

**豐隆家傭嚴重疾病保險申請表格 Hong Leong Domestic Helper Serious Disease Insurance Application Form**

請填妥申請表格，以電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10 室) 至本公司。  
 You may submit the completed form to Hong Leong Insurance by email (personal@hl-insurance.com) or by mail or in person (Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong).

**A. 保障選擇 Choice of coverage** (請以英文正楷填寫，並在適當空格內加 ✓ 號 Please complete in English BLOCK letters and ✓ as appropriate)

起保日期 Period of insurance 由 from (日/月/年 D/M/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 至 to (日/月/年 D/M/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (保險起保日期最早為申請日期的當天。 Earliest policy effective date will be same as the application date.)

家傭嚴重疾病保險保障額 Domestic Helper Serious Disease Insurance coverage	<input type="checkbox"/> 計劃一 Plan 1 HK\$100,000	<input type="checkbox"/> 計劃二 Plan 2 HK\$200,000
總保費 Total premium		

註 Note:

- 保監局保費徵費已包括在內。Premium Levy to Insurance Authority are included.
- 家傭指您僱用以提供全職家政服務之海外傭工，並獲得入境事務處合法批准的人士。Domestic helper refers to the foreign domestic helper employed by you for full-time domestic service and who has been approved by the Immigration Department.
- 此保障不適用於保險單生效日期或自有關與您訂立的僱傭合約最初生效之日期前 (以較遲者為準) 家傭已經接受醫學診治、診斷、檢驗或治療的任何嚴重疾病，又或不論是否為家傭所認知已出現徵兆及症狀的任何嚴重疾病。This Coverage shall not apply to any Serious Disease for which the domestic helper received medical consultation, diagnosis, examination or treatment, or of which the signs and symptoms, whether known or unknown to the domestic helper, manifested prior to the Effective Date of the Policy or the date which the employment contract with the Policyholder first commenced, whichever is the later.
- 家傭年齡必須為 18 至 60 歲並可續保至 65 歲 (以上次生日為準)。Domestic helper must be between 18 and 60 years of age. Renewal up to aged 65 (at last birthday).
- 投保人必須為受保家傭之合約僱主。The applicant must be the employer of the insured domestic helper stated in the employment contract.
- 每名僱主只可享有投保優惠一次，及只限首次投保。The enrolment offer is valid for first time enrolment and once for each applicant employer.
- 保險單之最低保費為保險證明書所印示的最低保費。The policy is subject to the minimum premium printed on the Certificate of Insurance.
- 每名家傭需有 15 天的等候期，等候期內任何疾病將不獲賠償。Each domestic helper has 15 days waiting period, no benefit shall be payable for any disease or sickness occurring within the period.

**B. 投保人個人資料 Personal details of applicant**

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname \_\_\_\_\_ 名 Given name \_\_\_\_\_ 中文姓名 Chinese name \_\_\_\_\_ 性別 Gender ☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 香港身份證 HKID \_\_\_\_\_ 電郵地址 E-mail address \_\_\_\_\_

手提電話 Mobile \_\_\_\_\_ 住宅電話 Home tel. \_\_\_\_\_ 辦公室電話 Office tel. \_\_\_\_\_

**家傭工作地址 Place of employment of domestic helper**

室 Flat/ Room \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈 Building/ 屋邨 Estate \_\_\_\_\_ 街 Street/ Road \_\_\_\_\_

地區 District area \_\_\_\_\_ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

**通訊地址 Mailing address** (如不同上 if different from the above)

室 Flat/ Room \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈 Building/ 屋邨 Estate \_\_\_\_\_ 街 Street/ Road \_\_\_\_\_

地區 District area \_\_\_\_\_ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

**C. 家傭資料 Details of domestic helper**

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname \_\_\_\_\_ 名 Given name \_\_\_\_\_ 國籍 Nationality \_\_\_\_\_ 性別 Gender ☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y) \_\_\_\_\_ ☐ 香港身份證 HKID ☐ 護照 Passport

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 證件號碼 Document no. \_\_\_\_\_

請繼續填寫下頁 Please go on next page

本人茲授權並要求豐隆保險（亞洲）有限公司從本人下列之信用卡戶口內，支付該保障之保費。I hereby authorize and request Hong Leong Insurance (Asia) Limited to charge my credit card account listed below for the premium of this Insurance.

### E. 聲明 Declaration

- DHSDE/AF/082025