

Company Name: \_\_\_\_\_  
公司名稱

Subsidiary Company Name: \_\_\_\_\_  
附屬公司名稱

Policy No.: ^1 \_\_\_\_\_ (Life)(人壽)  
保單號碼

(Medical)(醫療)

Benefits Class ^2 福利類別 ^2	Identity Document Type ^3 身份證明文件類別 ^3	Identity Document Number ^4 身份證明文件號碼 ^4	English Name of Proposed Insured (As shown in Bank Account) 準受保人英文姓名 (請依照銀行戶口姓名填寫)	Proposed Insured Type ^5 準受保人類別 ^5	Gender 性別	Nationality ^6 國籍 ^6	Date of Birth (MM/DD/YY) 出生日期 (月/日/年)	Date of Employment* (MM/DD/YY) 入職日期* (月/日/年)	Effective Date (MM/DD/YY) 生效日期 (月/日/年)	Basic Monthly Salary* 每月基本薪金*	Date of Marriage (MM/DD/YY) 結婚日期 (月/日/年)	Name of Employee** 僱員姓名**	Relationship with Employee** 準受保人與僱員之關係**	Employee's Bank Account No.* 僱員之銀行戶口號碼*		
														Bank 銀行	Branch 分行	Account 戶口號碼
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Country of Residence*** 原居地: _____									Email * 電郵: _____							
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Country of Residence*** 原居地: _____									Email * 電郵: _____							
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Country of Residence*** 原居地: _____									Email * 電郵: _____							
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Country of Residence*** 原居地: _____									Email * 電郵: _____							
	I / N / P			E / S / C			/ /	/ /	/ /		/ /					
Country of Residence*** 原居地: _____									Email * 電郵: _____							

#### Declaration 聲明:

The Company/Subsidiary Company confirms that all eligible employees and their dependents have been informed and have agreed that their personal information will be released to YF Life Insurance International Ltd. and vice versa from YF Life Insurance International Ltd. to the Company/Subsidiary Company. It is agreed that the information provided may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary for a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. The Company/Subsidiary Company has verified the identification documents of all its employees and dependents enrolled or to be enrolled whether under this form or otherwise, it undertakes to keep such information up to date and shall inform YF Life Insurance International Ltd. of any changes to such information and provided documentary proofs to the satisfaction of YF Life Insurance International Ltd. forthwith upon its request.

本公司/附屬公司確認已知會所有合資格僱員及其家屬，關於其個人資料將會披露予萬通保險國際有限公司之事宜；而僱員亦同意此安排，反之亦然。所提供的資料將可轉交予其他有關公司或任何其他其進行保險或再保業務的公司；或中間人作賠償及調查之用；或其他提供保險服務的提供者；或任何現存及將來成立的保險公司協會或聯會。本公司/附屬公司已核對所有僱員及其家屬之身份證明文件及住址，包括以此或其他表格作出登記或將會登記，並保證會保存最新的資料及通知萬通保險國際有限公司有關那些資料之更新。本公司/附屬公司保證會在萬通保險國際有限公司的要求下，立刻向其提交與該更改有關及令其滿意的文件。

\* To be completed only for Employee enrolment 只適用於加入僱員時填寫

\*\* To be completed only for Dependent enrolment 只適用於加入家屬時填寫

\*\*\* To be completed only for Medical Policy 只供醫療保單填寫

\*1 Please complete both life & medical policy number if the enrolment is for both products 如需要同時加入人壽及醫療保險計劃，請填寫人壽及醫療保單號碼

\*2 Please follow the classification defined in the policy provision 請根據保單上訂立之福利計劃類別填寫

\*3 I for HK permanent resident, N for HK non-permanent resident, P for Passport holder 香港永久性居民請用 I, 香港非永久性居民請用 N, 非香港居民(護照持有人)請用 P

\*4 In the case of a HK non-permanent resident, please also provide his passport number 如非香港永久居民，請另外提供其護照號碼

\*5 E for Employee, S for Spouse, C for Child 僱員請用 E, 配偶請用 S, 子女請用 C

\*6 No need to fill in if the proposed insured is a HK permanent resident 如準受保人為香港永久居民，請不用填寫

Authorized Signature &  
Company Chop  
負責人簽署及公司印章: \_\_\_\_\_

Date  
日期: \_\_\_\_\_

YF Life Insurance International Ltd. 萬通保險國際有限公司

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EB0001/1903/1

Company Name: \_\_\_\_\_ Subsidiary Company Name: \_\_\_\_\_  
公司名稱 附屬公司名稱

Policy No. ^1: \_\_\_\_\_ (Life)(人壽)  
保單號碼

(Medical)(醫療) \_\_\_\_\_

**Report of Changes 資料更改報告**

Identity Document / Certificate Number 身份證明文件/ 證書號碼	English Name of Insured Member 受保人英文姓名	New Benefits Class ^2 新福利類別 ^2	New Basic Monthly Salary* 新每月基本薪金*	New Subsidiary Company* 新附屬公司*	New Nationality ^3 新國籍 ^3	Employee's New Bank Account No* 僱員之新銀行戶口號碼*			Effective Date (MM/DD/YY) 生效日期 (月/日/年)
						Bank 銀行	Branch 分行	Account 戶口號碼	
									/ /
New Country of Residence 新原居地:** _____				New Email*# 新電郵: _____					
									/ /
New Country of Residence 新原居地:** _____				New Email*# 新電郵: _____					
									/ /
New Country of Residence 新原居地:** _____				New Email*# 新電郵: _____					
									/ /
New Country of Residence 新原居地:** _____				New Email*# 新電郵: _____					
									/ /
New Country of Residence 新原居地:** _____				New Email*# 新電郵: _____					

**Report of Termination 離職報告**

<p>Note: Please return and attach the Medical Cards of the terminated employees and their dependent to this form. 注意: 請退回即將離職之員工及其家屬之醫療卡並連同此表格一併交回本公司。</p>		
Identification/ Certificate No. 身份證明文件/ 證書號碼	Name of Employee / Dependents 僱員/家屬姓名	Last day of Employment (MM/DD/YY) 最後受僱日期 (月/日/年)

**Declaration 聲明:**  
The Company/Subsidiary Company confirms that all eligible employees and their dependents have been informed and have agreed that their personal information will be released to YF Life Insurance International Ltd. and vice versa from YF Life Insurance International Ltd. to the Company/Subsidiary Company. It is agreed that the information provided may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary for a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. The Company/Subsidiary Company has verified the identification documents of all its employees and dependent enrolled or to be enrolled whether under this form or otherwise, it undertakes to keep such information up to date and shall inform YF Life Insurance International Ltd. of any changes to such information and provided documentary proofs to the satisfaction of YF Life Insurance International Ltd. forthwith upon its request.  
本公司/附屬公司確認已知會所有合資格僱員及其家屬, 關於其個人資料將會披露予萬通保險國際有限公司之事宜; 而僱員亦同意此安排, 反之亦然。所提供的資料將可轉交予其他有關公司或任何其他進行保險或再保業務的公司; 或中間人作賠償及調查之用; 或其他提供保險服務的提供者; 或任何現存及將來成立的保險公司協會或聯會。本公司/附屬公司已核對所有僱員及其家屬之身份證明文件及住址, 包括以此或其他表格作出登記或將會登記, 並保證會保存最新的資料及通知萬通保險國際有限公司有關那些資料之更新。本公司/附屬公司保證會在萬通保險國際有限公司的要求下, 立刻向其提交與該更改有關及令其滿意的文件。

Authorized Signature & Company Chop  
負責人簽署及公司印章: \_\_\_\_\_  
Date  
日期: \_\_\_\_\_

\* To be completed only for Employee changes 只適用於僱員資料更改  
\*\* To be completed only for Medical Policy 只供醫療保單填寫  
^1 Please provide both life & medical policy number if the enrolment is for both products. 如需要同時加入人壽及醫療保險計劃, 請填寫人壽及醫療保單號碼  
^2 Please follow the classification defined in the policy provision 請根據保單上訂立之福利計劃類別填寫  
^3 No need to fill in if the proposed insured is a HK permanent resident 如準受保人為香港永久居民, 請不用填寫