



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

收件日期盖章

VIP 盖章

保险公司填写

类型: <input type="checkbox"/> NA <input type="checkbox"/> NR <input type="checkbox"/> MP <input type="checkbox"/> ME <input type="checkbox"/> PMM-P <input type="checkbox"/> PMM-X	客户编号:	补充件: <input type="checkbox"/> 是 <input type="checkbox"/> 否	初始收件日:
其他:			

投保人填写

保险合同编号/Policy no: <b>G</b>		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: <input type="checkbox"/> 男性 Male <input type="checkbox"/> 女性 Female	国籍/Nationality	婚姻状况/Marital Status <input type="checkbox"/> 单身 Single <input type="checkbox"/> 丧偶 Widowed <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 离婚 Divorced	电话号码/Telephone No. 办公电话 Office: 移动电话 Mobile:

A. 保障内容 Details Of Life Insurance Applied For:

1. 友邦环球精英团体医疗险总保额/AIA Group High End Product Total Sum Assured	友邦工作人员填写/For AIA user only
2. 被保险人累计寿险保额 (含其他保险公司) / Group Life Sum Assured (including other insurance company)	
3. 被保险人累计重大疾病险保额 (含其他保险公司) /Critical Illness Sum Assured (including other insurance company)	
4. 被保险人累计意外伤害险保额 (含其他保险公司) /ADD Sum Assured (including other insurance company)	
	寿险 NEL 额度 Group Life NEL
	重大疾病 NEL 额度 Critical Illness NEL
	意外伤害险 NEL 额度 ADD 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: _____ 保险金额: _____ 购买日期: _____ Name of the insurance company: _____ Amount of Insurance: _____ Effective Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
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 ever been declined, postponed, rated up or modified? If 'Yes', please specify	<input type="checkbox"/>	<input type="checkbox"/>
3. 被保险人是否曾向任何保险公司提出保险金给付申请? 若“是”, 请说明: Have you claimed from any insurance company? If 'Yes', please specify:	<input type="checkbox"/>	<input type="checkbox"/>
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”, 请填写相关问卷, 连同此通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 application form.	<input type="checkbox"/>	<input type="checkbox"/>
5. 在非洲、加勒比海地区、印度、缅甸及泰国持续居住超过三个月或正拟往上述国家? 若“是”, 请说明: Have you resided in the following countries for more than 3 months or planned to go to there: Africa, region of Caribbean Sea, India, Myanmar or Thailand.	<input type="checkbox"/>	<input type="checkbox"/>
6. 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 go to other countries or overseas for traveling, working or living? If 'Yes', please specify the date and the destination.	<input type="checkbox"/>	<input type="checkbox"/>
7. 是否曾在过去 12 个月里或计划在未来的 12 个月里, 前往美国、加拿大或西欧连续居住 90 天或以上? 是的, 从 _____ 至 _____ 地点 _____。 In the past 12 months, have you ever been resided or have you planned in the coming 12 months to reside consecutively for 90 days or longer in the United States, Canada or Western Europe? Yes, From _____ to _____ Where _____.	<input type="checkbox"/>	<input type="checkbox"/>
8. 平均每年搭乘飞机在 250 小时以上? Will you spend more than 250 hours a year on flight?	<input type="checkbox"/>	<input type="checkbox"/>



