



GROUP MEDICAL INSURANCE -RECORD CHANGE FORM
團體醫療保險 - 資料更改表格

- All changes must be reported to Falcon within 31 days from the effective date. 所有更改必須在生效日期起計 31 日內提交。
- Please fill in Block Letter. 請以英文正楷填寫。

Policy No. 保單號碼:	Name of Policyholder 保單持有人名稱:
	Name of Associated Policyholder 保單共同持有人名稱:

(A) Addition of Employee(s) 新增僱員

Ref. No. 參照號碼	Name (Surname First) 姓名(姓氏先行)	HKID Card No. 香港身份證號碼	Sex 性別	Date of Birth 出生日期			Effective Date 生效日期			Job Title 職位	Benefit Plan 保障計劃	E-mail Address 電郵地址	Bank Account No. (For claim settlement by Autopay only) 銀行戶口號碼(只供醫療賠償自動轉帳之用)		
				DD	MM	YY	DD	MM	YY				Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶號碼
				日	月	年	日	月	年						

(B) Addition of Dependant(s) 新增家屬

Ref. No. 參照號碼	Employee's Name (Surname First) 僱員姓名(姓氏先行)	Dependant's Name (Surname First) 家屬姓名(姓氏先行)	Relationship (Spouse or Child) 關係(配偶/子女)	HKID Card No. 香港身份證號碼	Date of Birth 出生日期			Sex 性別	Benefit Plan 保障計劃	Effective Date 生效日期			
					DD	MM	YY			DD	MM	YY	
					日	月	年						

(C) Other Changes 其他更改

Ref. No. 參照號碼	Employee's Name (Surname First) 僱員姓名 (姓氏先行)	Change of Bank Account No. 更改銀行帳戶號碼			Change of E-mail Address / Benefit Plan 更改電郵地址 / 保障計劃		Effective Date 生效日期		
		Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶號碼	New E-mail Address 新電郵地址	New Plan 新計劃	DD 日	MM 月	YY 年

(D) Termination of Employees and/or Dependants 終止僱員及/或家屬保障

Ref. No. 參照號碼	Name (Surname First) 姓名 (姓氏先行)	Effective Date 生效日期			Ref. No. 參照號碼	Name (Surname First) 姓名 (姓氏先行)	Effective Date 生效日期		
		DD 日	MM 月	YY 年			DD 日	MM 月	YY 年

1. I certify to the best of my knowledge and belief that the information contained in this Record Change Form is complete and true. I understand that any misrepresentation or omission may nullify coverage for employees and dependants.

2. Personal Information Collection Statement

The information you provide to **Falcon Insurance Company (Hong Kong) Limited** is collected to enable the company to carry on insurance business and may be used for the purpose of (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation. The information may be transferred to (i) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (ii) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and (iii) any members of the "Federation" by the "Federation" for any of the above or related purposes. Moreover, **Falcon Insurance Company (Hong Kong) Limited** is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right or duly authorized by your employees to obtain access to and to request correction of any personal information provided by you and held by **Falcon Insurance Company (Hong Kong) Limited**. Requests for such access can be made to our compliance officer (6/F., DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong. Tel: 2232 2888 Fax: 2232 2799).

3. Consent

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, I consent, on behalf of the employees, by signing below, that the personal information of the employees and the dependants provided by me and held by Falcon Insurance Company (Hong Kong) Limited (whether contained herein or otherwise obtained) may be held, used, disclosed, released and transferred by Falcon Insurance Company (Hong Kong) Limited to the parties and for the purposes mentioned in the "Personal Information Collection Statement".

1. 本人證明所有在此表格內之資料是根據本人所知所信正確填寫，並為完全和真確。本人明白任何誤述或遺漏均可引致有關僱員及其家屬之醫療保障失效。

2. 收集個人資料聲明

閣下提供的資料，為富勤保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：(i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；(ii) 任何索償，或該等索償的調查或分析；(iii) 行使任何代位權。該等資料可能移轉予：(i) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；(ii) 現存或不時成立的任何保險公司協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及(iii) 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。此外，在此授權富勤保險(香港)有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。閣下有權或由僱員授權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下所提供的僱員個人資料，如有需要，可向本公司監察主任(香港鰂魚涌華蘭路25號大昌行商業中心6樓 電話：2232 2888 傳真：2232 2799) 提出。

3. 同意書

根據香港個人資料(私隱)條例，就簽署此表格，本人謹代表各僱員同意富勤保險(香港)有限公司可持有或使用任何由本人提供有關僱員及其家屬之個人資料(不論是否從此表格或其他途徑所得)，或將該等資料透露、發放或轉交予「收集個人資料聲明」內提及之組織、機構或人仕作為有關之用途。

Authorized Signature & Company Chop

授權簽署及蓋章

* 本表格之中文譯本只供參考之用，如有爭議，應以英文原義為準。

Date

日期

Name & Title

姓名及職位

6/F DCH Commercial Centre
No.25 Westlands Road
Quarry Bay, Hong Kong

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Fax 傳真：(852) 2232-2899
Website 網址：www.falconinsurance.com.hk

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大昌行商業中心六樓

商界展關懷
caringcompany 2007/08
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