

Medical Insurance Needs Assessment Form

醫療保險需求評估表格

Please provide your information in this form to enable us to recommend medical insurance products that suit your objectives and needs. You are reminded that completion of this form does not mean Liberty International Insurance Limited ("Liberty") accepted an insurance application from you. 請於此表格提供閣下的資料，以我們能夠推薦適合閣下目標和需求的醫療保險產品。請注意，填寫此表格並不表示利寶國際保險有限公司("利寶")已接受閣下的保險申請。 Please complete this document with English Block. 請以英文正楷完成此表格。

A. Insurance Objective 保險目的

- | | |
|---|--|
| <input type="checkbox"/> Enhance protection to cover future healthcare and medical cost. (Please complete Section B) 加強保護以覆蓋未來的醫療保健和醫療費用 (請填寫B節)。 | <input type="checkbox"/> Once-off fixed payment for financial support against critical illness if diagnosed. 一次性固定賠償作為對一旦診斷嚴重疾病的經費支援的。 |
|---|--|

B. Need Assessment 需求評估

- | | | |
|--|---|-----------------------------------|
| 1. What is the overall annual medical protection you are looking for?
您尋求的每年總醫療保障金額是多少? | <input type="checkbox"/> HK\$500,000 or below
港元五十萬或以下 | |
| | <input type="checkbox"/> >HK\$500,000 to HK\$1,000,000
港元五十萬以上至一百萬 | |
| | <input type="checkbox"/> >HK\$1,000,000 to HK\$1,500,000
港元一百萬以上至一百五十萬 | |
| | <input type="checkbox"/> >HK\$1,500,000 to HK\$2,000,000
港元一百五十萬以上至二百萬 | |
| | <input type="checkbox"/> >HK\$2,000,000 to HK\$5,000,000
港元二百萬以上至五百萬 | |
| | <input type="checkbox"/> >HK\$5,000,000 to HK\$20,000,000
港元五百萬以上至二千萬 | |
| | <input type="checkbox"/> >HK\$20,000,000
港元二千萬以上 | |
| 2. Is proposed insured member currently covered by any medical insurance?
準受保成員目前是否受保於任何已生效之醫療保險? | <input type="checkbox"/> No
否 | <input type="checkbox"/> Yes
是 |
| 3. Plan Features Preference 計劃特色偏好 | | |
| a. Preferred hospital room class?
住院房間等級? | <input type="checkbox"/> Semi Private 半私家房 | |
| | <input type="checkbox"/> Standard Private 標準私家房 | |
| | <input type="checkbox"/> Ward 大房 | |
| b. Supplementary major medical benefit?
附加醫療保障? | <input type="checkbox"/> Optional
不一定 | <input type="checkbox"/> No
否 |
| c. Deductible option?
墊底費選擇? | <input type="checkbox"/> Optional
不一定 | <input type="checkbox"/> No
否 |
| d. Optional benefit (e.g. outpatient, dental)?
自選保障 (如門診、牙科)? | <input type="checkbox"/> Optional
不一定 | <input type="checkbox"/> No
否 |
| e. Tax deduction?
稅項扣減? | <input type="checkbox"/> Optional
不一定 | <input type="checkbox"/> No
否 |



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C. Product Recommendation 產品建議

Based on the information you provided, the product recommended by Liberty or your intermediaries is
根據閣下提供的資料，利寶或您的中介建議的產品是：

Product Recommended 產品建議

D. Customer Choice 客戶選擇

Product selected 所選擇的產品

If the product selected is different from the product recommended in Section C, it may mean the product you selected might not meet your objective or needs indicated in this form. If you decide to continue to apply the product selected, please indicate your reason below:

如所選擇的產品與 C 節中建議的產品不同，則意味著閣下所選擇的產品可能無法滿足您於此表格填寫的目標或需求。如果您決定繼續投保所選擇的產品，請在下面說明您的原因：

- | | |
|---|--|
| <input type="checkbox"/> More preferred coverage in the product selected
所選擇的產品有更合乎需要的保障 | <input type="checkbox"/> Prefer tax-deductible product
需要可扣稅的產品 |
| <input type="checkbox"/> Premiums of product selected more affordable
所選擇的產品的保費更合乎預算 | <input type="checkbox"/> Others (please specify) 其他(請註明)：
_____ |

Customer Declaration 客戶聲明

- I confirm that I have read and understood the sales documents of the relevant insurance product.
本人確認已細閱及明瞭有關保險產品之銷售文件。
- I understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for my choice of insurance plan and premium amount. I understand that the analysis and recommendation made in this form were based upon the information provided and it does not create any liability to Liberty International Insurance Limited.
本人明白此表格內所提供之資料乃用作分析本人的醫療保險需求，並為本人在選擇保險計劃及保費金額時作參考。本人明白此表格之分析及建議乃根據本人所提供之資料，並不構成利寶國際保險有限公司之任何責任。
- I acknowledge that I have made my own independent decision in applying for the product selected with the premium table and key product features informed by Liberty or my intermediary. I confirm that the relevant insurance product features are able to fulfil my current medical protection needs and premium affordability.
本人確認本人所選之保險產品乃本人之獨立決定，並獲利寶或本人的保險中介告知保費表和主要產品特色。本人確認有關保險的產品特色符合本人現時的醫療保障需求及保費承擔能力。
- I confirm that Liberty and/or my intermediary has reminded me that product selected different from the product recommended in this form indicates that the medical coverage and affordability of the selected product may not match with my needs. Although that it may not fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.
本人確認利寶及/或本人的保險中介已提醒本人若所選擇的產品與於此表格建議的產品不同，即代表本人所選擇的產品的醫療保障範圍及保費承受能力等可能與本人的需求不同。縱使有關產品可能未能滿足本人所需之保障，本人仍然決定繼續投保有關保險計劃。
- I agree and understand that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Liberty attached to the insurance application form. I understand that I am



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required to inform Liberty International Insurance Limited promptly if there is any substantial change of information provided in this form before the policy is issued.

本人同意及明白此表格內之資料會根據附於保險申請表格的利寶國際保險有限公司的收集個人資料聲明處理。本人亦明白在保單簽發前如本人就此表格內資料有任何重要更改，本人需立刻通知利寶國際保險有限公司。

Signatory of Applicant

申請人簽署

Signatory of Intermediary

中介人簽署

Name of Applicant

申請人姓名

Name of Intermediary

中介人姓名

Date

日期

License Number

牌照號碼

Date

日期

