友邦保险有限公司
江苏分公司

收件日期盖章

VIP 盖章

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

保险公司填写

类型：☐ NA ☐ NR ☐ MP ☐ ME	☐ PMM-P ☐ PMM-X	客户编号：	补充件：☐ 是 ☐ 否	初始收件日：
其他：				

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. 保障内容 Details Of Life Insurance Applied For：

	友邦工作人员填写/For AIA user only
1. 友邦环球精英团体医疗险总保额/AIA Group High End Product Total Sum Assured	
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)	寿险 NEL 额度 Group Life NEL
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)	重大疾病 NEL 额度 Critical Illness NEL
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)	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:	☐	☐
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	☐	☐
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：	☐	☐
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.	☐	☐
5. 在非州、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.	☐	☐
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.	☐	☐
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 your 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_____.	☐	☐
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?	☐	☐

9. 现从事职业及日常职务？Present occupation and daily duty
10. 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 Body height & weight b. 在过去一年内体重之增减情况 Change of body weight in past year	身高_____厘米 体重_____公斤 body height _____cm body weight _____Kg 增/减_____公斤 原因： increase / decrease _____Kg Reason:	
2. 是否曾或正在接受药物治疗、外科手术或服用药物？ Have you been or are you receiving any medical treatment, surgical treatment, or prescribed medicine?	☐	☐
3. 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. 是否饮酒或曾饮酒，若“是”，饮酒_____年，种类_____，数量_____（两/周） Do you drink alcohol or have you drunk alcohol? 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. ☐	☐ ☐ ☐
4. 过去五年是否曾 In the past five years, had you a. 接受健康检查（包括血检、X 光、心电图、超声波等检查）且结果异常？ received Blood tests, X-ray, ECG, ultrasound or any other investigations, and which resulted abnormal? b. 接受或被建议进行 CT、核磁共振、病理检查、内窥镜、脑电图、心血管造影等特殊检查？ received or been suggested to have CT, MRI, Pathological examination, endoscopic examination, EEG, ACG or any other investigations? c. 接受诊疗、外科手术、住院治疗？ received Consultation, surgical treatment, hospitalization?	a. ☐ b. ☐ c. ☐	☐ ☐ ☐
5. 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？four limbs, facial features, loss of fingers or toes? b. 视力、听力或中枢神经系统障碍？vision, hearing, or disturbance of central nervous system? c. 脊柱、胸廓、四肢或手指、足趾畸型、跛行、脊髓灰质炎所致缺陷及其他缺陷？ Spine, thorax, deformity of four limbs, fingers or toes, limping, any physical defects caused by poliomyelitis, or any other physical defects?	a. ☐ b. ☐ c. ☐	☐ ☐ ☐
6. 是否曾有下列症状、曾被告知患有下列疾病或因此接受治疗: Have you suffered from, or have you been told to have, or have you received treatment for the following conditions: a. 反复头晕、反复头痛、晕阙、胸闷、胸痛、心慌、气急、不能平卧、紫绀、不明原因皮下出血点、鼻衄 、反复齿龈出血、咳血、呕血、浮肿、腹痛、肝区疼痛、便血、血尿、蛋白尿、肿块、眼睛胀痛、视力或听力明显下降、视物不清、不明原因的声嘶、关节红肿、关节酸痛； recurrent dizziness, recurrent headache, fainting, chest discomfort, chest pain, palpitation, shortness of breathe, unable to recline, cyanosis, idiopathic purpura, epistaxis, recurrent gum bleeding, hemoptysis, hematemesis, oedema, abdominal pain, right upper quadrant pain, blood in stool, blood in urine, proteinuria, mass, eye pain, impaired vision or hearing, blurring vision, idiopathic hoarseness, swelling joints, painful joints; b. 眼、耳、鼻、喉或口腔的疾病；disease of eye, ear, nose, throat, or mouth; c. 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、脊髓灰质炎、精神病、聋哑、四肢机能障碍、下肢静脉曲张、智能障碍及其它类型畸形或残缺；epilepsy, myasthenia gravis, muscular dystrophy, multiple sclerosis, Parkinsonism, poliomyelitis, mental disorders, deafness, dumb, functional deficit of four limbs, varicose veins, disorders of intelligence, and any other deformity or defects; d. 血管畸形、脑动脉血管瘤、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； malformation of blood vessels, cerebral aneurysm, retinal haemorrhage or detachment, optical neuropathy, iridocyclitis, glaucoma, cataract, blindness, myopia above 800 degree, retinopathy; e. 慢性支气管炎、哮喘、肺脓肿、肺栓塞、胸膜炎、肺气肿、支气管扩张、肺结核、尘肺、矽肺； chronic bronchitis, asthma, lung abscess, pulmonary embolism, pleurisy, emphysema, bronchiectasis, pulmonary tuberculosis, pneumoconiosis, silicosis; f. 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、心肌梗塞、心肌肥厚、	a. ☐ b. ☐ c. ☐ d. ☐ e. ☐ f. ☐	☐ ☐ ☐ ☐ ☐ ☐

主动脉血管瘤、脑血管意外、心律失常、心肌病； high blood pressure, constrictive pericarditis, endocarditis, rheumatic heart disease, congenital heart disease, ischemic heart disease, myocardial infarction, myocardial hypertrophy, aortic aneurysm, cerebral vascular accident, arrhythmia, cardiomyopathy;		
g. 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、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； hepatitis carrier, liver cirrhosis, liver abscess, liver stone, hepatitis, hepatosplenomegaly, fatty liver, cholecystitis, gall stone, pyogenic cholangitis, ulcer, bleeding or perforation of digestive tract, ulcerative colitis, pancreatitis, anal disorders;	g. ☐	☐
h. 肾炎、肾病综合症、肾功能异常、尿毒症、肾囊肿、肾下垂、尿路结石、尿路畸形； nephritis, nephrotic syndrome, abnormal renal function, uraemia, kidney cysts, nephroptosis, renal stone, deformity of urinary tract;	h. ☐	☐
i. 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等内分泌系统疾病； diabetes mellitus, gout, acromegaly, hyperpituitarism or hypopituitarism, hyperthyroidism or hyperparathyroidism, thyroid nodule, hypothyroidism or hypoparathyroidism, overactive adrenal gland or underactive adrenal gland, or any kind of endocrine disorders;	i. ☐	☐
j. 恶性肿瘤、或尚未证实为良性或恶性之肿瘤、息肉、囊肿、赘生物； malignant tumour, or benign tumour, polyp, cyst, or growth;	j. ☐	☐
k. 血友病、白血病、各类贫血、紫癜及其它类型的血液系统疾病、被建议不宜献血； haemophilia, leukaemia, any kind of anaemia, purpura and any other kind of blood disorder, or have been advised not to donate blood;	k. ☐	☐
l. 风湿性关节炎、类风湿性关节炎、系统性红斑狼疮、胶原症、硬皮病及其它结缔组织疾病； rheumatoid arthritis, systemic lupus erythematosus, collagen disease , scleroderma, and any other connective tissue disorder;	l. ☐	☐
m. 胸、颈、腰椎骨疾病及其它骨骼系统疾病；disorder of thoracic spine, cervical spine, or lumbar spine, or any disorder of skeletal system;	m. ☐	☐
n. 性病、酒精或药物滥用成瘾、各种眩晕症；sexually transmitted disease, any habits of alcoholism or drug consuming, or any kinds of dizziness;	n. ☐	☐
o. 是否还有以上未述的疾病及症候。any other diseases or conditions are not mentioned above	o. ☐	☐
7. 您及您的配偶曾接受或试图接受与爱滋病（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。 Have you and your spouse received or contemplate to receive any medical counseling, investigation or treatment in connection with AIDS, or at anytime in the past 6 months had any of the following symptoms for more than one week continuously: weight loss, anorexia, night sweating, diarrhoea, enlarged lymph nodes, or any unusual skin lesions?	☐	☐
8. a. 您的家属曾患有或正患有高血压病、肾病、心脏病、肝肾囊肿、肝硬化、糖尿病、精神病、白血病、结核病、肌营养不良症、多发性硬化症、赘生物、癌症或曾被发现为乙型肝炎及病毒携带者，其它肝炎及病毒携带者。 Have your family members had suffered from or are your family members suffering from high blood pressure, kidney disease, heart disease, cysts of liver or kidney, liver cirrhosis, diabetes mellitus, mental disorder, leukaemia, tuberculosis, muscular dystrophy, multiple sclerosis, cancer or any growth, or been found to be hepatitis B carrier, or any other kind of hepatitis carrier.	a. ☐	☐
b. 您的直系亲属中是否有 60 岁前去世的，若“是”，请说明原因：Any of your direct family members died before age 60? If 'Yes', please specify _____	b. ☐	☐
9. 女性适用：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?	a. ☐	☐
b. 患有乳腺炎、乳房或生殖器官疾病；Have you suffered from mastitis, disorders of breast or female genital organs?	b. ☐	☐
c. 曾有子宫内膜异位症、阴道异常出血、性传播疾病； Have you suffered from endometriosis, abnormal vaginal bleeding, or sexually transmitted disease?	c. ☐	☐
d. 家庭成员中是否有人患过乳癌。 Any family members have suffered from breast cancer?	d. ☐	☐
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，则本告知将可被视为无效。
   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 void.
2. 本人授权友邦保险从任何医生、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.

_____
被保险人签署
Signature of Insured

_____
签署日期及地点
Date (dd/mm/yy) / Place