

Group Medical Insurance

As a caring employer, you may also wish to provide your employees some medical benefits to cover their non work related illnesses on top of the compulsory Employees Compensation protection.

團體醫療保險

關心僱員的您，除了為僱員購買勞工保險外，您可以考慮為他們提供全面的醫療保障。



Group Medical Insurance - Generali



Our group medical plan is specially designed for companies of different sizes, from SME to multinational corporates. All benefits can be extended to your employees' spouse and children.

Pre-set premium rate table is available for easy budgeting and only simple procedure is required to implement the plan.

Main features of the plan:

1. Hospitalization benefits
 - Room & board
 - In-hospital doctor visits
 - Hospital special services
 - Surgical benefits
 - In-hospital specialist visits
2. Outpatient benefits (Optional with 80% or 100% reimbursement)
 - General doctor consultation
 - Specialist consultation
 - Diagnostic laboratory tests
 - Extensive outpatient covers including general practitioner, specialist, chinese herbalist / bonesetter / acupuncturist, physiotherapy and chiropractor, X-Ray and laboratory expenses.

團體醫療保險 — 忠利保險

我們提供的團體醫療保險專為不同規模的公司，由中小企到跨國企業均有合適計劃以供選擇。所有的保障亦可以擴展至員工的配偶和子女。保費表一目了然方便預算，只需簡易行政程序實施計劃

計劃主要包括:

1. 住院保障
 - 入住病房
 - 住院醫生巡房
 - 醫院特別服務
 - 外科手術費用保障
 - 住院專科醫生巡房
2. 門診醫療保障 (選擇性 80% 或 100%賠償)
 - 普通科醫生診治
 - 專科醫生診治
 - 化驗室及 X 光化驗服務
 - 門診費用包括普通科、專科、中醫、跌打、針灸治療、物理治療、脊骨治療、X 光檢驗及化驗費用等

Product Highlights

- Comprehensive hospitalization and surgical benefits and miscellaneous hospitalization expenses
- Free choice of hospitals and doctors
- Optional supplementary major medical
- Optional maternity benefit
- Optional dental benefit
- Optional medical check up program / scheme

產品亮點

- 全面住院及醫療保障手術及各種醫院雜費
- 自由選擇醫院及醫生
- 自選附加醫療保障
- 自選分娩津貼
- 自選牙科保障
- 自選驗身計劃

Group Medical Insurance

Information Required for Obtaining Quotation

Basic Eligibility

1. Full time permanent employees aged between 18 and 64.
2. Legal spouse aged between 18 and 64.
3. Legal child(ren) aged between 15 days and 19, or up to 23 if full-time student.
4. Employees are stationed in Hong Kong
5. Employees are employed by Hong Kong registered company
6. Compulsory participation (benefit provided by employer)

Company without any coverage of group medical insurance

1. Name of proposed insured _____
2. Business nature _____
3. Proposed benefit schedule _____
4. Breakdown of headcount for each plan _____
5. Any employee who stationed outside H.K. (please specify the exact location, total number of employees and if under HK employment contract) _____

Company with existing coverage of group medical insurance

1. Name of proposed insured _____
2. Business nature _____
3. Renewal date _____
4. Benefit schedule – current year & last year &/ proposed schedule (if applicable) _____
5. Breakdown headcount by plan – latest & last year _____
6. Breakdown claim experience by benefit type (hospitalization, outpatient...etc)-
 - Current year – at least 9 months & please state the % of incurred but not reported if there is _____
 - Last year – full year amount without Incurred but not reported _____
7. Diagnosis of major in-patient claim (over HKD50,000) for underwriting _____
8. Any employee who stationed outside H.K. (please specify the exact location, total number of employees and if under HK employment contract) _____

重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the policy wordings including the applicable terms, conditions and exclusions which will be issued to applicant upon acceptance of this proposal or upon applicant's request.

團體醫療保險

團體醫療保險索取所需資料

基本申請資格

1. 年齡在 18 歲至 64 歲的全職僱員
2. 年齡介乎 18 至 64 歲之間的合法配偶
3. 法定子女其年齡介乎 15 日至 17 歲或年齡少於 23 歲的全日制學生
4. 該僱員長駐香港
5. 受僱於香港註冊公司
6. 強制參與 (由僱主提供福利)

公司現時沒有任何團體醫療保障

1. 公司名稱
2. 業務性質
3. 預期的保障計劃
4. 每個保障計劃的投保人數
5. 是否有駐守在香港以外的僱員
(請註明確實的地點，員工總數如根據香港僱傭合約)

公司現時有團體醫療保障

1. 公司名稱
2. 業務性質
3. 續保日期
4. 保障計劃 - 本年度及去年及 / 擬定的保障 (如適用)
5. 每個保障計劃的投保人數-本年度及去年
6. 過去的索賠紀錄按種類 (如住院,門診等)
 - 本年度-最近 9 個月及請註明已發生未報告百分比(如有)
 - 上年度 - 全年總額不包括已發生未報告

7. 請提供重大住院索賠 (超過 50,000 港元) 的診斷資料用作核保數據

8. 是否有駐守在香港以外的僱員，請註明確實的地點員工總數如根據香港僱傭合約

重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

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聲明 DECLARATION

本人 / 吾等聲明 · 本人 / 吾等已填報一切必要的資料 · 絕對正確 · 並無隱瞞或保留 · 本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問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；及可能移轉予任何有關的公司 · 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。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. 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; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes.

支付經紀佣金 PAYMENT OF BROKER COMMISSION

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金 · 作為其所提供服務的酬金 · 閣下同意進行是項保險交易 · 即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意 · 才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

日期 Date

保戶簽署 Signature of Insured

聯絡人 Person to Contact:

姓名 Name:

電話 Telephone No. :

電郵 Email Address :