

## Group Insurance - Actively at Work Declaration Form

### 團體保險 - 正常在職工作僱員申報聲明

Please complete this form with English Block, sign and return this declaration form.

請以英文正楷填妥並簽署本聲明書寄交本公司。

Name of Policyholder:

保單持有人名稱

All eligible employees are actively at work

所有合資格僱員均正常上班

Employees who are now on sick leave or have critical illness as declared below:

申報正在病假中或患上嚴重疾病之僱員如下:

Name of Employee 僱員姓名	Date of Birth 出生日期	Gender 性別	Plan no./ Sum assured 計劃編號/ 保障額	Condition/Reason of Leave 狀況/休假原因	Date of Leave Commenced 開始休假日期	Expected Date of Return 預計復工日期

### Declarations Statements 聲明

We hereby declare to our best knowledge on any employees who are now on sick leave or have critical illness.

本人及保單持有人就僱員正在病假中或患上嚴重疾病之申報如上所列。

\_\_\_\_\_  
Authorised Signature with Company  
Stamp

授權人簽署及公司蓋印

\_\_\_\_\_  
Name of Authorised Person

授權人姓名

\_\_\_\_\_  
Date

日期

\_\_\_\_\_  
Authorised Person's Title

授權人職級

### Internal Use Only 內部使用:

Source:

中介人 \_\_\_\_\_

Received and Checked by:

收件人及檢查人 \_\_\_\_\_

Underwriter:

核保員 \_\_\_\_\_

Endorsement Issued by:

保單承證發行人 \_\_\_\_\_

Date:

日期 \_\_\_\_\_

Date:

日期 \_\_\_\_\_

Date:

日期 \_\_\_\_\_

