



中国大地财产保险股份有限公司

CHINA CONTINENT PROPERTY & CASUALTY INSURANCE COMPANY LTD.

境外留学人员医疗保险投保单

Overseas Students Health Insurance Application Form

投保单号:

Form No.:

尊敬的客户: 爸爸

Dear member,

投保须知 Notice

1.为使您充分了解投保内容并维护您的权益,投保前请您仔细阅读本保险相关内容和条款,确认已充分理解保险责任、责任免除、如实告知、合同解除等重要事项后做出投保决定。

In order for you to fully understand the insurance applied for and so as to protect your rights and interests, **please make a decision about applying for the individual health plan after you carefully read relevant insurance contents and policy wording and you fully understand important issues like benefits, exclusions, honest disclosure and contract cancellation.**

2.投保单及其它保险人认为有必要的资料(以下简称“投保资料”)是本公司签发保险单的依据,将成为保险合同的重要组成部分,对于本公司提出的各项询问,投保人、被保险人须如实告知,本公司承诺对投保资料内容保密。

The Application Form, and other files deemed necessary by the Insurer (hereinafter “application files”) are basis for the Insurer to issue the Insurance Contract and will be an important part of the Insurance Contract. For all inquiries of the Insurer, the Policyholder and the Insureds should disclose honestly, the Insurer guarantees to keep confidential of the application files.

3.本投保单须由投保人亲笔签名确认,不得以任何形式委托他人代签。

The application form may **only** be signed by the policyholder. **No other party or person may sign on behalf of the policyholder.**

4.若您已填写投保资料并签名,将视为您已充分理解保险条款并同意遵守。

If you fill in and sign the application files, it should be regarded that you fully understand the policy wording and agree to abide by it.

5.请认真阅读并据实填写本投保单。填写完毕后,请在投保单的每一页下方签字,并将完整的表格连同身份证或护照复印件一并给我们。

Below, please fill in the Application Form. Upon completion, please sign the bottoms of each page and return all forms along with a copy of your ID card or Passport to us.

6.既往症:指在保险人对其保险责任生效前被保险人已就此接受诊断、医学咨询或者治疗,或者服用药物,或者显现症状被保险人已经知晓或应当知晓的疾病或损伤。**保险人对既往症不承担任何保险责任。**

Pre-existing conditions: For the purpose of your health insurance, Pre-existing conditions are defined as “any illness or injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date.” **Pre-existing conditions, if any, will not be covered.**

7.收到保险费后,保险人将向您签发医疗服务救援卡。该医疗服务救援卡将与您的身份证或有效的中国护照同时使用,作为您到医疗机构接受治疗时凭证。

Upon receiving your insurance premium, you will be given an insurance card. The insurance card and your ID card or Passport should be showed as receiving treatment at our “direct billing providers”.



客户签名: _____

☐ 首次投保☐ 非连续投保☐ 连续投保

First Application

Discontinuous Application

Continuous Application

第一部分：保险关系人信息 Informations

被保险人 The Insured	姓名 Name	测试 1	性别 Gender	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of Birth	年 月 日 1997 3 27 (Y) (M) (D)	年龄 Age	20 周岁 years
	证件类型 Type of ID	护照 Passport	护照号码 Passport Number.		EA123458			
	国籍/户籍所在地 Nationality/Residence	中国	境内居住地址 Chinese Dwelling Address		北京	境内邮编 Zip Code	100001	
	境外通讯地址 Mailing Address Overseas	CA					境外邮编 Zip Code Overseas	08325
	电话 Tel		手机 Mobile	02178965432		电子邮箱 Email	123@sina.com	
	入学通知书或教育机构的申请确认编码. Firm Offer or The Code of Application of the Institution of Education	1111111	留学目的地国家或地区 教育机构名称 The name of the Institution of Education Overseas		Camden Military Academy	留学国家 The Country of Studying Aboard	美国	

如投保人与被保险人为同一人，仅需填写被保险人资料并在方框为“■”
If the Policy-holder and the Insured are the same person, fill in the information of the Insured only and mark the square with “■”

☐ 同被保险人资料
Same as for the Insured

投保人 The Policyholder	姓名 Name	爸爸	性别 Gender	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	与被保险人关系 Relation with the Insured	<input checked="" type="checkbox"/> 父母 Parent <input type="checkbox"/> 子女 Child <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 其他 Others		
	证件类型 Type of ID	<input checked="" type="checkbox"/> 身份证 ID Card	<input type="checkbox"/> 护照 Passport	<input type="checkbox"/> 其他 Others	证件号码 ID Number	101131196912270324		
	国籍/户籍所在地 Nationality/Residence	中国	通讯地址 Mail Address		北京	境内邮编 Zip Code	100001	
	电话 Tel	18399665633	手机 Mobile	18399665633		电子邮箱 Email	321@sina.com	

特别提示：关键联络人与被保险人不得为同一人，在被保险人发生保险事故无法通知本公司时，关键联络人有义务致电本公司，如投保人与被保险人非同一人，可指定投保人为关键联络人，并在方框为“■”
Special Note: Key contact person and the Insured cannot be the same person; when the Insured is unable to notify the Company in case of any insurance accident, the key contact person is obligatory to call the Company. If Policy-holder and the Insured are not the same person, the Policy-holder can be designated as the key contact person and mark the square with “■”

☒ 同投保人资料
Same as for Policyholder

关键联络人 Key contact person	姓名 Name	爸爸	性别 Gender	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	与被保险人关系 Relation with the Insured	<input checked="" type="checkbox"/> 父母 Parent <input type="checkbox"/> 子女 Child <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 其他 Others		
	证件类型 Type of ID	<input checked="" type="checkbox"/> 身份证 ID Card	<input type="checkbox"/> 护照 Passport	<input type="checkbox"/> 其他 Others	证件号码 ID Number	101131196912270324		
	国籍/户籍所在地 Nationality/Residence		通讯地址 Mail Address		北京	境内邮编 Zip Code	100001	
	电话 Tel	18399665633	手机 Mobile	18399665633		电子邮箱 Email	321@sina.com	

第二部分 保障计划方案选择 Insurance Cover

请在以下您选择的保障计划方案的对应方框填涂“■” Please mark the square with “■”

计划 \ 方案	安心方案	周详方案	畅游方案
青铜计划			
白银计划			
黄金计划			
铂金计划			■

我们会根据所选择的保障计划方案为您提供具体的《大地境外留学人员医疗保险计划利益表》，请您务必结合保险条款一起仔细阅读，如有疑问，请及时向我们提出。

特别约定 Endorsement:

第三部分 保险期间 Insurance Period

保险期间 Insurance Period	自 2017 年 1 月 1 日零时起，至 2017 年 12 月 31 日二十四时止。 Through 00:00 (Y) (M) (D) to 24:00 (Y) (M) (D).
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第四部分 保险费 Premium (人民币RMB)

保险费	(大写)：壹万捌仟叁佰叁拾壹元整 (小写) ￥ 18331
交费方式 Payment Method	<input type="checkbox"/> 现金 Cash <input type="checkbox"/> 银行转账 Bank Transfer <input type="checkbox"/> 信用卡 Credit Card <input type="checkbox"/> 其他 Others 银行账号或卡号： Account/Card No.:

第五部分 其他告知 Other Inform

询问事项 Enquire	选项 Choice
<p>1. 被保险人的职业是否涉及或接触任何危险物（化学物质、爆炸物、有毒物质或其他危险物）、室外作业或重体力劳动、高空作业、潜水或水下作业、隧道坑道或井下作业及其它危险职业或工作？</p> <p>1. Is the occupation of the Insured involved and or in contact with any dangerous articles (chemical substances, explosives, toxic substances or other dangerous substances), outdoor operation or heavy physical labor, aloft work, diving or underwater operation, tunneling or underground operation and other dangerous occupation or jobs?</p>	<p><input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Yes No</p>
<p>2. 被保险人是否正在或试图参加私人性质飞行、赛马、竞马、潜水、登山攀登或从事其它危险性运动？</p> <p>2. Is the Insured undertaking or intend to undertake any private flight, horse race, diving, climbing and other dangerous sports?</p>	<p><input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Yes No</p>
<p>3. 被保险人是否持有机动车驾驶证执照？若有，请填写驾照类型：_____</p> <p>3. Has the Insured possessed a motor vehicle driving license? If YES, please fill in the type of license:</p> <p>被保险人是否因驾车而发生过意外交通事故？若是，请详述： Has the Insured encountered any traffic accident while driving? If YES, provide details:</p>	<p><input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Yes No</p> <p><input type="checkbox"/> 是 <input type="checkbox"/> 否 Yes No</p>
<p>4. 被保险人的户籍所在地与投保地是否为同一地？若否， 被保险人在投保地居住时间： <input type="checkbox"/> 小于1 年 <input type="checkbox"/> 大于等于1 年 被保险人有投保地的： <input type="checkbox"/> 居住证 <input type="checkbox"/> 暂住证 被保险人来投保地的目的： <input type="checkbox"/> 工作 <input type="checkbox"/> 探亲 <input type="checkbox"/> 旅游 <input type="checkbox"/> 其他 在投保地的住所： <input type="checkbox"/> 自有房产 <input type="checkbox"/> 其他</p> <p>4. Is the Hukou/frequent residence of the Insured the same place where the insurance purchased? If Not, Time of residence by the Insured at the place insurance purchased: <input type="checkbox"/> < 1 year <input type="checkbox"/> >= 1 year At the place insurance purchased, the Insured has: <input type="checkbox"/> Permanent residence permit <input type="checkbox"/> Temporary residence permit The purpose the Insured comes to the place where insurance purchased: <input type="checkbox"/> Work <input type="checkbox"/> Visit relatives <input type="checkbox"/> Tour <input type="checkbox"/> Others The residence at the place insurance purchased: <input type="checkbox"/> Owned <input type="checkbox"/> Others</p>	<p><input checked="" type="checkbox"/> 是 <input type="checkbox"/> 否 Yes No</p>
<p>5. 被保险人是否已购买、正在准备购买人寿保险、人身意外保险或健康保险？若是，请详述：公司名称、险种、保险 金额、投保日期：</p> <p>5. Has/is the Insured purchased/purchasing the life insurance, accident insurance or health insurance? If YES, describe in details: name of the company, type of insurance, insured amount and date of Application:</p>	<p><input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Yes No</p>
<p>6. 被保险人的人寿保险、人身意外保险或健康保险是否曾经被拒保、延迟、加费或作任何形式的修改？若是，请详述：</p> <p>6. Has the life insurance, accident insurance or health insurance of the Insured been rejected, delayed, charge with additional premium or revised in any mode? If YES, please describe:</p>	<p><input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Yes No</p>
<p>7. 被保险人是否曾经向任何保险公司提出索赔申请？如是，请详述事故原因以及索赔结果：</p> <p>7. Has the Insured submitted any claim to any insurance company? If YES, please describe the cause of accident and claim result:</p>	<p><input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Yes No</p>

注：我们将保护被保险人的隐私权并保证被保险人所提供的个人资料的保密性。被保险人对我们向其提出有关情况的书面询问，应当如实告知。

Note: we will protect the privacy right of the Insured and undertake to keep the personal information of the Insured confidential. Enquires put forward by us in written form regarding any relevant information of the Insured, should be truthfully answered by the insured.



客户签名: _____

投保人及被保险人声明与授权

Declaration and Authorization of Policy-holder and the Insured

1. 贵公司及其代理人已向本人详细解释中国大地财产保险股份有限公司《境外留学医疗保险条款》的保险责任及责任免除等事项，本人对上述事项已充分了解并同意遵守。

The Company and its agent has explained the terms and conditions in CCIC Insurance Company Overseas Students Health Insurance Contract (including exclusions) to me, and I have fully understood.

2. 本人确认以上所做的各项声明和陈述、与投保申请有关的各项告知及文件均完全属实、无误，所有陈述均可作为贵公司判断是否能够承保的依据并成为保险合同的一部分。若不属实，贵公司可以解除本合同。

I hereby confirm that all the above declarations and statements and all the information and documents related to the insurance request are completely true and correct. All the statements can be deemed as the base for the Company to assess if to underwrite and become part of the insurance contract. In case of any false statement, the Company can cancel the Contract.

3. 所有保险责任以合同所载为准，除由贵公司经正式程序修改或批注的内容外，其它任何人的口头及书面陈述、报告或合约，贵公司无需负责。

All the insurance **liabilities** are subject to the provisions of the Contract. Except for the contents amended or endorsed by the Company through formal procedure, the Company shall not necessarily undertake any liability for any other oral and written statement, report or agreement.

4. 若本人接受贵公司签发的保险单及任何经本人签署的文件，均视为本人承认贵公司在投保单内的批注或任何附加及更改。

If I accept the Policy issued by the Company and any document duly signed by myself, I will be deemed to accept the endorsement or any addition and amendment of the Company in the Policy.

5. 本人授权贵公司在审核本人投保申请时根据需要，委派指定医疗机构安排进行指定项目的体检。

I hereby authorize the **Company** to assign, in the process of examining my insurance application, the designated medical establishment to arrange the physical checkup for the designated items as per requirement.

6. 本人授权贵公司在审核本人投保申请时可以向任何医生、医院、诊所、保险公司或任何组织单位，就有关投保事宜，查询有关投保人及被保险人的资料或索取其它有关证明文件。即使本人已缴付部分或全部保险费，本合同仍未生效，只有在贵公司依据本投保申请进行核保并批准同时已全额支付保险费的情况下，本合同才生效，生效日以保险单所载日期为准。

I hereby authorize the **Company** to, in the process of examining my insurance application, enquire from any doctor, clinic, insurance company or any organization and institution about the information of the Policy-holder and the Insured or obtain other relevant certification regarding the insurance. Even though I have paid part of or entire premium, the Contract will not become effective; only if the Company underwriting process has been completed, the policy schedule has been issued, and the full amount of premium has been collected based on this insurance application, the Contract will become effective as from the date specified in the policy schedule.

7. 本人授权中国大地财产保险股份有限公司的第三方服务机构北京力众华援技术服务有限公司代为办理报案、索赔及赔款结算等相关事宜。

I hereby authorize the Health-Aid Medical Insurance service provider - Beijing Lizhong Huayuan Technical Service Limited Company to make the arrangement of Case Reporting, Claim Handling and Claim Settlement, etc. on behalf of myself.

8. 贵公司应对本人的健康资料、财务资料及其它所提供的资料进行保密，不得向他人泄露。但是政府机关或司法部门根据法律规定提出需要而披露者不在本款限制之内。

The Company should keep confidential of my health information, financial data and other information provided and shall not be allowed to leak them to any third party. However, those to be disclosed as per request by the government agency or judicial authority as per law and regulations will not be subject to this provision.

投保人（签名）：_____ 被保险人/法定监护人（签名）：_____ 年 月 日

Policy-holder (signature) _____ The Insured/Legal Guardian: (signature) _____ (Y) (M) (D)

签署地：_____

Signed at: _____

保险费自动转账收付款授权声明

Authorization Statement for Auto Transfer, Receipt and Payment of Premium

本人（投保人）兹授权中国大地财产保险股份有限公司及本授权书指定的开户银行（以下简称转账银行），从本授权书指定的账户（以下简称转账账户）内划付本投保书（或因该投保书而成立的保险合同）之约定的保险费，具体金额以保险合同约定的保费金额为准。同时，郑重声明已仔细阅读、理解下述各项规定并同意遵守。

The undersigned (the Policy Holder) hereby authorize CCIC and the bank of deposit designated in the Authorization Statement(hereinafter cited as the Transferring Bank) to transfer and pay from the account designated in the Authorization Statement(hereinafter cited as the Transferring Account) the premium specified in the policy this application form (or the insurance contract established for the said policy), with the particular amount subject to the premium amount specified in the insurance contract. Meanwhile, I hereby sincerely declare that I have read carefully and understood and agree to abide by the following provisions.

1. 本人保证账号的正确性，若填写错误，本人承担全部责任。
I guarantee the correctness of the account and will undertake all the liabilities in case of any error in filling.
2. 同意中国大地财产保险股份有限公司在保险合同规定的保险费交付日期和宽限期内的任意时间，委托转账银行划付应交保费。并同意在上述保险费划付期间 存入足够资金以备转账银行划付保险费。
I agree that at any time on the payment date and within its grace specified in the insurance contract CCIC may entrust the Transferring Bank to transfer and pay the premium; and agree to deposit adequate fund within the above premium payment period for the Transferring Bank to transfer and pay the premium.
3. 如账户类型为信用卡，在存款余额不足时，同意 CCIC委托转账银行以透支方式划付保险费，透支利息由本人承担。
In case of an account for the credit card without adequate deposit balance, I agree that CCIC may entrust the Transferring Bank to transfer and pay the premium in a mode of overdraw, with the interest for such overdraw to be borne by myself.
4. 同意终止授权或变更账户、通讯地址时，在当期保险费交付日30 日前向中国大地财产保险股份有限公司递交书面通知。
I agree to deliver a written notice to CCIC 30 days before the current premium payment date in case of terminating the authorization or changing the account and communication address.
5. 因不可归责于转账银行、大地财险的事由，导致不能及时划付保险合同到期应付保险费、划账错误等责任，由授权人承担。
The authorizer will undertake the responsibility for the delayed and wrong transfer and payment of premium payable upon expiration of the insurance company due to the reasons other than the Transferring Bank and CCIC.
6. 若授权自动转账缴付两份或两份以上保险合同的保险费或其他自动转账业务时，应根据授权银行决定的自动转账顺序执行转账业务，中国大地财产保险股份有限公司只对划款成功的合同承担合同约定的责任。
In case of authorizing the auto transfer and payment of premiums for two or more insurance contracts or other auto transfer transactions, the transfer will be executed according to the sequence of auto transfer determined by the authorized bank and CCIC will undertake the contractual liability only for the successful transfer.
7. 本授权书自授权之日起生效，持续有效至授权人通知终止授权、或授权账户终止、或保险合同缴费期满、或保险合同效力终止时止。
The Authorization Statement will take effect as from the date of authorization and remain effective till the Authorizer terminates the authorization or the authorized account is terminated or the insurance contract expires for payment or the effect of the insurance contract is terminated.
8. 如保险合同发生退费或其他付给本人的款项，同意将款项划入本授权书指定的银行。
In the event the insurance contract observes any refund or other payments to the undersigned, it is agreed to transfer such payment into the bank designated by this Authorization Statement.
9. 本人授权的转账银行账号或卡号信息见本投保书的“交费方式”栏。
For the information of the account with the Transferring Bank authorized by the undersigned, refer to the “Payment Method” in this application form.

投保人（签名）：
Applicant signature:

年 月 日
(Y) (M) (D)