

Bupa Health Insurance Scheme Termination Form

保柏醫療保障計劃終止保障表格

For Hang Seng Bupa Member only 僅供恒生保柏會員使用。

This form is for termination requests made during the cooling-off period or at contract renewal only. 此終止保障表格僅供於冷靜期內或於合約續保時要求終止保障使用。

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫本表格，並於適用地方加「✓」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Personal Details of Subscriber 投保人資料

Membership No. (16 digits) 會員號碼 (16位數字)

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Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

Bupa would like to understand your termination reason of the above contract so that we can improve our products and services for our members. If you are happy to provide this information, please tick as appropriate.

為不斷改進我們的產品及服務，我們想了解你終止以上合約的原因。如願意提供，請於適用地方加「✓」號。

- Enrolled in plan offered by my employer 我的僱主已為我提供保障計劃
- Enrolled in another individual plan through another insurance company 已投保另一間保險公司之個人保障計劃
 - AIA 友邦
 - AXA 安盛
 - Manulife 宏利
 - Prudential 英國保誠
 - Other, please specify _____ 其他，請註明：_____
- Insurance plan cannot meet my expectation 保障計劃未能符合我的期望
 - Insufficient coverage (Please specify: _____) 保障範圍不足夠 (請註明：_____)
 - Insufficient benefit limit 保障金額不足夠
 - Other, please specify _____ 其他，請註明：_____
- Insurance subscription is too high 保費太高
- Insufficient after-sales service 售後服務不足夠
 - Cannot provide a clear answer to my queries 未能就我的查詢提供清晰的答覆
 - Did not follow up to my queries in reasonable time 沒有在合理時間內跟進我的查詢
 - Only provide limited service after office hour 辦公時間外只提供有限度的服務
 - Other, please specify _____ 其他，請註明：_____
- Unsatisfactory claims experience 對索償經驗不滿意
- Other reason(s), please specify _____ 其他原因，請註明：_____

Important Notes 重要事項

- 1) If the welcome pack or renewal pack, including the medical cards, any redemption letters and promotion coupon, has been issued, they must be returned to Bupa.
- 2) Termination is only applicable
 - a) within the cooling-off period. This right is not applicable to contract renewal.
 - b) at contract renewal. Submission of a termination request is made at least 10 days prior to the Contract Anniversary Date.
- 3) Refund of subscription will only be made available 90 days after the medical card(s), any redemption letters and promotion coupon (if any) are returned to Bupa.
- 4) Full refund of subscription shall be issued under the condition that no claims were being paid.
- 5) Refund of subscription should be made
 - a) to the same credit card used for the subscription payment or
 - b) by cheque if the subscription is not settled by credit card.
- 6) Mid-year contract termination cannot be accepted.
 - 1) 如你已收到迎新或續保文件，包括醫療卡、任何換領信及禮券，請必須交回保柏。
 - 2) 終止合約只適用於：
 - a) 冷靜期內。此權益並不適用於合約續保。
 - b) 合約續保時。終止保障要求最少於合約週年日10個工作天前遞交。
 - 3) 保費將於醫療卡、任何換領信及禮券(如有)交回保柏90天後退還。
 - 4) 在沒有獲得任何賠償的情況下，保費將會全數退還。
 - 5) 已繳保費將會：
 - a) 退還至繳付上述保單的保費之信用卡或
 - b) 以支票形式退還(如你並非以信用卡繳付保費)。
 - 6) 保柏並不接受於合約年度中終止保障。

I, the Subscriber, have read and understood the above important notes and agreed with the refund of subscription arrangement.

本人(即投保人)已閱讀和明白以上的重要事項及同意有關退還保費安排。

(Please tick 「✓」 as appropriate 請於適用地方加「✓」號)

- The medical cards, redemption letters and promotion coupons, are enclosed with this form. 醫療卡、換領信及禮券，連同此表格交回。
- The medical cards, redemption letters and promotion coupons will be returned to Bupa within 5 working days. 醫療卡、換領信及禮券，將於5個工作天內交回。

Subscriber's Signature 投保人簽署

X

(Full Name
姓名)

Signed in Hong Kong on 於香港簽署之日期

DD 日 MM 月 YYYY 年