

REQUEST FOR INFORMATION CHANGES FORM

資料更改申請表

Please read Important Notes below before filling in this form and complete this form in **ENGLISH AND BLOCK LETTERS**. 填寫此申請表格前，請細閱以下重要事項，並以**英文正楷**填寫。

C) Other changes 其他更改 (Maximum 31 days' backdating of Effective Date of changes upon receipt of this request form provided that no claims have been incurred in the backdating period) (更改生效日最多可追溯至收到此申請表前31日，而在追溯期內必須沒有提交任何賠償申請)

Member's Information 會員資料		Change of Name 更改姓名	Change of Reimbursement Bank Account No. 更改賠償之銀行戶口號碼		Change of Benefits (Maximum 31 days' backdating upon receipt of this request form) 更改保障 (最多可追溯至收到此申請表前31日)										For Bupa use only 只供本公司內部填寫				
Membership No. 會員編號	Name 姓名	New Name 新姓名 (same as HKID card 與香港 身份證相同)	Bank No. - Branch No. - Account No. 銀行編號 - 分行編號 - 戶口號碼	New Class / Plan 新等級/ 計劃	New Subgroup 新附屬團體	New Dept. Code 新部門編號 (max. 20 characters 最多20個字)	New Staff No. 新職員號碼 (max. 10 characters 最多10個字)	New Benefits Effective Date 新保障生效日 (DD日/MM月/ YY年)	Optional Benefits* 自選保障* (please tick ✓ 請填上✓號)						Country of Residence# 居住國家# (if not in HK 如非香港)	Email Address** 電郵地址** Office / Home 公司 / 住宅	Membership No. 會員編號	Medical Card 醫療卡	EVA Card 醫療護送卡
									M	W	T	D	G	E					
			-	-											Office 公司				
			-	-											Home 住宅				
			-	-											Office 公司				
			-	-											Home 住宅				

D) Termination 終止保障 (Maximum 31 days' backdating of termination effective date upon receipt of this request form provided that no claims have been incurred in the backdating period) (終止保障生效日最多可追溯至收到此申請表前31日，而在追溯期內必須沒有提交任何賠償申請)

Please return the medical card of the terminated Member for getting refund of unearned Subscription (if applicable) 請交回已終止會籍之醫療卡以便退回未用之保費 (如適用)

Membership No. 會員編號	Member's Name 會員姓名 (same as HKID card 與香港身份證相同)	Termination Date 終止日期 (last date of cover 最後受保日) (DD日/MM月/YY年)	Membership No. 會員編號	Member's Name 會員姓名 (same as HKID card 與香港身份證相同)	Termination Date 終止日期 (last date of cover 最後受保日) (DD日/MM月/YY年)

Important Notes 重要事項

- Please complete bank account details if autopay is chosen for claims payment reimbursement. The bank account holder must be the Employee.
- In the event that any cost is incurred by the terminated Member, Subscriber agrees to reimburse Bupa for the full amount within 14 days upon receipt of relevant invoice.
- Upon completion of the changes, Bupa will issue confirmation letter to acknowledge that your request(s) has / have been completed together with Bupa medical card (if applicable). Subscription Adjustment calculated on a daily pro-rate basis (if any) will be sent to you accordingly.
- If changes are made by other means, Bupa's pre-approval is required.
- Upon receipt of new card, the old card must be returned to Bupa (Asia) Limited within 2 weeks.
- If the name exceeds 26 characters, only the initials of the given names and / or middle names will be indicated.
- 若選用以自動轉賬方式收取賠償款項，請填寫賠償之銀行戶口號碼一欄，銀行戶口持有人必須是僱員本人。
- 所有由會員終止保障後引致之一切費用，投保人同意在收到有關發票後14天內賠償全數給保柏。
- 完成所有更改後，保柏將發出確認通知書及保柏醫療卡 (如適用) 予您作實。按每日比例計之調整保費單 (如有) 亦隨後寄上。
- 如使用其他方式申報資料更改，請先得到保柏預先批准。
- 當收到新卡後，請於兩星期內把舊卡退回保柏 (亞洲) 有限公司。
- 如姓名超過26個英文字母，中間的名字將用縮寫代替。

Contract No. 合約編號： _____

Company Name 公司名稱： _____

Authorised Signature and Company Chop 授權人簽署及公司印鑑

Approved by Bupa on 保柏批核於： _____

Date 日期 (DD日/MM月/YY年)： _____