

mediTop Plan

利加保 — 寶貴健康之選

完善您的醫療保障 • 擁抱健康人生



Liberty
Insurance™

Special Plan Features 計劃特點

- ✓ Top up of Hospitalization Benefits up to HK\$1,500,000 per year
- ✓ Fully covered for Surgical Fees, Hospital Services Fees after Deductible
- ✓ Fully covered for Oncology Treatment benefit after Deductible (either In-hospital / Day Confinement)
- ✓ Target therapeutic medications up to HK\$1,500,000 per lifetime
- ✓ Post Accident Reconstructive Surgery up to HK\$1,500,000 per lifetime
- ✓ Day Case: Gastroscopy & Colonoscopy Benefits
- ✓ Pre- and Post-Operation Treatment covered
- ✓ Worldwide coverage for Hong Kong residents subject to Overseas Room & Board sublimit
- ✓ Additional Free Oversea Emergency Medical Evacuation up to HK\$1,000,000
- ✓ Free Greater China Card Assistance Program for waiver of hospital admission deposit
- ✓ Deductible options that suit you and your family
- ✓ No concurrent medical policy is required
- ✓ Guaranteed Life Time Renewable with Pool Rating and Coverage+
- ✓ 每年住院福利保障高達港幣150萬
- ✓ 扣除墊底費後，外科手術費、醫院雜費等均可獲全數賠償
- ✓ 即使在住院期間或門診接受腫瘤治療，扣除墊底費後均可獲全數賠償
- ✓ 標靶治療藥物終身保障額高達港幣150萬
- ✓ 因意外後而導致需要進行之矯形手術保障，終身保障額高達港幣150萬
- ✓ 日間治療：胃鏡檢查和結腸鏡檢查
- ✓ 手術前及手術後出院之門診開支均可獲得保障
- ✓ 因應海外住房及膳食費限額，全球保障香港居民
- ✓ 額外免費海外緊急醫療救援服務保障高達港幣100萬
- ✓ 免費大中華卡計劃，入住指定醫院無需繳付按金
- ✓ 不同的墊底費選擇，適合您和您家人的需要
- ✓ 無需同時擁有其他醫療保單均可投保
- ✓ 保證終身續保及整體保費和保障調整+

Once your application is approved, your policy will be guaranteed renewable up to age 100 irrespective of your health condition or claims record. We will not apply additional premium loading on your policy alone by your claims experience. Any adjustments to the benefits, terms & conditions and premium will be made on a portfolio pool basis. This way you can strive for a speedy recovery and be free from worries of hefty premium loading or losing your coverage when you unfortunately suffer from a serious sickness.

+ The benefits, terms and conditions and the premium rates may be revised at pool level upon policy renewal. Premium charged at renewal will also be based on your age. We guarantee to renew your policy as long as you meet the requirements as stated in the renewal clauses on the Plan Rules. For details, please refer to your Insurance Consultant and Plan Rules.

當您成功投保後，不論您健康或索償紀錄如何，您的保障將會保證終身續保至100歲。我們亦不會因為您曾經索償而徵收額外的保費。所有保障額、項目、條款及細則和保費亦會以整個計劃調整。萬一不幸地患上嚴重疾病，您亦可專心休養，無需擔憂醫療保障會被終止或需要繳交額外的保費。

+ 於續保時，此計劃之保障額、項目、條款及細則和保費或會被修訂。續保保費將根據續保時您的年齡而釐定。只要您符合保單條款中續保的要求，我們保證為您續保。詳情請向您的保險顧問查詢或參閱保單條款。

Schedule of Benefits 保障福利表

Room Level Options [^] 住房級別選擇 [^]	Ward 大房	Semi-Private 半私家房	Private 私家房
Annual Deductible Options 每年墊底費選擇	HKD 港幣 \$50,000 / \$80,000 / \$130,000		
Hospitalization & Surgical Benefits 住院及手術福利	Fully Covered 全數賠償	Fully Covered 全數賠償	Fully Covered 全數賠償
Pre- and Post-Operation Treatment (per year) (Include 1 pre-operation consultation and post-operation follow-up visits within 30 days after hospital discharge) 手術前及手術後出院之門診開支 (每年) (包括手術前門診開支 1 次及手術後出院 30 天內之跟進治療門診開支)	HKD 港幣 \$10,000	HKD 港幣 \$10,000	HKD 港幣 \$10,000
Special Nursing Care in Hospital*(per year) 住院特別看護護理*(每年)	HKD 港幣 \$10,000	HKD 港幣 \$10,000	HKD 港幣 \$10,000
Companion Bed (Accompanied dependent child below age 18) 子女入院加床費 (陪伴18歲以下小孩)	Fully Covered 全數賠償	Fully Covered 全數賠償	Fully Covered 全數賠償
Day Case: Gastroscopy & Colonoscopy Benefits*(per year) 日間治療:胃鏡檢查和結腸鏡檢查*(每年)	HKD 港幣 \$12,500	HKD 港幣 \$17,500	HKD 港幣 \$22,500
Overall Annual Limit 每年總限額	HKD 港幣 \$1,500,000	HKD 港幣 \$1,500,000	HKD 港幣 \$1,500,000

[^] If the Insured Member confined the room level which is higher than the chosen level, an adjustment factor will be applied. 如受保人入住之房間級別比原先選擇的為高，所有保障額將會有所調整。

* Written referral from the attending registered physician is required. 必須經由主診註冊醫生以書面轉介。

Co-ordination of Benefit - This Plan will be paid after any other in-force insurance policy(ies) or indemnity source(s).

共付賠償 - 當受保人擁有其他生效中的保單或可在其他途徑獲得賠償，本計劃將會成為最後賠償的保單。

mediTop Individual Medical Insurance Application Form
利加保個人醫療保險計劃申請表

(Please complete in English)
 (請以英文填寫)

Part A - Information of Policyholder 甲部 - 保單持有人資料

Name of Policyholder 保單持有人名稱 : _____

Name of Proposed Insured(s) / Employee 準受保人 / 僱員名稱 (如非保單持有人) : _____

Policyholder's Relationship to Proposed Insured(s) 保單持有人與準受保人關係 : _____ HKID / Passport No. 香港身份證或護照號碼 : _____

Nationality 國籍# : _____ Home Phone No. 家居電話號碼 : _____ Mobile No. 手提電話號碼 : _____

Fax No. 傳真號碼 : _____ Address 地址 : _____

Name of Employer/Association 僱主/組織名稱 : _____ Job Title 工作職位 : _____

Occupation 職業 : _____ Business Nature 業務性質 : _____

Personal Email Address 個人電郵地址 : _____ (Email for receiving e-claims payment advice 提供電郵可以電郵收取賠償紀錄報告。)

If the Policyholder is a company, please complete the fields in the below area in grey. 如公司為保單持有人，請填寫以下灰格內所需資料。

(1) Business Registration No. 商業登記證號碼 : _____	(2) Contact Person 聯絡人 : _____
(3) Tel. No. 電話號碼 : _____	(4) Fax. No. 傳真號碼 : _____
(5) Email Address 電郵地址 : _____	

Please declare in accordance to the Nationality stated in your Passport. 請根據護照上之國籍填寫。

※ No premium refund or replacement enrollment is allowed upon Policy / Insured Member Termination. 如保障期內取消保單或要求終止受保人的保障，保費將不獲退還及不可更換新的受保人。※

Part B - Information of Proposed Insured(s) 乙部 - 準受保人資料

Please complete the following details for all Proposed Insured(s). Please use separate sheet(s) if the provided space is insufficient. 請填寫以下資料，如有需要請另頁詳加說明。

Surname / Other Name 姓 / 名	Relationship 關係	HKID / Passport No. # 香港身份證 / 護照號碼 #	Sex 性別	Date of Birth (MM/DD/YYYY) 出生日期(月/日/年)	Country of Residence 居住國家	Occupation 職業	Room Level 住房級別	Deductible Option 墊底費選擇
(1)	Self / Employee 自己 / 僱員	()	M 男 F 女	/ /				港幣 HKD \$ _____
(2)	Spouse / EE's Spouse 配偶 / 僱員的配偶	()	M 男 F 女	/ /				港幣 HKD \$ _____
(3)	Child / EE's Child ^ 子女 / 僱員的子女 ^	()	M 男 F 女	/ /				港幣 HKD \$ _____
(4)	Child / EE's Child ^ 子女 / 僱員的子女 ^	()	M 男 F 女	/ /				港幣 HKD \$ _____

Please submit a copy of HKID / Passport / Birth Certificate 請遞交香港身份證 / 護照 / 出生證明書副本。

^ Child means the Proposed Insured(s) is from 15 days to 18 years of age. If the Proposed Insured(s) is between 19 and 26 years old and apply with parents together, full-time education evidence will be required.
 子女的參加資格為出生後 15 日至 18 歲。如子女是 19 至 26 歲須出示全日制學生證明方可一同申請。

(High risk or listed occupations will be subject to underwriting approval.)

(高風險或指定職業之準受保人需要通過核保審批。)

Part C - Health Statement of Proposed Insured(s) 丙部 – 準受保人病歷聲明

	Yes 是	No 否
1. Name of Proposed Insured (1) 準受保人姓名 (1) _____ Height 身高 _____ cm 厘米 Weight 體重 _____ kg 公斤 Name of Proposed Insured (2) 準受保人姓名 (2) _____ Height 身高 _____ cm 厘米 Weight 體重 _____ kg 公斤 Name of Proposed Insured (3) 準受保人姓名 (3) _____ Height 身高 _____ cm 厘米 Weight 體重 _____ kg 公斤 Name of Proposed Insured (4) 準受保人姓名 (4) _____ Height 身高 _____ cm 厘米 Weight 體重 _____ kg 公斤		
2. Has the Insured Person had any life, critical illness, medical or accident insurance application, reinstatement or renewal declined, postponed or offered with special terms (e.g. an additional premium or exclusion(s))? 受保人曾否於申請、復保或續保任何人壽、危疾、醫療或意外保險時，被拒、被延遲或需要更改保險條款（如被要求增加保費或不承保事項）？	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Insured Person ever been diagnosed with a sexually transmitted disease (e.g. HIV, AIDS)? 受保人曾否被診斷患有性病（例如愛滋病）？	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Insured Person ever been diagnosed with a mental disorder (e.g. depression) or handicapped or disabled (e.g. deafness, blindness)? 受保人曾否被診斷患有精神病（例如抑鬱症）、傷殘或殘疾（例如失聰、失明）？	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last three years , has the Insured Person ever had or been treated for any conditions or symptoms relating to high blood pressure, high cholesterol, high blood sugar, diabetes, stroke, chest pain, heart disease/conditions, cyst, lump, nodule, polyp, lesion, growth, cancer, tumour, liver disease (e.g. hepatitis, hepatitis carrier), thyroid disorder (e.g. hyperthyroidism, goitre), disorders of the spine/joints/bones (e.g. back pain, gout), breathing disorders (e.g. asthma, bronchitis), digestive disorders (e.g. ulcer, haemorrhoid, bowel disorders), breast-related conditions, gynecological disorders (relating to cervix, uterus or ovaries), or any other condition of the lungs, brain, blood, immune system, kidneys or any other organs? 在過去三年內 ，受保人患上以下疾病或接受以下疾病或症狀之治療，高血壓、高膽固醇、高血糖、糖尿病、中風、胸痛、心臟病/病症、囊腫、腫塊、結節、息肉、病變、腫瘤生長、癌症、腫瘤，肝臟疾病（例如肝炎、肝炎帶菌者）、甲狀腺疾病（例如甲亢、甲狀腺腫）、脊柱/關節/骨骼疾病（例如背痛、痛風）、呼吸系統疾病（例如哮喘、支氣管炎）、消化系統疾病（例如胃潰瘍、痔瘡、腸道疾病）、乳房相關疾病、婦科疾病（與子宮頸、子宮或卵巢有關）或任何肺部、腦部、血液、免疫系統、骨骼、腎臟或肝臟或其他器官的疾病？	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last three years , has the Insured Person ever had or been advised to undergo investigations such as x-ray, scan, biopsy, electrocardiogram (ECG), blood or urine test(s), etc.? 在過去三年內 ，受保人曾否或被建議接受X光、掃描、活組織檢查、心電圖（ECG）、血液或尿液等檢查？	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the Insured Person's natural parents, brothers or sisters, before the age of 60, had cancer, heart problems, stroke, kidney disease, diabetes or any hereditary disease (e.g. Alzheimer's disease, Parkinson's disease, mental disorder)? 受保人的直系親屬，包括親生父母或兄弟姐妹曾在六十歲前患上癌症、心臟疾病、中風、腎病、糖尿病或任何遺傳性疾病（例如阿爾茨海默氏症、帕金森症、精神病）？	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the Question 2 – 7 is **yes**, please provide the details of medical condition(s) and a copy of the relevant medical report(s). Please use separate sheet if the space is insufficient. 如以上問題 2 – 7 之答案為**是**，請提供該疾病的詳細資料及相關醫療報告副本。（如空位不足，請另頁書寫。）

Question No. 問題題號	Name of Proposed Insured 準受保人姓名	Date Occurred 病發日期	Diagnosis/Condition 診斷/情況	Treatment with Duration 療程	Last Follow Up Date 最近一次覆診日期	Present Condition 現時情況	Full Name & Address of Attending Physician 主診醫生全名及地址

If the provided space is insufficient, please use separate sheets with proposed insured's signatory & signed date. (如有需要請另頁詳加說明，並由投保人簽署及註明日期。)

Name and Address of Family physician of Proposed Insured(s): 準受保人的家庭常診醫生姓名、地址及電話：_____

Part D - Method of Premium Payment 丁部 - 保費繳交方法

- Yearly by Cheque 以支票年繳 (Bank Name 銀行名稱: _____ Cheque No. 支票號碼: _____)
Please make cheque payable to "Liberty International Insurance Limited". Post dated cheque will not be accepted. The cheque must be issued by the Policyholder or Proposed Insured named above. 請提供劃線支票, 抬頭請註明「利寶國際保險有限公司」。期票不予接受。支票簽發人必須為上述保單持有人或準受保人之一。
- Yearly by Credit Card 以信用卡年繳 (Please complete the "Credit Card Authorization Form" on Page 11. 請填妥第11頁之「信用卡付款授權書」。)

Part E - Declaration & Authorization of Policyholder / Proposed Insured(s) 戊部 - 保單持有人 / 準受保人聲明及授權

1. **Personal Information Collection Statement** - I/we have read and understand the "Personal Information Collection Statement" on Part F of this Application. I/we understand that I/we have the right to request Liberty International Insurance Limited to cease using my Personal Information for direct marketing purposes.
個人資料收集聲明: 保單持有人及各準受保人已細閱並明白本申請表已部之「個人資料收集聲明」, 亦明白有權要求利寶國際保險有限公司停止使用此申請表內的個人資料作直接市場推廣用途。
 Please the box if the Policyholder and Proposed Insured(s) do not consent to receive the marketing communications.
如保單持有人及各準受保人不同意接受有關直銷的通訊, 請在空格內標上 號。
2. **Declaration** - I/we hereby apply to be enrolled in the Plan together with the Proposed Insured(s) listed overleaf. I/we declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/we acknowledge and agree that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, or required medical treatment, including drugs, or knew about, or were aware existed or had symptoms of, prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Policyholder, Proposed Insured(s) and the Insurer. I/we have read and agreed to be bound by the Policy and I/we accept them to be part of the contract of insurance issued as a result of this Application. I/we understand this insurance is unavailable to residents outside Hong Kong of whatever nationality. Purchase of this insurance by residents outside Hong Kong will render the policy null and void. I/we understand that the Policy effective date shall be the date when this Application is accepted by Liberty International Insurance Limited. Liberty International Insurance Limited will send the Renewal Notice with the advice of renewal premium and any changes in terms and conditions to the Policyholder before the Policy Expiry Date. Liberty International Insurance Limited will renew the Policy from the Policy Expiry Date automatically subject to the premium is fully settled on or before the Policy Expiry Date.
聲明: 保單持有人及各準受保人現向 貴公司投購醫療保險。保單持有人及各準受保人謹此聲明已就實情完整地將資料填報於申請表內。準受保人明白及同意, 在保單生效日前患有、或曾接受治療、或已知道、或已察覺到、或已出現相關病徵之疾病和損傷而引起的醫療開支, 一律不在保障範圍之內。保單持有人及各準受保人已細讀並同意遵守本計劃之各項條款, 亦同意這份聲明及申請表將被用作保單持有人 / 準受保人及保險公司雙方合約的基礎。如果準受保人不在香港居留, 不論其國籍, 準受保人均不獲接受投購本計劃。在保單成功批核後, 如受保人在香港以外地方居留, 此保單會被取消及視作無效。保單持有人及各準受保人明白保單生效日期須為利寶國際保險有限公司接受此申請之日期。利寶國際保險有限公司會在保單到期日前將續保通知書寄出, 給予保單持有人知悉續保保費及最新保障和條款的修訂。如續保保費於保單到期日前繳付, 利寶國際保險有限公司會在保單到期日當天將此保單自動續保。
3. **Authorization** - I/we authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this Application and subsequent assessment of any insurance claim under the Policy that may be issued pursuant to this Application from other organizations, institutions or other persons, including other insurance companies/medical service providers, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests (including declining this Application). This authorization shall survive me/us and shall be irrevocable and photocopy of this authorization shall be as valid as original.
授權: 保單持有人及各準受保人授權利寶國際保險有限公司向 / 從其他組織、人士或機構 (包括其他保險公司/醫療提供者) 收集關於投保時所需的必須資料及其後索償申請之資料並與保單持有人或各準受保人的個人資料作出比較, 並利用比較結果採取任何行動, 包括不符合保單持有人或各準受保人的利益 (包括不接納此申請); 此授權不能推翻。即使保單持有人或準受保人去世, 此授權仍然有效。此授權書之影印本與正本具同等效力。
4. **ONLY applicable to Application through authorized insurance broker** - The Policyholder understand, acknowledge and agree that, as a result of the Policyholder purchasing and taking up the policy to be issued by Liberty International Insurance Limited ("Liberty"), Liberty will pay the authorized insurance **Broker Commission** during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorized Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorized to do so. The Policyholder further understands that the above agreement is necessary for Liberty to proceed with the Application.
只適用於透過獲授權保險經紀進行之申請: 保單持有人明白、確知及同意, 利寶國際保險有限公司會就其購買及接受保險公司簽發的保單, 於保單有效期內(包括續保期), 向負責安排有關保單的獲授權保險顧問公司支付佣金。假如保單持有人為法人團體, 代表保單持有人簽署的獲授權人員須向利寶國際保險有限公司確認他 / 她已獲法人團體授權簽署。保單持有人亦明白利寶國際保險有限公司必須取得保單持有人的同意, 才可以處理有關申請。
 Yes, the Policyholder has read and understood the above commission arrangement.
是, 保單持有人已閱讀及明白上述有關佣金之安排。

	(mm/月) / (DD/日) / (YYYY/年)	
_____ Name of Policyholder 保單持有人姓名*	_____ Signature of Policyholder 保單持有人簽署*	_____ Date 日期
<small>Note: Authorized Signature with company chop is required if the Policyholder is a company. 註: 如公司為保單持有人, 需要公司授權人簽署和公司蓋章</small>		
<small>* The Policyholder shall declare and sign on behalf of all Proposed Insured(s) at age below 18. 保單持有人需代表所有 18 歲以下之申請人同意以上聲明及簽署。</small>		
	(mm/月) / (DD/日) / (YYYY/年)	
_____ Name of Proposed Insured (1) 準受保人(1)姓名 <small>Note: If Proposed Insured (1) is the same person of Policyholder, the name is not required. 註: 如準受保人 (1) 為保單持有人, 則可無需重複寫上姓名。</small>	_____ Signature of Proposed Insured (1) 準受保人(1)簽署 <small>Note: If Proposed Insured (1) is the same person of Policyholder, the signature is not required. 註: 如準受保人 (1) 為保單持有人, 則可無需重複簽署。</small>	_____ Date 日期
	(mm/月) / (DD/日) / (YYYY/年)	
_____ Name of Proposed Insured (2) 準受保人(2)姓名 <small>For the Proposed Insured (3) - (4), if the age is 18 - 26, please sign below. 如準受保人(3)-(4)年齡為18歲至26歲, 請在以下簽署。</small>	_____ Signature of Proposed Insured (2) 準受保人(2)簽署	_____ Date 日期
	(mm/月) / (DD/日) / (YYYY/年)	
_____ Name of Proposed Insured (3) 準受保人(3)姓名	_____ Signature of Proposed Insured (3) 準受保人(3)簽署	_____ Date 日期
	(mm/月) / (DD/日) / (YYYY/年)	
_____ Name of Proposed Insured (4) 準受保人(4)姓名	_____ Signature of Proposed Insured (4) 準受保人(4)簽署	_____ Date 日期
	(mm/月) / (DD/日) / (YYYY/年)	
_____ Name of Agent/Broker 保險顧問公司/代理人姓名	_____ Signature of Agent/Broker with Company Chop 保險顧問公司/代理人簽署及公司蓋章	_____ Date 日期

Please sign and return this Application Form together with a crossed cheque or the completed Credit Card Authorization Form (on page 11) to your Insurance Consultant or send to us directly.
請將已簽署的申請表連同劃線支票或信用卡付款授權書(第11頁)一併交給您的保險顧問或直接寄到本公司。

Part F - Personal Information Collection Statement 己部 – 個人資料收集聲明

Liberty International Insurance Limited (referred to hereinafter as the "Company") recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance"). The Company will take all practicable steps to ensure security of the Personal Data and to avoid unauthorised or accidental access, erasure or other use.

利寶國際保險有限公司（以下簡稱「本公司」）根據「個人資料（私隱）條例」（香港法例第486章）（以下簡稱「條例」）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。本公司將採取一切可行措施以確保個人資料安全，避免未經授權或意外存取、刪除或其他用途。

For the purpose of this Statement, "Personal Data" means any data: -

就本聲明而言，「個人資料」是指符合以下說明的任何資料 -

- a) relating directly or indirectly to a living individual;
直接或間接與一名在世人士有關的；
- b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- c) in a form in which access to or processing of the data is practicable.
該資料的存在形式令予以查閱及處理均是切實可行。

The Company's products and services are intended for persons residing in Hong Kong and all payments are made in Hong Kong Dollars. The Company does not intend to or knowingly collect, hold, process, use or transfer Personal Data of any individual living within the European Union ("EU") or monitor the behaviour of any EU-based individuals.

本公司產品及服務擬向居於香港者提供，且所有款項均以港元支付。本公司不擬亦不會明知而收集、持有、處理、使用或傳輸任何居於歐盟人士的個人資料或監察任何歐盟個人的行為。

Purpose 目的

From time to time it is necessary for the Company to collect, or be provided by your agents and/or representatives, your Personal Data (including personal information such as but not limited to your credit, motor and health records and insurance claims history) such as Personal Data of our customers (including but not limited to our online account holders, policy owners, insureds, trustees, policy assignees, claimants and beneficiaries) collected, transferred to or held by the Company which may be used, stored, processed, transferred or disclosed or shared by us for the following obligatory and other purposes ("Purposes"), such as:-

本公司不時有必要收集由你或你的代理和/或代表而得來的個人資料（包括但不限於你的信貸、汽車和健康紀錄和索償紀錄），例如，本公司可能就以以下強制或其他目的（「目的」）使用、儲存、處理、傳輸、披露或分享所收集或持有的客戶（包括但不限於網上帳戶持有人、保單擁有人、受保人、受託人、保單承讓人、索償人及受益人）個人資料，例如：-

1. Offering, providing and marketing to you the products/services of the Company, including related companies of the Company ("our affiliates") or our business partners (see "Direct Marketing" below), and administering, supporting, maintaining, managing and operating such products/services including policies and handling your mobile and internet accounts;
向你建議、提供及推銷本公司（包括本公司相關公司（「本公司聯屬公司」）或商業夥伴）產品/服務（請參閱下文「直接營銷」）、行政管理、支援、維持、管理及經營該等產品/服務（包括保單）、處理你的流動及互聯網帳戶；
2. Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services;
處理和確定任何保險申請書、要求、保險索償及持續提供保險服務；
3. Processing requests for payment and for direct debit authorization including evaluating your financial needs;
處理付款事宜和直接付款授權書；
4. Managing, investigating and analyzing any claim, action and/or proceedings made by or against or otherwise involving you, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
5. Compiling statistics or using for accounting purposes;
從事統計資料或用於會計事務；
6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies ("Liberty Mutual Group of Companies");
履行任何對本公司、母公司和附屬公司（「利寶互助保險集團公司」）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
遵守香港特別行政區的法院命令和包括但不限於保監處，香港保險業聯會，核數師，政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
協助本公司的實質或建議承讓人能夠評核擬進行涉及有關轉讓的交易；
9. Conducting identity and/or credit checks and/or debt collection;
從事核實身份和/或信貸審查和/或追收債務；
10. Conducting medical or health reference checks for relevant insurance products;
為相關保險產品進行具參考用途之醫療或健康調查；
11. For management of IT environment and business operation;
資訊科技管理及商業營運；
12. Ensuring security of our IT environment;
保障資訊科技的安全；
13. Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing (whether such detecting and investigating is in relation to an application or insurance policy of the Company);
偵察及調查非法活動，包括欺詐、洗黑錢及與恐怖主義有關的經濟活動（不論該偵察及調查是否與本公司的申請或保單有關）；
14. Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence) or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
遵從法定、監管以及其他良好管治義務，包括回應由公營及政府機構的要求（包括你居住以外的國家），或協助香港或其他地方的警察或其他政府或監管機構為執法而調查；
15. For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards;
協助本公司和利寶互助保險集團之公司政策及其標準監察及評估違規事宜；

16. Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we use to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes;
實現其他合法的商業目的，例如開展保險調查，研究和分析，包括分析本公司的客戶群和其他個人資料，分析他們的行為，偏好和興趣，開發新產品，改進本公司的服務，識別客戶使用趨勢，了解本公司客戶的利益，計劃和執行商業交易（包括合資企業和業務銷售）以及其他合法商業目的；
17. Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies;
建立、行使或維護任何利寶互助保險集團公司成員的法律權利；
18. Assisting financial institutions with interests related to you and/or the products/services you have with the Company including enable an actual or proposed assignee/mortgagee to evaluate the transactions you have with the Company intended to be the subject of the assignment/mortgage;
協助擁有與你相關權益及/或於你所持本公司產品/服務中擁有權益的金融機構，包括於你與本公司之間交易擬用作轉讓/按揭標的時，使實際或擬定承讓人/承按人得以評估該等交易；
19. To facilitate authorized service providers to provide services to the Company and/or the customers for the above Purposes;
促使獲授權服務供應商就上述目的向本公司及/或客戶提供服務；
20. Providing third party administration services and carrying out other services in connection with the operation of the Company's business;
提供第三方管理服務，並執行其他與本公司經營業務有關的服務；
21. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes;
促進協助利寶互助保險公司的全球性配合，溝通和團隊合作；
22. Other purposes directly relating to any of the above; and
直接涉及任何上述的其他目的；及
23. Any other purposes we notify you at the time of obtaining your consent.
當獲得閣下同意時提及的任何其他目的。

Please note that if you do not provide us with your Personal Data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

Please also ensure that you provide complete and accurate Personal Data to us and keep us updated on any changes to your Personal Data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

請確保你向本公司提供完整準確的個人資料，並隨時更新你個人資料的任何變更。請注意，如果你在需要時不向本公司提供完整和準確的個人資料，可能會對你造成不良後果。

Direct Marketing 直接營銷

Your Personal Data collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers.

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。

This may include the use of your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing and to conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes of products and services that the Company, our affiliates, Liberty Mutual Group of Companies, our co-branding partners and our business partners may offer.

此或包括使用你的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及本公司所持有的人口資料作直接營銷及執行直接營銷（包括但不限於本公司、本公司聯屬公司、利寶互助保險集團的公司、合作品牌夥伴及業務夥伴所提供產品及服務的回贈、長期客戶或專享計劃）。

If you do not consent to receive such marketing communications, you may at any time withdraw your consent to the use and provision of your Personal Data for direct marketing by downloading the form below.

<https://www.libertyinsurance.com.hk/download/Liberty-Insurance-Opt-Out-Form.pdf>

若你不同意收取上述營銷通訊，可隨時透過下載以下表格撤回對使用、提供你個人資料作直接營銷之用的同意。或者你可以在

<https://www.libertyinsurance.com.hk/download/Liberty-Insurance-Opt-Out-Form.pdf> 下載「拒絕接受直銷推廣表格」。

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such Personal Data for this voluntary marketing purpose.

如保客戶沒有“選擇退出”的要求，本公司持有之保單持續生效將被視為不反對本公司將其個人資料用於此自願性的營銷目的。

Transfer of Personal Data 個人資料的轉移

Your Personal Data will be kept confidential and may be held or stored locally, regionally or globally, whether in Hong Kong or out of Hong Kong.

本公司所持有的個人資料將予以保密，並可能會本地、區域或全球性地保留或存儲。

Subject to the provisions of any applicable law, we may need to disclose your Personal Data to third parties, whether located within or outside Hong Kong for one or more of the above Purposes.

根據任何適用的法律條例，本公司可能根據一種或多種上述的目的需要向香港境內或境外的第三方透露閣下提供/披露的個人資料。

Your Personal Data may be made available to:

你的個人資料可能會提供給：

1. Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Data in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes.

其他利寶互助公司：其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料，以實現上述一項或多項目的。

2. Our Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
3. Our Service Providers: External third-party service providers such as but not limited to agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business and Liberty Mutual affiliates in a service provider role, such as accountants, auditors, lawyers and other outside professional advisors; call center service providers; IT systems and management, IT support and security service providers; cloud providers, research and analytics service providers; claim investigators and adjusters; and similar third-party service providers that assist us in carrying out business activities;
我們的服務供應商：任何向本公司提供行政、電訊、電腦、付款、銀行或其他與業務運作有關服務，包括但不限於向本公司的代理人、承包商、銀行家及第三方服務供應商，與本公司業務營運及利寶互助附屬公司提供服務的角色，例如會計師、審計師、律師及其他外部專業顧問、電話客戶中心服務、電腦系統和管理，電腦技術支援和保安服務、雲端、研究和分析服務供應商，辦理索償理賠或調查服務和公証行，以及協助我們展開商業活動的第三方服務 提供商；
4. Other Third Parties Service Providers including brokers; employers; healthcare professionals; hospitals; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or others named herein), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants, financial institutions, and data processors including any interested parties with legitimate legal and/or beneficial interests in your policies, the subject matter of your policies, and/or the products/services you have with the Company;
其他第三方服務供應商包括保險經紀；僱主；醫護專業人士；醫院；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指定的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；法律顧問、調查員、損失理算師、再保險公司、醫療及康復顧問、緊急援助公司、網絡醫生集團、醫療諮詢顧問、測計員、專家、維修人員、會計師、金融機構及數據處理員（包括任何於你保單、保單標的及/或所持本公司產品/服務中擁有合法法定及/或實益權益者）；
5. Other Third Parties: To a third party in the event of any reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies.
其他第三方：對於任何重組，合併，出售，合資，委托，轉讓或其他處置的全部或任何部分的情況下的第三方業務，資產或股票（包括任何破產或類似訴訟）；再保險公司。
6. Credit reference agencies, financial institutions, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
7. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
本公司或任何聯營公司在遵守由政府，監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
8. Any person pursuant to any order of a court of competent jurisdiction;
根據有司法管轄權的法院命令受權之任何人士；
9. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners;
利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
10. Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilize third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time;
提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器，或者可以利用利寶互助保險集團公司將成為處理，存儲和/或備份的控制器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡，亞洲其他地區、美國、歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區；
11. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
12. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided;
如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；
13. Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided;
第三方營銷服務供應商和保險中介機構作為直銷通訊用途；
14. Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies;
任何實際或建議購買者提供給公司業務，在合併，收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份；
15. Supplied to an organization involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems;
提供給參與維護，審查和開發本公司的業務系統，程序和基礎設施的組織，包括測試或電腦升級系統；
16. Provided to your representatives including your legal advisers;
提供你的代表，包括你的法律顧問；
17. Made available to anyone to whom you have given your consent;
提供給已獲得你同意的人；
18. Made available to other Company's authorized service providers to provide services to you for the above purposes for which the Personal Data are to be used;
提供獲其他公司受權的服務供應商，在需使用個人資料向你提供有關上述項目之服務；
19. As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain.
本公司認為必要或適當的：遵守法律程序，回應公共和政府機構（包括居住國以外的公共和政府機構）的要求，執行我們的細則及條款，保護本公司的業務營運，及保護本公司的權利，私隱，安全或財產，以及/或你或他人的；偵察和防止欺詐行為；並允許本公司補救措施或限制本公司可能遭受的損害。

Data Processing Outside Hong Kong 香港以外的資料處理

We may share Personal Data with one or more of our affiliated Liberty Mutual Group Companies, service providers or with third parties for the Purposes described above. Some of these affiliated companies, service providers and third parties may be based in other countries and may not be subject to the laws of Hong Kong.

本公司可能會與本公司的一家或多家聯屬利寶互助保險集團公司，服務供應商或第三方共享個人資料，以達到本公司隱私政策中所述的目的。其中一些附屬公司，服務供應商和可能位於其他國家的第三方，可能不受香港法律的約束。

By sharing personal information with the Company, you consent to the collection, use, processing and transfer of such information in accordance with our Privacy Policy to the United States (where the Company's headquarter is located) or other countries. We will take all steps reasonably necessary to ensure that your Personal Data is treated securely and in accordance with our Privacy Policy. However, you should note that where your Personal Data is disclosed to or accessed by parties located outside of Hong Kong as provided above, your personal information may not be afforded the same protections as it is under Hong Kong law.

通過與公司分享個人資料，你同意根據我們的隱私政策向美國（公司總部所在地）或其他國家收集，使用，處理和轉讓此類資料。我們將採取一切合理必要的措施，確保你的個人資料得到安全處理，並符合我們的私隱政策。請注意如果你的個人資料於香港以外的單位取得或使用，你的個人資料可能不會獲得與香港法律相等的保護。

Access and Correction of Personal Data 查閱及更正個人資料

According to the Ordinance, you have the right to ascertain whether the Company holds your Personal Data, to access, obtain, correct and/or change any of your Personal Data held by the Company by contacting the Company's Personal Data Privacy Officer. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

根據條例，你有權聯絡本公司個人資料私隱主任，以查證本公司是否持有你的個人資料，存取、獲得、更正及/或修改本公司所持有關於你的個人資料。如要求查閱、更正資料或索取有關本公司政策及慣例、所持資料類別的資訊，應以書面方式向以下收件人提出：

Data Privacy Officer
Liberty International Insurance Limited,
13/F Berkshire House,
25 Westlands Road,
Quarry Bay, Hong Kong

資料私隱主任
利寶國際保險有限公司
香港鯉魚涌華蘭路 25 號栢克大廈 13 樓

using the Data Access Request Form found at: -
<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>

你可在以下網址下載查閱資料要求表格：
https://www.pcpd.org.hk/tc_chi/resources_centre/publications/forms/files/Dformc.pdf

In accordance with the Ordinance, a reasonable fee may be charged by the Company to offset the Company's administrative and actual costs incurred in complying with your data access requests.

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

如中、英文版本有任何歧義或不相符之處，概以英文版本為準。

Major Exclusions 主要不保事項

- Pre-existing conditions.
受保前已存在之疾病。
- Any medical services associated with pregnancy / fertility / contraceptive technique / sterilization.
所有與懷孕 / 生育 / 節育 / 絕育有關之治療或醫療服務。
- Birth defects or congenital illness(es).
先天性缺陷或疾病。
- Cosmetic surgery.
整容手術。
- Treatment for Hepatitis B / C / D Virus and / or liver disorders while the Insured Member is a known Hepatitis B / C / D carrier prior to Policy inception date.
如受保人在保單生效前已知悉是乙 / 丙 / 丁型肝炎帶菌者，在保單生效後之乙 / 丙 / 丁型肝炎治療及 / 或肝病治療之費用。
- Dental treatment or oral surgery.
牙科治療 / 口腔手術。
- Routine medical / eye / ear examination (including the cost of spectacles, contact lenses and hearing aids, correction of eye visions).
例行身體 / 眼部 / 耳朵 檢查 (包括：裝配眼鏡 / 隱形眼鏡 / 助聽裝置 / 視力矯正)。
- Treatment for injury or sickness resulting directly or indirectly from terrorism, war, riot, civil commotion or any warlike operation or participation in illegal acts.
所有因恐怖襲擊活動 / 戰爭 / 暴亂 / 騷動 / 與戰爭類似的行動 / 參與非法行為而導致之損傷或疾病。
- Mental illness / psychiatric disorder (for e.g. depression, etc).
精神 / 心理問題 (例如：抑鬱等等)。
- Prostheses, corrective devices, special braces, implant appliances, pacemaker, wheel chair, crutches or other equipment.
安裝或使用輔助儀器或特殊矯正或植入儀器，例如：義肢 / 助聽器 / 輪椅 / 心臟起搏器 / 拐杖等儀器費用。
- Hospitalization primarily for diagnosis or X-ray examination or physical therapy or routine medical examination unless recommended by a registered physician.
非經由註冊西醫推薦及證實之入院治療 / X 光檢查 / 物理治療 / 例行體格檢查。
- Self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse.
一切因自己蓄意引起之損傷 / 自殺 / 酗酒 / 吸毒 / 濫用藥物。
- Sexually transmitted or venereal diseases, AIDS, ARC and their sequelae.
性病 / 愛滋病 / 後天免疫力缺乏症及其併發症。
- Long term care facility, spa, hydro-clinic, rest cure and sanatorium.
長期康護用品 / 溫泉 / 水療 / 休養 / 療養之費用。
- Any expenses for health supplements and all specialised Chinese herbs and / or tonic medicine such as but not limited to bird's nest, lingzhi, ginseng, cordyceps sinensis, agaricus blazei murill, sika deer antler, etc.
任何健康補充劑或食品 / 特別的中草藥 / 滋補藥材等費用，例如但不限於下列之中草藥：燕窩 / 靈芝 / 人參 / 冬蟲夏草 / 姬松茸 / 梅花鹿茸等等。
- Non-Hong Kong residents (unless otherwise agreed).
非香港居民 (除非經特別同意)。

mediTop Individual Medical Insurance - Credit Card Authorization Form

利加保個人醫療保險－信用卡付款授權書

Name of Policyholder 保單持有人名稱：_____

If the premium payee is one of the Proposed Insured, please state the name.

如繳交保費之人士是準受保人之一，請填寫該人之姓名：_____

The premium must be paid by the Policyholder or Proposed Insured named above. 保費必須由上述保單持有人或準受保人之一繳交。

Annual premium pay by VISA Credit Card 以 VISA 信用卡繳交每年保費

Annual premium pay by MASTER Credit Card 以萬事達信用卡繳交每年保費

Authorization - Policyholder, Proposed Insured(s) hereby authorize and request Liberty International Insurance Limited to debit the yearly premium for this Policy until further notice.

授權：保單持有人或準受保人茲授權並要求利寶國際保險有限公司從下列之VISA/萬事達卡戶口支付本計劃之應繳保費，直至另行通知。

Name of Cardholder 信用卡持有人姓名：_____

VISA / MASTER Credit Card No. **VISA / 萬事達信用卡** 戶口號碼：_____

Credit Card Expiry Date 信用卡到期日：_____ (Month 月) / _____ (Year 年)

Cardholder's Signature 信用卡持有人簽署：_____

Date 日期：_____ (MM月) / _____ (DD日) / _____ (YYYY年)

Personal Information Collection Statement - The Credit Card Holder and The Proposed Insured have read and understood the "Personal Information Collection Statement" in Part E and Part F of this Application. The Credit Card holder understands that he/she has the right to request Liberty International Insurance Limited to cease using his/her Personal Information for direct marketing purposes.

個人資料收集聲明：信用卡持有人及各準受保人已細閱並明白本申請表戊部及己部之「個人資料收集聲明」條款，亦明白有權要求利寶國際保險有限公司停止使用此申請表內的個人資料作直接市場推廣用途。

Liberty International Insurance Limited is a 100% owned subsidiary company of Liberty Mutual Insurance Group. Boston-based Liberty Mutual Group, founded in 1912, is a diversified global insurer providing a wide range of insurance products. We ranked 68th on Fortune 100 list of the largest corporations in the U.S. (based on 2017 revenue). Currently employing over 50,000 people in 800 offices throughout the world securing people lives.

利寶國際保險有限公司是利寶互助保險集團的全資附屬公司。利寶互助保險集團於1912年在美國波士頓成立，是一間多元化的國際保險公司。按2017年的收入計算，我們成功打入美國《財富》雜誌「美國最大型公司100強」之68位，現時在全球800多間分行共僱用了超過50,000名員工。「助您生活無憂」是我們在世界各地的經營方針。

For any enquiries, please contact your Liberty Insurance's agent or broker.

如有查詢，您可聯絡閣下的利寶保險代理或經紀。

Underwritten by Liberty International Insurance Ltd. 本計劃由利寶國際保險有限公司承保。

- ✉ Address 地址 : 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong S.A.R.
香港鰂魚涌華蘭路 25 號栢克大廈 13 樓
- 🌐 Website 網址 : <http://www.libertyinsurance.com.hk>
- ☎ Telephone No. 電話 : (852) 2892 3882
- 📠 Fax. No. 傳真 : (852) 2572 8071

Note : This leaflet serves as a general guideline and reference only, all terms and conditions are subject to the Policy. In the event of any discrepancies or inconsistencies between the English and Chinese versions, the English version shall prevail.

備註：此簡介之內容只供參考，所有內容以保單為準。如中、英文版本有任何歧義或不相符之處，概以英文版本為準。

mediTop Premium Rate Table with Levy 利加保保費徵費表

The premium rates are valid from 1 August 2019 以下保費由2019年8月1日起生效

Annual Deductible Option 每年墊底費選擇	Ward Level 大房級別			Semi-private Room Level 半私家房級別			Private Room Level 私家房級別		
	HK \$50,000 港幣 \$50,000	HK \$80,000 港幣 \$80,000	HK \$130,000 港幣 \$130,000	HK \$50,000 港幣 \$50,000	HK \$80,000 港幣 \$80,000	HK \$130,000 港幣 \$130,000	HK \$50,000 港幣 \$50,000	HK \$80,000 港幣 \$80,000	HK \$130,000 港幣 \$130,000
Age Last Birthday 年齡 (足歲)	Annual Premium Rate (HKD) 每年保費 (港幣)								
0 - 9	1,967	1,598	991	2,522	2,049	1,271	5,676	4,610	2,860
10	1,878	1,525	946	2,408	1,956	1,213	5,420	4,400	2,731
11	1,889	1,534	952	2,422	1,966	1,220	5,451	4,425	2,745
12	1,899	1,542	957	2,436	1,978	1,227	5,483	4,451	2,762
13	1,910	1,552	962	2,449	1,989	1,234	5,511	4,477	2,776
14	1,921	1,560	967	2,462	2,000	1,241	5,542	4,501	2,793
15	1,931	1,569	973	2,476	2,012	1,247	5,573	4,528	2,807
16	1,942	1,578	979	2,490	2,023	1,255	5,604	4,553	2,824
17	1,952	1,586	983	2,504	2,033	1,261	5,636	4,575	2,839
18	1,509	1,225	761	1,935	1,571	975	4,356	3,535	2,194
19	1,518	1,233	764	1,946	1,580	979	4,379	3,556	2,204
20	1,530	1,242	768	1,962	1,593	984	4,415	3,585	2,215
21	1,780	1,445	895	2,282	1,853	1,148	5,135	4,169	2,583
22	1,794	1,458	904	2,300	1,870	1,159	5,176	4,207	2,610
23	1,809	1,470	911	2,320	1,885	1,169	5,221	4,241	2,631
24	1,824	1,483	919	2,338	1,900	1,178	5,262	4,276	2,652
25	1,840	1,493	926	2,358	1,915	1,188	5,308	4,310	2,673
26	1,854	1,505	934	2,376	1,930	1,196	5,349	4,343	2,692
27	1,870	1,519	940	2,397	1,947	1,205	5,394	4,381	2,711
28	1,883	1,530	948	2,415	1,962	1,216	5,435	4,415	2,736
29	1,892	1,539	953	2,426	1,973	1,222	5,461	4,439	2,750
30	1,901	1,546	959	2,438	1,982	1,229	5,487	4,461	2,767
31	2,453	1,994	1,236	3,145	2,557	1,584	7,078	5,754	3,566
32	2,471	2,009	1,245	3,168	2,576	1,596	7,130	5,798	3,593
33	2,491	2,024	1,255	3,194	2,596	1,609	7,188	5,842	3,621
34	2,511	2,041	1,264	3,219	2,617	1,622	7,245	5,890	3,650
35	2,532	2,057	1,277	3,247	2,637	1,638	7,307	5,936	3,685
36	2,554	2,074	1,287	3,274	2,660	1,650	7,369	5,985	3,713
37	2,574	2,091	1,297	3,300	2,681	1,663	7,426	6,033	3,742
38	2,594	2,106	1,307	3,325	2,701	1,676	7,483	6,079	3,771
39	2,614	2,123	1,315	3,351	2,722	1,686	7,541	6,126	3,795
40	2,630	2,137	1,324	3,372	2,739	1,697	7,588	6,165	3,818
41	3,315	2,692	1,670	4,250	3,453	2,141	9,564	7,770	4,818
42	3,340	2,714	1,682	4,283	3,479	2,157	9,638	7,830	4,854
43	3,370	2,737	1,698	4,321	3,509	2,177	9,724	7,897	4,900
44	3,400	2,761	1,712	4,358	3,541	2,195	9,807	7,968	4,940
45	3,429	2,786	1,728	4,396	3,571	2,215	9,893	8,037	4,986
46	3,459	2,810	1,741	4,434	3,603	2,233	9,979	8,109	5,026
47	3,492	2,836	1,758	4,477	3,636	2,255	10,075	8,183	5,074
48	3,521	2,861	1,772	4,515	3,668	2,273	10,160	8,254	5,114
49	3,553	2,885	1,789	4,555	3,700	2,294	10,251	8,326	5,162
50	3,565	2,896	1,794	4,571	3,712	2,301	10,287	8,355	5,179
51	5,950	4,835	2,997	7,629	6,200	3,842	17,166	13,950	8,645
52	6,008	4,884	3,025	7,702	6,262	3,879	17,331	14,091	8,729
53	6,033	4,899	3,041	7,735	6,281	3,899	17,405	14,133	8,775
54	6,059	4,928	3,054	7,768	6,319	3,915	17,479	14,219	8,810
55	7,237	5,891	3,644	9,278	7,552	4,673	20,878	16,995	10,516
56	7,261	5,906	3,659	9,309	7,571	4,691	20,947	17,037	10,556
57	7,283	5,923	3,669	9,337	7,594	4,704	21,009	17,088	10,585
58	7,305	5,930	3,678	9,365	7,602	4,716	21,073	17,107	10,614
59	7,318	5,940	3,686	9,382	7,615	4,726	21,111	17,136	10,636
60	7,322	5,943	3,689	9,388	7,619	4,729	21,124	17,145	10,643
61	11,208	9,112	5,648	14,368	11,683	7,242	32,331	26,287	16,296
62	11,313	9,197	5,701	14,503	11,792	7,310	32,635	26,533	16,449
63	11,425	9,288	5,757	14,647	11,909	7,382	32,959	26,796	16,611
64	11,479	9,330	5,786	14,717	11,963	7,418	33,116	26,918	16,691

Renewal Premium Rate for the Insured Member 65 years old or above 65歲或以上受保人之續保年費

65	19,931	16,206	10,045	25,554	20,776	12,879	57,497	46,749	28,979
66	20,017	16,277	10,087	25,663	20,866	12,934	57,743	46,952	29,103
67	20,087	16,327	10,123	25,753	20,931	12,980	57,946	47,097	29,205
68	20,143	16,377	10,153	25,825	20,996	13,018	58,108	47,242	29,291
69	20,193	16,418	10,177	25,890	21,048	13,050	58,253	47,360	29,363
70	29,003	23,579	14,621	37,185	30,230	18,745	83,666	68,019	42,177
71	29,126	23,679	14,685	37,343	30,358	18,828	84,021	68,308	42,363
72	29,259	23,787	14,751	37,511	30,496	18,912	84,401	68,618	42,555
73	29,411	23,912	14,822	37,707	30,656	19,004	84,840	68,979	42,761
74	29,554	24,028	14,892	37,890	30,805	19,094	85,253	69,313	42,963
75	40,718	33,103	20,522	52,202	42,440	26,310	117,456	95,491	59,201
76	40,838	33,186	20,585	52,356	42,546	26,392	117,805	95,730	59,386
77	40,979	33,303	20,656	52,538	42,696	26,482	118,213	96,066	59,588
78	41,131	33,444	20,731	52,732	42,876	26,580	118,649	96,472	59,805
79	41,262	33,575	20,796	52,900	43,046	26,664	119,028	96,854	59,993
80 - 100	57,325	46,645	28,893	73,494	59,802	37,042	165,363	134,556	83,346

Should you have any enquiries about the mediTop Plan or Premium Rate, please contact Liberty Insurance Sales Hotline at (852) 2892 3882 for assistance.
如您有任何關於利加保計劃或保費上之疑問，歡迎致電利實保險銷售熱線 (852) 2892 3882 查詢。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit
<https://www.libertyinsurance.com.hk/en/premium-levy/> or contact +852 2892 3888.
保險業監管局已向相關的保單按規定的徵費率徵收保費徵費，詳情請瀏覽<https://www.libertyinsurance.com.hk/tc/premium-levy/> 或聯絡+852 2892 3888。