plaza, 1 Harbour Road, Wan Chai, Hong Kong 香港灣仔港灣道1號會展廣場辦公大樓1109室	2824 0018	■ ● ▲
Jordan 佐敦	UMP Medical Centre (Jordan) 聯合醫務中心 (佐敦) Rm 03-04, 15/F, 238 Nathan Road, Kowloon 九龍彌敦道238號15樓03-04室	3549 6833	■ ● ▲ ★
Tsim Sha Tsui 尖沙咀	UMP Medical Centre (Tsim Sha Tsui) 聯合醫務中心 (尖沙咀) Unit 7, 10/F, Wing On Plaza, 62 Mody Road, Tsim Sha Tsui, Kowloon 九龍尖沙咀麼地街62號永安廣場10樓07室	2369 9536	■ ● ▲
West Kowloon 西九龍	UMP Medical Centre (Olympic) 聯合醫務中心 (奧運) Unit 2, 1/F, Skyway House, 3 Sham Mong Road, Taikoktsui, Kowloon 九龍大角咀深旺道3號嘉運大廈1樓2號舖	2740 4319	■
Kowloon Bay 九龍灣	UMP Medical Centre (Kowloon Bay) 聯合醫務中心 (九龍灣) Shop 515, Telford Plaza 2, 33 Wai Yip Street, Kowloon Bay, Kowloon 九龍九龍灣偉業街33號德福廣場第2期515號舖	2751 9339	■
Tsuen Wan 荃灣	UMP Medical Centre (Tsuen Wan) 聯合醫務中心 (荃灣) Shop 11A & B, Level I, Discovery Park, 398 Castle Peak Road, Tsuen Wan, N.T. 新界荃灣青山公路398號愉景新城第一層11A & B舖	2940 1338	■
Tseung Kwan O 將軍澳	UMP Medical Centre (Grandiose) 聯合醫務中心 (君傲灣) Shop F23, The Edge Grandiose, No. 9 Tong Chung Street, Tseung Kwan O, N.T. 新界將軍澳唐俊街9號君傲灣君薈坊F23號舖	2752 1081	■
Shatin 沙田	UMP Medical Centre (Shatin) 聯合醫務中心 (沙田) Shop 13, G/F, Ming Yiu Lau, Jat Min Chuen, Shatin, N.T. 新界沙田乙明邨明耀樓地下13號舖	2634 1812	■ ● ▲

The above Centres for Health Screening may be subject to change without notice. Please make an appointment in advance.
上述健康測試中心如有更改，恕不另行通知。請先致電預約。

*Including a compassionate life benefit of HK\$1,000 for the Insured, i.e. the Applicant.
包括給予受保人 (即申請人) 的附加壽險1,000港元保障。

This brochure is for reference only. Please refer to the relevant provisions for details. The Health Screening Program is underwritten by Manulife (International) Limited.
本單張僅供參考。詳細資料請參閱有關條款。健康測試服務由宏利人壽保險 (國際) 有限公司承保。

To view our Privacy Policy, you can go to our website at www.manulife.com.hk. You may also request Manulife not to use your personal information for direct marketing purpose by writing to our Privacy Officer at 22/F, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong or by calling our Customer Service Hotline at 2108 1188.

如欲參閱宏利之私隱政策，閣下可瀏覽宏利網站，網址為 www.manulife.com.hk。閣下並可要求宏利避免使用閣下的個人資料作直接促銷用途，如有此需要，請致函宏利的個人資料主任，地址為香港九龍觀塘偉業街223-231號宏利金融中心22樓，或致電客戶服務熱線2108 1188。

Examination Content 檢查項目

	Premium 保費	Basic Plan 基本計劃 ■	Comprehensive Plan 綜合計劃 ●	Executive Plan 優越計劃 ▲	Supreme Plan 尊尚計劃 ★
		HK\$760	HK\$1,060	HK\$2,090	HK\$3,830
General Analysis 一般檢查					
Height and Weight 身高及體重		✓	✓	✓	✓
Pulse 脈搏		✓	✓	✓	✓
Blood Pressure 血壓		✓	✓	✓	✓
Eye Examination 眼睛檢查					
Visual Acuity and Colour Vision 視力及色覺		✓	✓	✓	✓
Hearing Test 聽力測試					
Hearing Test (Rinne's and Weber's) 聽力測試					✓
Lung Function 肺部功能					
Chest X-ray 胸部X光檢查			✓	✓	✓
Cardiovascular Risk Screening 冠心病率檢查					
Electrocardiogram (ECG) 心電圖			✓	✓	
Treadmill Stress Test (for examinee over age 45) or Electrocardiogram (ECG) 運動心電圖 (適用於45歲以上之人士) 或心電圖					✓
Blood Picture 血液檢查					
Complete Blood Counts 血常規		✓	✓	✓	✓
ABO & Rh (D) Typing 血型及Rh因子					✓
ESR 血球沉降率					✓
RA Factor 類風濕關節炎因子				✓	✓
Iron 鐵質					✓
Diabetes Screening 糖尿病檢查					
Fasting Glucose 血糖		✓	✓	✓	✓
Blood Lipids Screening 血脂肪檢查					
Total Cholesterol 總膽固醇		✓	✓	✓	✓
Triglycerides 三酸甘油脂			✓	✓	✓
HDL Cholesterol 高密度膽固醇			✓	✓	✓
LDL Cholesterol 低密度膽固醇			✓	✓	✓
Gout Screening 痛風症檢查					
Uric Acid 尿酸測試		✓	✓	✓	✓
Renal Function Test and Electrolytes 腎功能測試及電解物					
Creatinine 肌酸酐		✓	✓	✓	✓
Urea 尿素				✓	✓
Sodium 鈉				✓	✓
Potassium 鉀				✓	✓
Chloride 氯				✓	✓
Bicarbonate 重碳酸鹽				✓	✓
Liver Function Test 肝功能測試					
SGPT 谷丙轉氨酶		✓	✓	✓	✓
SGOT 谷草轉氨酶				✓	✓
GGT 丙種谷氨先轉肽酶			✓	✓	✓
Alkaline Phosphatase 鹼性磷酸酶				✓	✓
Total Bilirubin 總膽紅素				✓	✓
Albumin 白蛋白				✓	✓
Globulin 球蛋白				✓	✓
Total Protein 總蛋白質				✓	✓
A/G Ratio 白蛋白及球蛋白比率				✓	✓
Hepatitis Status 肝炎指標					
Hepatitis A Antibody Total 甲型肝炎抗體					✓
Hepatitis B HbsAg 乙型肝炎抗原		✓	✓	✓	✓
Hepatitis B Antibody 乙型肝炎抗體					✓
Thyroid Function 甲狀腺功能檢查					
T4 甲狀腺素					✓
TSH 促甲狀腺激素				✓	✓
Urine Examination 尿液檢查					
Urine Analysis (Routine) 小便常規		✓	✓	✓	✓
Stool Examination 糞便檢查					
Stool Routine 大便常規				✓	✓
Occult Blood 大便隱血測試				✓	✓
Cancer Markers 癌症測試					
Alpha-fetoprotein (Liver Cancer) 甲種胚胎蛋白 (肝癌)					✓
Epstein Barr Virus (EBV) Nasopharyngeal Cancer 鼻咽癌病毒抗體					✓
Prostate Specific Antigen (PSA) Prostate Cancer (For male over age 45 or if indicated) 前列腺癌抗原 (適合年齡超過45歲或有病徵男性)				✓	✓
Female Checkup 婦女檢查					
Pap Smear (Female only) 柏氏子宮頸細胞塗片檢查 (適用於女性)				✓	✓
Lab Report with doctor's comments 化驗報告連醫生註解					
One Doctor's Consultation (For explaining the Lab Report only) 醫生讀解報告服務一次					

Health Screening Program Enrolment Form 健康測試服務參加表格

Notes

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial next to any corrections you make on this form.
- Manulife will not accept Applications received by fax.
- "Dependent" in this Application shall mean spouse and/or unmarried child(ren) of the Applicant who is/are resident(s) in Hong Kong. "Applicant" in this Application shall mean Insured who is resident in Hong Kong.

注意事項

- 請用正楷填寫本表格，並於適當空格內加上✓號。如需作出任何更改，請於刪改之位置旁加簽。
- 宏利將不接受以傳真遞交之申請。
- 本投保申請書內所載「家屬」一詞是指申請人屬港配偶及/或未婚子女。所載「申請人」一詞指居港受保人。

A. APPLICANT'S INFORMATION 申請人資料

(As shown on HKID Card 必須與身份證相同)

Applicant's Full Name (Surname first) (in English) _____ (in Chinese) _____
申請人姓名(以姓氏先排) 英文 中文

Date of Birth 出生日期 DD 日 / MM 月 / YY 年 Sex 性別 Nationality 國籍 HKID Card/Passport No. 香港身份證/護照號碼 ()

Contact Information 聯絡資料
Residential Address 住宅地址

Room/Flat/Floor/Block/Name of Building/Estate 室/樓/座/大廈/屋苑名稱 E-mail Address 電郵地址 _____ @

Street No./Street Name 街道號碼/街道名稱 Mobile No. 手提電話 _____

District 區域 Office Tel No. 公司電話 _____

Hong Kong 香港 Kowloon 九龍 New Territories 新界 Others 其他 Home Tel No. 住宅電話 _____

The contact information applies to all of your existing products/services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee/custodian services. If you are a member of any provident fund scheme(s) administered by Manulife, any information provided here will (unless otherwise stated below) be treated as an instruction to register above address as the registered residential address under the scheme(s). Any residential address(es) previously registered under the scheme(s) will be superseded accordingly.

閣下所提供的聯絡資料，適用於閣下現時持有並由宏利集團旗下公司，以及為本公司提供信託/託管服務的公於香港及澳門所提供的產品/服務上。如閣下是宏利管理的公積金計劃成員，於此部份填寫的資料(除以下作出其他指示外)將視為給予本公司的指示，要求把以上地址作為閣下於宏利公積金計劃內的登記住宅地址，並取代以往於計劃內的所有登記住宅地址。

To apply above address to this Application only, please "✓" this box. 如以上地址只適用於此申請，請在方格內填上「✓」號。

B. ENROLLED PERSON(S) 參加者資料 Please list all Dependents to be enrolled 請填寫參加之所有家屬

Enrolled Person(s) 參加者	Name of Enrolled Person(s) 參加者姓名	HKID/Passport/ Birth Cert. No. 香港身份證/護照/ 出生證明書號碼	Sex 性別	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Premium 保費			
					Basic Plan 基本計劃 HK\$760	Comprehensive Plan 綜合計劃 HK\$1,060	Executive Plan 優越計劃 HK\$2,090	Supreme Plan 尊尚計劃 HK\$3,830
1 Applicant 申請人	Applicant (As above) 申請人 (同上)							
2 Spouse 配偶								
3 Child 子女								
4 Child 子女								

PAYMENT INSTRUCTIONS 付款方法

Total Premium
保費總數

Please provide a crossed cheque made payable to "Manulife (International) Limited" or pay by credit card.
請以劃線支票繳付保費總數，抬頭為「宏利人壽保險(國際)有限公司」，或以信用卡繳費。

C. DECLARATION AND AUTHORIZATION 聲明與授權

It is understood and agreed that

- I have obtained the necessary authorization from my Dependent to supply their information to Manulife if my Dependent is to be covered. I also understand that the information requested in the Application is required in order for Manulife to process this Application.
- Information provided herein together with any subsequent alterations or supplements of it ("data") are collected to enable Manulife to carry on insurance/financial business and may be:
 - used by Manulife or its associated companies 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 Manulife, Manulife's associated companies or the insurance/financial industry; (d) providing/promoting the insurance or financial related products or services to me through insurance intermediaries or direct marketing; and/or
 - transferred to (a) any related company or other company carrying on insurance or reinsurance related 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 to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise.
- By writing to Manulife - Employee Benefits, I can request access to and correction of my personal data (if appropriate), I also understand that consent to the use of my personal information to offer me products and services is optional and if I wish to discontinue such use I may write to Manulife.
- I certify that all information provided by me in this Application is complete and true to the best of my knowledge and belief.
- I authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me or my Dependent to provide to Manulife any such information. A photocopy of this authorization shall be as valid as the original.
- Upon acceptance of this [application/enrolment], commission or other remuneration may be payable by Manulife to any insurance/MPF Intermediaries involved in this transaction and they are permitted to receive the same on account of their services.
- I undertake that if there is any change in the information provided, I shall notify your Company as soon as reasonably practicable.
- I confirm that I am not acting on behalf of another person/entity in making this application.

本人明白並同意下列各項

- 本人已向所有受保家屬取得授權(如適用)，可向宏利提供其個人資料。本人亦明白申請表內提供的資料是讓宏利作處理本人投保申請之用。
- 本人於本表格內提供之資料及日後作出之任何修訂或補充(「資料」)，旨在確保宏利的保險或金融業務得以順利運作，而該等資料可供
 - 宏利作以下用途：(a)批核及管理本保單，或其後進行任何修訂、取消保單或續保事宜；(b)核保、分析及處理賠償申請；(c)供宏利、聯營公司或保險/金融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本人提供/推廣宏利或聯營公司之保險或金融產品資料；
 - 轉交予(a)任何有關連公司；其他從事與保險或再保險有關業務之公司；或保險業中介人、提供理賠、調查或其他保險業相關服務之供應商或現時已存在或日後組成之保險公司聯會或組織；(b)任何人士/機構以作上述用途及/或以配對或其他方法核實資料。
- 本人有權以書面通知宏利的僱員福利部，要求索閱及更改個人資料(如需要)。本人亦可致函要求宏利不要向本人寄發宣傳推廣資料。
- 本人謹此證明，本人於投保申請書所提供的一切資料為本人所知的全部及為真確無誤。
- 本人授權任何醫生、醫學界執業人士、醫院、診所或其他與醫療有關的機構、保險公司或其他組織、機關或人士，將其所有關於本人及家屬的記錄或健康狀況資料，提供予宏利。此項授權書的影印本與正本同樣有效。
- 當本(申請書/參加表格)被接納時，宏利有可能給予參與此宗交易的保險/強積金中介人佣金或其他待遇，他們現獲得許可就提供的服務接受有關的得益。
- 本人承諾假使所提供的資料有任何更改，本人將於合理的切實可行範圍內盡快通知貴公司有關於之改動。
- 本人確認並非代表其他人士/實體而作出此申請。



D. CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) 取消保單權益及發還保費

I understand that I have the right to cancel the policy/contract and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by Manulife (International) Limited, Employee Benefits, P.O. Box 70302, Kowloon Central Post Office within 21 days after the delivery of the policy/contract or issue of a notice to the Applicant or the Applicant's representative, whichever is the earlier.

本人明白本人有權以書面通知要求取消保單/合約及取回所有已繳保費；但是本人必須簽署該通知，並確保宏利(地址：九龍中央郵政局郵政信箱70302號「宏利人壽保險(國際)有限公司僱員福利行政部」)於以下時段內直接收到該通知：保單/合約交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的21天，以較先者為準。

E. OTHER SUPPLEMENTARY DOCUMENTS 其他附加文件

The following documents are enclosed with this application 申請附有下列文件：

- Applicant's copy of Hong Kong Identity Card 申請人的香港身份證副本
- Proof of residential address 住址證明副本 (Copy of mobile phone bill, utility bill, bank statement or recognized financial institution statement of recent 3 months 在最近三個月內發出的流動電話結單，公用事業帳單，銀行結單或認可之金融機構結單)

X

Applicant's Signature 申請人簽署

Date Signed 簽署日期

F. REPLACEMENT DECLARATION* 轉保聲明*

Please note that the Health Screening Program is not offered to Applicant who has replaced or intends to replace his/her existing life insurance policy(ies) with this application. 如申請人以這份申請書取代或打算以這份申請書取代其現有壽險保單，此健康測試服務之申請將不會被接納。

- a) **Have you replaced**** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否於過去12個月內以這份投保申請書 / 建議書取代* 閣下任何現有壽險保單，或**取代**任何現有壽險保單內大部分的壽險成分？
- Yes 是 (Please complete a Customer Protection Declaration Form 請填寫《客戶保障聲明書》)
- No 否 (Please answer question b below 請回答下列問題b)
- b) **Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否打算於未來12個月內以這份投保申請書 / 建議書取代 閣下任何現有壽險保單，或**取代**任何現有壽險保單內大部分的壽險成分？
- Yes 是 (Please complete a Customer Protection Declaration Form 請填寫《客戶保障聲明書》)
- No 否 (Please read carefully and sign the Declaration below 請詳閱下列聲明及簽署)

I realize if I answer "No" to both questions above but indeed,

- i) this application/proposal has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or
ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application/proposal,

I may jeopardize my future right of redress if I find later that I have been disadvantaged because of such replacement.

本人知道如果本人就上述兩條問題都選擇「否」，而事實上：

- i) 這份投保申請書 / 建議書卻於過去12個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成分；或者
ii) 本人現正打算於未來12個月內，以這份投保申請書 / 建議書取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成分，
即使日後發現是次轉保導致本人蒙受損失，本人或會因此而有損日後的追討權益。

I hereby authorize the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association, the Insurance Authority ("IA"), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information. 本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會、保險業監督(「保監」)、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)，或為了有效管理/執行/履行《壽險轉保守則》及保監根據《保險公司條例守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

X

Applicant's Signature 申請人簽署

Date Signed 簽署日期

Notes 註：

* The agent/broker must explain this Replacement Declaration to the Applicant before the latter signs it, but this Replacement Declaration does not form part of the application/proposal for the new life insurance policy. 在申請人簽署本「轉保聲明」之前，保險代理 / 經紀必須向申請人解釋「轉保聲明」的內容。但本「轉保聲明」並不是新壽險保單的投保申請書 / 建議書其中一部分。

** Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the Applicant, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement. 任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止，或(ii)現有壽險保單內大部分的保證現金價值已被減少 / 將被減少，包括：大部分的保證現金價值已被提取 / 將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內，申請人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清 / 展期保單。「大部分」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。

Explanatory Notes 註釋

- (1) If the Applicant answers "No" to items (a) and (b) of this Replacement Declaration, he/she shall read carefully and simply sign the Declaration only and ignore the Customer Protection Declaration Form. 如果申請人回答此轉保聲明第(a)及(b)項時都選擇「否」，則只須詳閱「聲明」並簽署，而無須填寫《客戶保障聲明書》。
- (2) If the Applicant answers "No" to both items (a) and (b), the agent/broker must explain the Declaration before he/she asks the Applicant to sign in Declaration. There is no need to fill in the Customer Protection Declaration Form. 如果申請人回答(a)及(b)項時都選擇「否」，在申請人簽署「聲明」之前，保險代理 / 經紀必須向申請人解釋「聲明」的內容。申請人無須填寫《客戶保障聲明書》。

If the Applicant answers "Yes" to either item (a) or (b), the agent/broker must help the Applicant complete items 1 to 5 of Customer Protection Declaration Form and must explain and discuss with the Applicant the full implications of replacing any or a substantial part of his/her existing life insurance policy(ies) with the new life insurance policy in relation to financial implications, insurability implications and claims eligibility implications of the replacement and other considerations. The Applicant may consult the insurer(s) of his/her existing life insurance policy(ies) for further information. 如果申請人回答(a)或(b)項時選擇「是」，保險代理 / 經紀則必須協助申請人填寫《客戶保障聲明書》的第1至5項，並必須向申請人解釋和商討以新壽險保單取代任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分，對申請人在財務、受保資格及索償資格產生的所有影響，以及其他考慮因素。申請人或需向其現有壽險保單的保險公司查詢進一步資料。

Completed form should be sent to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
請把填妥的表格寄交九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司。

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。

