友邦人寿保险有限公司

收件日期盖章

友邦团体保险被保险人健康告知书
Member Health Declaration Form

投保人填写

保险合同编号/Policy no：**G**		投保人名称/Policyholder：	
员工/成员编号/Employee / Member No：	被保险人姓名/Name of Proposed Insured：	身份证件号码/ID Card No. or Passport No.	出生日期/Date of Birth MM /DD /YY
性别/Sex: ☐ 男性 Male ☐ 女性 Female	国籍/Nationality	婚姻状况/Marital Status ☐单身 Single ☐丧偶 Widowed ☐已婚 Married ☐离婚 Divorced	电话号码/Telephone No. 办公电话 Office: 移动电话 Mobile:

A. 友邦工作人员填写/For AIA user only：

寿险 NEL 额度： Term Life NEL	重大疾病 NEL 额度： Critical Illness NEL

B. 被保险人告知事项（请勾选或填写以下各项目）：**Declaration of Proposed Insured Member** (please tick or fill in):

	是/Yes	否/No
1. 被保险人是否已购买人身保险合同？ 若“是”，请详述 Do you have any life insurance coverage? If ‘Yes’, please specify: 公司名称： 保险产品类型： 保险金额： 购买日期： Insurance company: Type of product: Amount of Insurance: Effective Date:	☐	☐
2. 被保险人的人寿保险、人身意外或健康保险申请是否曾被拒保、延迟、加费或作任何形式修改？若“是”，请说明 Have you had any application for life insurance/ADD/health insurance ever been declined, postponed, rated up or modified? If ‘Yes’, please specify	☐	☐
3. 您是否曾向任何保险公司提出过癌症、重疾、伤残或住院医疗的索赔申请？若“是”，请说明： Have you claimed from any insurance company because of cancer, critical illness, disability or hospitalization? If ‘Yes’, please specify:	☐	☐
4. 正在或试图参加私人性质飞行，或携带氧气瓶潜水、或登山、或从事危险性的运动？若“是”，请填妥相关问卷，连同此告知书一并交回本公司。 Are you engaging or do you contemplate to engage in any private flying, scuba-diving, mountain climbing, or any hazardous sports? If ‘Yes’, please complete the related questionnaire, and return to the Company together with this declaration form.	☐	☐
5. 是否正计划前往其他国家或海外地区旅行、工作或居住？若“是”，请详述时间及具体前往的国家/海外地区： Are you planning to travel, work or live in other countries or overseas areas? If ‘Yes’, please specify the date and the destination.	☐	☐
6. 现从事职业及日常职务？Present occupation and daily duty?		
7. 目前常住地址及户口所在地？请详述： Please state your present residential address, and country of origin:		

C. 被保险人健康资料（请勾选或填写以下各项目）：**Health Details of Proposed Insured Member** (please tick or fill in):

	是 Yes	否 No
1. a. 目前身高、体重 身高_____厘米 体重_____公斤 Body height & weight body height _____cm body weight _____Kg b. 在过去一年内体重之增减是否超过 5 公斤？ 若选择“是”，请说明原因： Change of body weight in the past year exceeds 5 KG? If ‘Yes’, please specify reason：	☐	☐
2. 四岁以下（含四岁）儿童： Child below 4 years old: a.是否为低体重儿（出生时体重为 2.5 公斤以下）或早产儿？出生时候是否曾有产伤、窒息等异常情况？ Low birth weight (birth weight less than 2.5 kg) or premature? If any disorder like birth injury or asphyxia neonatorum? 如是，出生体重_____公斤，怀孕_____周出生，住院_____天，住院诊断_____ If yes, Birth weight _____kg, Gestational week_____, hospitalized _____days, inpatient diagnosis_____ b.是否有畸形、发育迟缓、惊厥、抽搐、脑瘫、智能障碍、先天性和遗传性疾病？ Are there malformations, developmental retardation, convulsions, cerebral palsy, intellectual impairment, congenital and genetic diseases?	a. ☐ b. ☐	☐ ☐
3. 是否正在接受或准备接受药物治疗、手术、放疗、心理治疗、透析治疗？ Are you receiving or preparing to receive medication, surgery, radiotherapy, psychotherapy, dialysis?	☐	☐

4. 成人适用 Adult only: a. 是否吸烟或曾吸烟？若“是”，吸烟_____年，_____支/天。 Do you smoke or have you smoked? If 'Yes', please state duration _____ year, _____pieces / day. 若现已停止吸烟，停止吸烟原因及时间_____ If you have stopped smoking, please state the reason and date _____ b. 是否或曾有饮酒的习惯（不包括偶尔社交饮酒）若“是”，饮酒_____年，种类_____，数量_____两/周） Do you drink alcohol or have you drunk alcohol(excluding social drinking)? If 'Yes', please state duration _____ year, type of drink _____, quantity _____ml/week 若现已停止饮酒，停止饮酒原因及时间 _____ If you have stopped drinking, please state the reason and date _____ c. 是否曾接到医生对您吸烟、饮酒的建议和警告 _____ Have you been advised or warned by your attending doctors regarding your smoking and drinking habit _____?	a. ☐ b. ☐ c. ☐	☐ ☐ ☐
5. 过去三年是否曾 In the past three years, had you a. 接受医学检查（含健康体检）且结果异常？如血检、肿瘤标志物、X 光、超声波、心电图、CT、PET-CT、核磁共振、核素扫描、内窥镜、病理检查、脑电图、心血管造影等？ Received medical examination (including physical examination) and abnormal results? Such as blood test, tumor marker, X-ray, ultrasound, ECG, CT, PET-CT, MRI, radionuclide scan, endoscopic examination, pathological examination, EEG, angiocardiography, etc? b. 接受手术、住院治疗？接受诊疗持续超过 7 天以上？ Received surgical treatment, hospitalization? Or treatment lasts more than 7 days	a. ☐ b. ☐	☐ ☐
6. 目前或过去一年内是否曾有下列症状或异常情况？或曾因此而就诊？ Have you had any of the following symptoms or abnormalities currently or within the past year? Have you ever seen a doctor for them? 反复头晕、反复头痛、晕厥、胸闷、胸痛、气急、紫绀、不明原因发热或持续反复发热、抽搐、不明原因皮下出血、齿龈出血或鼻出血、咯血、进食梗噎感或吞咽困难、呕血、浮肿、黄疸、便血、血尿、蛋白尿、肿块、视力或听力明显下降、不明原因的声嘶、血糖异常、血压异常 Repeated dizziness, repeated headache, syncope, chest tightness, chest pain, shortness of breath, cyanosis, unexplained fever or persistent repeated fever, convulsion, unexplained subcutaneous hemorrhage, gingival bleeding or nasal bleeding, hemoptysis, choking or dysphagia due to eating obstruction, hematemesis, edema, jaundice, blood in stool, hematuria, proteinuria, mass, obvious decrease of vision or hearing, unexplained hoarseness, abnormal blood glucose, and abnormal blood pressure	☐	☐
7. 是否有身体残障状况：Do you have any physical disability: a. 四肢、五官、手指、足趾缺损或畸形？ Defects or deformity of limbs, five senses, fingers and toes b. 视力、听力、语言能力或智力障碍？ Impairment of vision, hearing, language ability or mental retardation c. 脊柱、胸廓、四肢或关节功能障碍？ Spine, thorax, limbs or joint dysfunction	a. ☐ b. ☐ c. ☐	☐ ☐ ☐
8. 是否目前或过去患有下列疾病： Are you currently or in the past suffering from the following diseases: a. 神经精神类疾病，如癫痫、重症肌无力、肌营养不良症、多发性硬化症、帕金森氏综合症、肌肉萎缩、脊髓疾病、精神分裂症、焦虑症、情感障碍、抑郁症、痴呆症 Neuropsychiatric diseases, such as epilepsy, myasthenia gravis, muscular dystrophy, multiple sclerosis, Parkinson's syndrome, muscular atrophy, spinal cord disease, schizophrenia, anxiety disorder, emotional disorder, depression, dementia b. 五官科疾病，如视网膜出血或剥离、视神经病变、虹膜睫状体炎、青光眼、白内障、失明、高度近视800度以上、眼底病变、中耳炎、耳聋、鼻窦炎、美尼尔病 Eyes, ears, nose and throat diseases, such as retinal hemorrhage or detachment, optic neuropathy, iridocyclitis, glaucoma, cataract, blindness, high myopia above 800 degrees, fundus disease, otitis media, deafness, sinusitis, Meniere's disease c. 呼吸系统疾病，如慢性支气管炎、哮喘、睡眠呼吸暂停综合征、肺脓肿、肺栓塞、胸膜炎、肺气肿、支气管扩张、肺纤维化、肺结核、尘肺、矽肺、肺结节 Respiratory diseases, such as chronic bronchitis, asthma, sleep apnea syndrome, lung abscess, pulmonary embolism, pleuritis, emphysema (COPD), bronchiectasis, pulmonary fibrosis, tuberculosis, pneumoconiosis, silicosis, pulmonary nodules d. 心脑及血管性疾病，如高血压病、缩窄性心包炎、心内膜炎、风湿性心脏病、先天性心脏病、缺血性心脏病、冠心病、心绞痛、心肌梗塞、心肌肥厚、主动脉血管瘤、心律失常、心肌病、脑血管瘤、脑血管意外、脑炎、脑膜炎、血管畸形、血管瘤、下肢静脉曲张 Cardio-cerebral and vascular diseases, such as hypertension, constrictive pericarditis, endocarditis, rheumatic heart disease, congenital heart disease, ischemic heart disease, coronary heart disease, angina pectoris, myocardial infarction, myocardial hypertrophy, aortic aneurysm, arrhythmia, cardiomyopathy, cerebral hemangioma, cerebrovascular accident, encephalitis, meningitis, vascular malformation, hemangioma, varicose veins of lower limbs	a. ☐ b. ☐ c. ☐ d. ☐	☐ ☐ ☐ ☐

e. 消化系统疾病，如肝炎病毒携带者、肝硬化、肝脓肿、肝内结石、肝炎、肝脾肿大、脂肪肝、肝吸虫感染、胆囊炎、胆结石、化脓性胆管炎、消化道溃疡、出血及穿孔、溃疡性结肠炎、胰腺炎、肛管疾病、疝气 Digestive system diseases, such as hepatitis virus carriers, liver cirrhosis, liver abscess, hepatolithiasis, hepatitis, hepatosplenomegaly, fatty liver, liver fluke infection, cholecystitis, gallstone, suppurative cholangitis, digestive tract ulcer, hemorrhage and perforation, ulcerative colitis, pancreatitis, anal canal disease, hernia	e. ☐	☐
f. 泌尿系统疾病，如肾炎、肾病综合征、肾功能异常、尿毒症、肾囊肿、肾积水、尿路结石、尿路畸形 Urinary system diseases, such as nephritis, nephrotic syndrome, renal dysfunction, uremia, renal cyst, hydronephrosis, urinary calculus, urinary tract malformation	f. ☐	☐
g. 内分泌系统疾病，如糖尿病、痛风、肢端肥大症、垂体机能亢进或减退、甲状腺或甲状旁腺机能亢进或减退、甲状腺结节、肾上腺机能亢进或减退 Endocrine system diseases, such as diabetes, gout, acromegaly, pituitary hyperfunction or hypofunction, thyroid or parathyroid hyperfunction or hypofunction, thyroid nodules, adrenal hyperfunction or hypofunction	g. ☐	☐
h. 恶性肿瘤（含原位癌）、交界性肿瘤、或尚未证实为良性或恶性的肿瘤、息肉、囊肿、赘生物、结节 Malignant tumors (including carcinoma in situ), borderline tumors, or tumors, polyps, cysts, vegetations, and nodules that have not been confirmed as benign or malignant	h. ☐	☐
i. 血液系统疾病，如血友病、白血病、各类贫血、血小板减少 Blood system diseases, such as hemophilia, leukemia, various anaemia, thrombocytopenia	i. ☐	☐
j. 风湿免疫性疾病，如风湿性关节炎、类风湿性关节炎、强直性脊柱炎、系统性红斑狼疮、胶原症、硬皮病 Rheumatoimmune diseases, such as rheumatoid arthritis, rheumatoid arthritis, ankylosing spondylitis, systemic lupus erythematosus, collagen disease, scleroderma	j. ☐	☐
k. 骨骼系统疾病, 如骨关节畸形、关节功能异常、双侧肢体不对称、股骨头坏死、颈椎病、腰椎病、脊柱疾病 Skeletal system diseases, such as bone and joint deformities, joint dysfunction, bilateral limb asymmetry, femoral head necrosis, cervical spondylosis, lumbar spondylosis, and spinal diseases	k. ☐	☐
l. 性病、酒精或药物依赖 Sexually transmitted disease(STD), alcohol or drug dependence	l. ☐	☐
9. 您及您的配偶/父母曾接受或试图接受与艾滋病（AIDS ）有关的医疗咨询、检验或治疗，曾在过去 6 个月内持续一周以上有下列症状：体重下降、食欲不振、盗汗、腹泻、淋巴结肿大及皮肤溃疡。 Do you and your spouse/parents have received or contemplate to receive any medical counseling, examination or treatment in connection with AIDS, or in the past 6 months have ever had any of the following symptoms continuously for one week or longer: weight loss, anorexia, night sweating, diarrhoea, enlarged lymph nodes, or any unusual skin lesions?	☐	☐
10. 您的亲属(父母、兄弟姐妹)是否曾患有或正患有心脏病、多囊肾、肠息肉、糖尿病、癌症？若“是”，请具体说明（包括关系、疾病名称及患病年龄） Have your relatives (parents, siblings) ever suffered or are any one of them suffering from heart disease, polycystic kidney disease, intestinal polyps, diabetes, cancer? If "Yes", please specify (including relationship, disease name and age of illness)	☐	☐
11. 成年女性适用：Adult female only: a. 是否正处于妊娠期？若“是”，妊娠_____月； Are you now pregnant? If 'Yes', how many months? b. 是否患有乳房肿块、子宫内膜异位症、子宫肌瘤、卵巢囊肿、阴道异常出血或其他生殖器官疾病？ Do you have breast lumps, endometriosis, uterine fibroids, ovarian cysts, abnormal vaginal bleeding or other diseases of reproductive organs? c. 是否曾被建议重复宫颈涂片检查、乳房检查、乳房 X 光或活体检查？ Have you ever been advised to repeat cervical smears, mammograms or biopsies?	a. ☐ ☐ b. ☐ ☐ c. ☐ ☐	
以上 C 部分如有任何答案为“是”者，请注明问题号码并在此说明： If any answer to the questions under the above section C is 'Yes', please provide full particulars below by noting the question number.		

本人声明 Declaration：

1. 本告知书、与告知书有关的各份问卷及文件的各项声明与陈述确实无误，若不属实，则本申请将可被视为无效。
   I hereby declare all the above declaration and statement made in this application form, and any questionnaire or documents related to this application are true, otherwise, this application for insurance coverage under this Policy may be regarded as void.
2. 本人授权友邦人寿从任何医生、医院、诊所、保险公司或任何组织单位，就本保险事宜查询有关本人的其它相关证明文件。
   I hereby authorize any doctor, hospital, clinic, insurance company or any other organization to disclose to the Company any of my information related to my insurance coverage applied herein.
3. 本人已阅读并了解《个人信息处理规则告知书》以及《儿童个人信息处理规则告知书》。

   敬请扫码获取《个人信息处理规则告知书》以及《儿童个人信息处理规则告知书》
   I have read and understood the “Notification of Personal Information Processing Rules” and “Notification of Children’s Personal Information Processing Rules”，and please scan the QR code to obtain them.

申请员工/成员签署
Signature of Employee / Member

签署日期及地点
Date (dd/mm/yy) / Place