

**Group Life & Health Insurance Plan - Certificate Change Form**  
**團體保險計劃 - 更改僱員資料表格**
**Notes:**

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any correction you make on this form.
- Change form should be submitted to Manulife within 31 days from the effective date of change.
- Manulife will accept request form by fax via Fax No. 2234 5371 or mail to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office. DO NOT send the form again if you have faxed it already.
- Please DO NOT use this form for any update of employee's personal particulars and contact information. The "Change of Customer Particulars Form" should be used which can be obtained via our Employer Hotline 2108 1234.

**注意事項:**

- 請用正楷填寫本表格，並於適當空格內加✓號。請於任何刪改之位置旁簽署。
- 更改表格須於有關更改生效日期後三十一日內遞交給宏利。
- 宏利接受經由傳真號碼2234 5371 遞交或郵寄至九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司之表格。如已傳真本表格，閣下則毋須再次寄交。
- 如欲更改僱員個人及聯絡資料，請用「更改客戶資料表格」。如欲索取表格，請致電宏利僱主熱線 2108 1234。

 Policy No. 保單編號 -- Policyholder (Employer) Name 保單持有人(僱主)名稱 \_\_\_\_\_

**A. DETAILS OF CHANGE 資料更改詳情**
**DEPENDENT ADDITION 家屬新增保障**

- If the Country of Residence of the dependent is not the same as the employee, please specify.  
如家屬之居住地與僱員不同，請加以註明。
- Evidence of Insurability is required from the dependent  
家屬須提供受保資格證明
  - if application is submitted to Manulife more than 31 days after the dependent becomes eligible to enroll under this group scheme; and/or  
若僱員家屬之申請於其合資格參加此團體保險計劃後超過三十一天才遞交予宏利；及/或
  - if the group has less than 10 employees at policy commencement or anniversary date.  
若團體保單起始日或周年日的僱員人數少於十人。

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Dependent's Name (Surname First) 家屬姓名(以姓氏先排)	Relationship# 關係 (SP/S/D)	Dependent's HKID/ Passport/Birth Cert. No. 家屬香港身份證/ 護照/出生證明書號碼	Date of Birth 出生日期 (dd/mm/yy) (日/月/年)	Date of Marriage 結婚日期 (dd/mm/yy) (日/月/年)

# SP - Spouse 配偶, S - Son 兒子, D - Daughter 女兒

**CHANGE OF SALARY 更改薪金**

 Salary amount must be specified using the currency of the policy. If Flat Amount is used as Sum Insured, salary change is not required to be reported.  
 薪金金額以團體保單所採用的貨幣單位計算。如保額為固定金額，則毋須呈報更改薪金。

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Revised Salary 經調整後薪金		Effective Date (dd/mm/yy) 生效日期 (日/月/年)
		Mode 支付方式 (M) Monthly 月薪 (A) Annual 年薪	Amount (in policy currency) 金額 (團體保單之貨幣單位)	
		<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> USD 美元 <input type="checkbox"/> HKD 港元	
		<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> USD 美元 <input type="checkbox"/> HKD 港元	
		<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> USD 美元 <input type="checkbox"/> HKD 港元	
		<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> USD 美元 <input type="checkbox"/> HKD 港元	

**CHANGE OF PLAN / COUNTRY OF RESIDENCE 更改計劃 / 居住地**

 Please make sure that the Country of Residence for the employee and dependent are up-to-date in Manulife's Employee Benefits' Group policy record as that will determine the destination of any emergency evacuation or repatriation services under the policy.  
 請確保僱員及家屬備存於宏利僱員福利團體保障計劃內的居住地資料為正確無誤。如遇上緊急事故，宏利將以此資料作為有關之撤離或遣返安排之目的地。

Cert. No. 證書編號	Employee's / Dependent's Name (Surname First) 僱員 / 家屬姓名(以姓氏先排)	New Plan 新計劃	New Country of Residence 新居住地	Effective Date (dd/mm/yy) 生效日期 (日/月/年)

**EMPLOYEE TRANSFER BETWEEN ASSOCIATE ACCOUNTS 附屬賬戶間之僱員轉移**

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	New Account No. 新附屬賬戶編號	New Account Name 新附屬賬戶名稱	Effective Date (dd/mm/yy) 生效日期 (日/月/年)



**B. COVERAGE TERMINATION & OTHER CHANGES 終止保障及其他更改****TERMINATION OF EMPLOYEE COVERAGE 終止僱員保障**

The dependent's coverage shall be terminated on the same date as the employee's coverage being terminated.  
家屬保障將與僱員保障同時終止。

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Last Date of Employment (dd/mm/yy) 最後受僱日期(日/月/年)

**TERMINATION OF DEPENDENT COVERAGE 終止家屬保障**

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Dependent's Name (Surname First) 家屬姓名(以姓氏先排)	Last Date of Coverage (dd/mm/yy) 最後保障日期(日/月/年)

**BANK ACCOUNT NUMBER UPDATE (FOR CLAIMS PAYMENT BY AUTOPAY ONLY)  
更新銀行戶口號碼(只適用於以自動轉賬方式支付之賠償)**

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Bank Name 銀行名稱	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼	Effective Date (dd/mm/yy) 生效日期(日/月/年)

**C. DECLARATION 聲明**

It is confirmed and agreed that

- I have obtained all necessary consents from my employees to supply the information of them and their dependents to Manulife.
- All employees have confirmed that they have obtained all necessary authorizations from their dependents to supply their information to Manulife.
- I shall indemnify Manulife for any loss or expenses incurred by Manulife by reason of any misstatement in the above confirmation by me and/or any claim for breach of Personal Data (Privacy) Ordinance by my employees and/or their dependents.

本人確認並同意下列各項

- 本人已取得所有僱員同意，可向宏利提供其與受保家屬之資料。
- 所有僱員確認已向所有受保家屬取得一切所需授權，可向宏利提供其資料。
- 本人將就任何因上述聲明出現錯漏及/或本人之僱員及/或其受保家屬就違反個人資料(私隱)條例事宜提出索償而招致之費用或損失，向宏利作出賠償。

Date Signed 簽署日期

Full Name of Administrator with Company Chop 計劃管理人全名及公司印章

Please return the completed form 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。