

Medical Insurance Needs Assessment 醫療保險需要分析



[FOR THE FOLLOWING TYPES OF PRODUCT 適用於以下類型的產品]

- (I) INDIVIDUAL MEDICAL INSURANCE POLICY (LIFE INSURANCE VERSION) 個人醫療保單 (人壽保險版本)
- (II) INDIVIDUAL MEDICAL INSURANCE POLICY (GENERAL INSURANCE VERSION) 個人醫療保單 (一般保險版本)
- (III) GROUP MEDICAL INSURANCE POLICY (LIFE INSURANCE VERSION) 團體醫療保單 (人壽保險版本)
- (IV) GROUP MEDICAL INSURANCE POLICY (GENERAL INSURANCE VERSION) 團體醫療保單 (一般保險版本)

Important Notes: 1.) This Medical Insurance Needs Assessment form is to evaluate and facilitate the identification of suitable medical insurance product(s) to meet your needs and circumstances. 2.) Please answer all questions in this form. 3.) **Do NOT** sign on this form if any questions are unanswered or have been crossed out. 4.) **Do NOT** sign on blank form. 5.) You need to inform us (AMG Wealth Management Limited) and the relevant insurance company if there is any substantial change of information provided in this form. 6.) By providing the information below, you understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of AMG Wealth Management Limited.

重要事項: 1.) 本醫療保險需要分析表格旨在評估並協助尋找適合的醫療保險產品，以滿足您的需要及情況。2.) 請回答本表格所述的所有問題。3.) 請勿於未完成回答本表格的所有問題或於任何問題被刪除的情況下簽署本表格。4.) 請勿在空白的表格上簽署。5.) 如在本表格中提供的資料有任何重大變更，請告知我們 (安柏環球財富管理有限公司) 及有關保險公司。6.) 在您填寫此分析表格時，即表示您明白及同意有關資料將根據安柏環球財富管理有限公司之個人資料收集聲明處理。

Section 1: Basic Information

第一部分：基本資料

PERSONAL PARTICULARS 個人資料

Full Name (as shown on Identity Document / Passport)

姓名 (與身份證明文件 / 護照相同)

In English

英文：

In Chinese (Optional)

中文(可選擇是否填寫)：

Gender 性別

☐ Male 男 / ☐ Female 女

Date of Birth
出生日期

DD 日/ MM 月/ YYYY 年

Nationality 國籍

Occupation
職業

Industry 行業

Designation 職銜

Marital Status 婚姻狀況

☐ Single 未婚 / ☐ Married 已婚 / ☐ Divorced 離婚 / ☐ Widowed 鰥寡

No. of
Dependant(s)
受養人數目

Education Level 學歷

☐ Primary or below 小學或以下 ☐ Secondary or Matriculation 中學或預科
☐ Vocational Training or Technical Institute or Business Institute 職業訓練或工業學院或商業學院
☐ Tertiary or above 大專或以上

CORPORATE APPLICANT'S PARTICULARS 企業申請人資料

Company Name 公司名稱

Business Registration No.
商業登記號碼

Nature of Business 業務性質

No. of Years in Business 營商年期

Section 2: Needs Assessment 第二部分：需要分析

INDIVIDUAL MEDICAL INSURANCE POLICY (LIFE INSURANCE VERSION) APPLICATION 個人醫療保單（人壽保險版本）申請 / INDIVIDUAL MEDICAL INSURANCE POLICY (GENERAL INSURANCE VERSION) APPLICATION 個人醫療保單（一般保險版本）申請

1. Are you currently covered by any individual/group medical insurance? 您目前是否持有任何已生效之個人/團體醫療保險？	<input type="checkbox"/> Yes 是 / <input type="checkbox"/> No 否
2. What type of health-related insurance products are you looking for? 您會考慮哪一類型與醫療相關的保險產品？	<input type="checkbox"/> I) The product meets my insurance objective of providing protection against loss of income during hospital confinement, and it is a medical insurance product with hospital income protection. 產品迎合為本人住院時提供入息保障的保險目標，而此產品為醫療保險產品，並提供住院入息保障。 <input type="checkbox"/> II) The product meets my insurance objective of providing protection against increasing expenses for medical and healthcare services, and it is a medical insurance product with hospitalization expense reimbursement benefit. 產品迎合為本人提供保障以應付日益增長的醫療費用的目標，而此產品為醫療保險產品並提供住院費用實報實銷保障。 <input type="checkbox"/> III) The product meets my insurance objective of providing health protection/critical illness protection for future healthcare services and it offers Lump Sum Payment upon claims of health protection/Critical Illness. 產品迎合為我提供健康保障/危疾保障以應付將來的健康服務的目標，此產品提供健康保障/危疾保障一筆過賠償。 <input type="checkbox"/> IV) Others 其他 (Please specify 請說明_____

GROUP MEDICAL INSURANCE POLICY (LIFE INSURANCE VERSION) APPLICATION 團體醫療保單（人壽保險版本）申請 / GROUP MEDICAL INSURANCE POLICY (GENERAL INSURANCE VERSION) APPLICATION 團體醫療保單（一般保險版本）申請

1. Are you currently covered by any group medical insurance? 您目前是否持有任何已生效之團體醫療保險？	<input type="checkbox"/> Yes 是 / <input type="checkbox"/> No 否
2. Do you provide a quoting checklist and member list (including member name, date of birth, protection level, optional benefits e.g. clinical, dental, medical card, etc.) with this Medical Insurance Needs Assessment? 您是否與此醫療保險需要分析一起提供報價清單和員工清單（包括員工姓名、出生日期、保障級別、自選保障例如門診、牙科、醫療卡等）？	<input type="checkbox"/> Yes 是 / <input type="checkbox"/> No 否

Section 3: Product Recommendation and Suitability Assessment 第三部分：產品建議及適合性評估

According to the information provided above, the Financial Adviser (*Technical Representative (Broker) of AMG Wealth Management Limited) has recommended the relevant medical insurance plan(s) to the applicant.

根據以上提供的資料，理財顧問（*安柏環球財富管理有限公司的業務代表（經紀））已為申請人建議相應之醫療保障計劃。

Insurer and Product Name 保險公司及產品名稱	Insurance product selected by the applicant 申請人最終選購的保險產品
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Does the product recommendation match your objective?
此產品建議是否適合您的目標？

☐ Match 適合 / ☐ Mismatch 不適合◆

◆ “Mismatch” indicates that the medical coverage, budget and affordability of the selected product may not match with the applicant’s needs, and that it may not fully fulfil the applicant’s required protection.

若所選之產品顯示為「不適合」，即代表申請人的醫療保障範圍、個人預算及保費承受能力等準則與所選產品有所出入。有關產品可能未能滿足申請人所需之保障。

Section 4: Product Selection Declaration By the Applicant

第四部分：申請人產品選擇聲明

I have read and understood the product brochure(s), information sheet and policy provisions of the product I selected (where applicable).

I confirm the insurance product selected is suitable for my insurance needs, in respect of any medical insurance product, including types of the products (e.g. indemnity / non-indemnity / combo product), and I can afford and pay the required premium(s).

I confirm the insurance product selected is suitable for my objectives for seeking to purchase a medical insurance product, including but not limited to (I) protection against loss of income during hospital confinement; (II) protection against increasing medical expense; and/or (III) protection against serious disease, critical illness or any other health related risk.

The Financial Adviser has reminded me that a “Mismatch” in Product Suitability Assessment indicates that the medical coverage, budget 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 with the reason, including but not limited to (I) prefer better coverage; (II) prefer tax-deductible products; and/or (III) affordability premiums.

本人已閱讀及明白於本人所選擇產品之產品小冊子、資料文件、保單條款及相關風險披露的資料（如適用）。

本人確認所選擇的產品適合本人的需要，涉及任何醫療保險產品包括產品類型（如：彌償性 / 非彌償性 / 組合性產品），並確定本人能夠負擔所選擇產品的保費。

本人確認所選擇的產品適合本人購買醫療保險產品的目標，包括但不限於 (I) 為住院期間提供入息之保障；(II) 為應付日益增長醫療費用之保障；及/或 (III) 為應付嚴重疾病、危疾或其他健康相關風險之保障。

理財顧問已提醒本人若所選之產品於產品適合性評估顯示為「不適合」，即代表本人的醫療保障範圍、個人預算及保費承受能力等準則與所選產品有所出入。而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，原因包括但不限於 (I) 需要更佳的保障；(II) 需要投保可扣稅的產品；及/或 (III) 保費合乎預算。

Section 5: Declaration By The Applicant

第五部分：申請人聲明

1. I understand and agree that if I do not agree with or do not understand any part of this “Declaration By The Applicant” and the Notes attached with it, or what the Financial Adviser has told me in relation to my insurance product application(s) is/are different from any content of this “Declaration By The Applicant” and the Notes attached with it, I should not sign on this “Declaration By The Applicant”.

本人明白及同意如本人不同意或不明白本「申請人聲明」及備註中的任何部分，或理財顧問就有關本人的保險產品申請的講述與本「申請人聲明」及備註中的任何內容有所不同，本人不應在本「申請人聲明」上簽署。

2. I confirm that the Financial Adviser has conducted the Medical Insurance Needs Assessment discussion with me in the language that I am familiar with. Also, I confirm that no undue influence has exerted on me by any person during the Medical Insurance Needs Assessment discussion.

本人確認理財顧問以本人熟悉的語言與本人進行醫療保險需要分析的討論。本人並且確認絕對沒有任何人士在醫療保險需要分析的討論中對本人作出任何不當的影響。

3. I understand and agree that I should not purchase any insurance product unless I fully understand the risks associated with it and agree to accept the associated risks. I also understand and agree that regarding the decision about any purchase of insurance product, the final decision and full responsibility are mine.

本人明白及同意本人不應購買任何保險產品，除非本人完全了解並且同意接受該保險產品的風險。本人並且明白及同意有關購買任何保險產品的決定，本人擁有最終決定權及全部責任。

4. I confirm that I have reviewed the information given in this form carefully and I confirm that all information is complete, true and accurate. I understand and agree that if I choose either not to fully or accurately complete this form, any recommendations or advices given by the Financial Adviser under these circumstances may be unsuitable for my needs, possibly leading me to acquire unsuitable insurance product(s), and the full responsibility is mine under these circumstances.

本人確認本人已小心覆審本表格上的資料，本人並確認所有資料為完整、真實及準確。本人明白及同意如本人選擇不完整或不準確地填寫本表格，理財顧問在此等情況下給予的任何建議或意見均可能不適合本人的需要，並可能導致本人購買不適合本人的保險產品，在此等情況下本人須對此負全部責任。

5. I confirm that I shall inform AMG Wealth Management Limited and the relevant insurance company if there is any substantial change of information provided in this Medical Insurance Needs Assessment before the policy is issued.

本人確認若本醫療保險需要分析上填報的資料有重大改變，在保單未簽發前，本人將會通知安柏環球財富管理有限公司及有關保險公司。

6. I understand, agree and consent that the information and/or data in this form may be disclosed and/or transferred to other parties subject to the terms and conditions of the agreement (“Client Agreement”) between AMG Wealth Management Limited and me.

本人明白、同意及允許本表格上的資料及/或數據或會根據本人與安柏環球財富管理有限公司之間的協議（「客戶協議」）中的條款及條件被披露及/或轉移至其他地方。

7. I understand that I have the rights to request for reviewing/reconsidering/modifying/cancelling my application before the policy is issued/has become effective and that I am entitled to cancel the policy I have purchased anytime throughout the “Cooling-off period” and get back the paid premium but may subject to market value adjustment (if applicable).

本人明白在保單發出/生效之前，本人有權利要求重新審視/重新考慮/更改/取消本人的申請，並有權在整個『冷靜期』內隨時取消本人已購買的保單並取回已繳保費，但取回的已繳保費可能須按市值調整計算(如適用)。

8. I acknowledge, agree and consent that AMG Wealth Management Limited (“AMG”) and/or any associate of AMG may from time to time at its/their absolute discretion receive and retain commissions, trailer fees and/or other monies in any kind by any way from the insurance company and/or other party in relation to my purchase, sale, exchange, handling, investment or other dealings in insurance product which are attributable to the service(s) provided by AMG. I also acknowledge, agree and consent that AMG can distribute to or share with any parties all or part of such commissions, trailer fees and/or other monies in any kind by any way. I acknowledge and agree that these shall not be construed as giving rise to any breach of fiduciary duty and/or equitable duty that AMG and/or any associate of AMG may owe to me.

Also, I understand and agree that AMG receives remuneration from insurance companies for its service(s) provided to me. My agreement to proceed with the insurance transaction(s) with AMG shall constitute my consent to its receipt of the aforesaid remuneration.

本人確認、同意及允許安柏環球財富管理有限公司（「安柏」）及/或任何安柏的關聯方，可以其絕對決定權不時向保險公司及/或其他人士或公司以任何形式收取及保留有關本人有鑑於安柏所提供的服務而對相關保險產品所作出之購買、出售、交換、處理、投資或其他交易而衍生之佣金、持續服務費及/或任何種類之其他款項。本人並且確認、同意及允許安柏可以任何形式分發全部或部份該等佣金、持續服務費及/或任何種類之其他款項予任何人士或公司。本人確認及同意這不應被理解為安柏及/或任何安柏的關聯方違反任何對本人所負的受信責任及/或衡平法責任。

本人明白及同意安柏就其向本人提供的服務向保險公司收取報酬，本人同意與安柏進行保險交易，即構成本人同意安柏收取上述報酬。

9. I confirm that I have received, read, understood and carefully considered the Principal Brochure and all related documents before my insurance product application in relation to this "Declaration By The Applicant".

本人確認在申請與本「申請人聲明」相關的保險產品前，本人已經收取、細閱、明白及小心考慮主要銷售刊物及所有其他相關文件。

Notes: 備註：

1. AMG Wealth Management Limited has a duty to manage any actual, apparent or potential conflicts of interest that may arise in connection with its insurance broking business. We believe it is important to disclose the following information to you:-

- AMG Wealth Management Limited is an affiliated company of FWD Life Insurance Company (Bermuda) Limited and FWD General Insurance Company Limited (collectively, the "FWD Insurers").
- AMG Wealth Management Limited may, from time to time place business with, use the services of or refer you to products of FWD Insurers.
- AMG Wealth Management Limited earns income on a commission basis which varies by the class and type of insurance. AMG Wealth Management Limited does not receive any benefit from the FWD Insurers that is different to that received by any unrelated third party insurers providing similar service or products. The commission rates are agreed on an arm's length basis.

安柏環球財富管理有限公司有責任管理可能因其保險經紀業務而引起的任何實際、明顯或潛在的利益衝突。因此，我們認為有必要向您披露以下資料:-

- 安柏環球財富管理有限公司是富衛人壽保險（百慕達）有限公司和富衛保險有限公司（統稱為「富衛保險」）的聯屬公司。
- 安柏環球財富管理有限公司可能會不時與富衛保險有業務往來、或使用富衛保險的服務或向您推薦富衛保險的產品。
- 安柏環球財富管理有限公司以佣金作為賺取收入之來源，而佣金是按照不同保險的類別及類型而有所差別。安柏環球財富管理有限公司沒有收到來自富衛保險任何有別於非聯屬第三方保險公司提供類似服務或產品獲得的利益。有關的佣金率是在公平的基礎上訂立的。

2. If there is any inconsistency or ambiguity between the English version and the Chinese version of this document, the English version shall prevail.

如本文件的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

3. Except where the context otherwise requires, words denoting the singular include the plural and vice versa; words denoting any gender include all genders; words denoting persons or expression "person(s)" include firms and corporations and/or vice versa as the case may be and as appropriate.

除文意另有所指外，意指單數的字眼包含眾數的意思，反之亦然；意指某一性別的字眼兼指所有性別；意指人士的字句包括個人、公司和屬法團或並非法團的團體（不論已設立或已成立）。

/ /

Date DD / MM / YYYY
日期 日 / 月 / 年

Name of the Applicant
申請人姓名

Signature of the Applicant
(with company chop if applicable)
申請人簽署 (及公司蓋章，如適用)

WARNING: Please read and complete this form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out. 警告：請小心細閱及填寫本表格。請不要留空任何問題。如有任何未回答的問題未被刪去，請不要在表格上簽署。

To be completed by the Financial Adviser (*Technical Representative (Broker) of AMG Wealth Management Limited) who conducted the above Medical Insurance Needs Assessment

以下由進行以上醫療保險需要分析之理財顧問 (*安柏環球財富管理有限公司的業務代表(經紀)) 填寫及簽署。

/ /

Date DD / MM / YYYY
日期 日 / 月 / 年

Full Name of the Financial Adviser
(as shown on ID/Passport)
理財顧問姓名 (與身份證/護照相同)

Signature of the Financial Adviser
理財顧問簽署

Insurance Authority Licence No. of the Financial Adviser 理財顧問的保險業監管局牌照號碼： IA-FB1577-

Insurance Authority Licence No. of AMG Wealth Management Limited 安柏環球財富管理有限公司的保險業監管局牌照號碼： FB1577