



招商信诺人寿保险有限公司
Cigna&CMB Life Insurance Company Ltd.

招商信诺尊享人生个人高端医疗保险投保单
Application for Cigna&CMB ONE Individual Private Medical Insurance

投保信息
Insurance information

投保人: Policyholder		
姓名: 头疼 Name	性别: 男 Gender	出生日期: 1980-01-01 Date of birth
证件类型: 身份证 ID Type	证件号码: 220521198001010056 ID Number	证件有效期: 2020-06-17 ID Expiry Date
行业: 金融业 Industry	职务内容: 法第三方士大夫 Occupation	手机号码: 18547215448 Mobile Phone
工作单位/就读学校: 第三方士大夫的 Company/School Name		电子邮箱: 1452@qq.com Email Address
通讯地址: 重庆市重庆市长寿区对方水电费水电费 Mailing Address		
住所: 重庆市重庆市长寿区对方水电费水电费 Residential Address		
被保险人1 Insured Person 1:		
与投保人的关系: 员工 Relationship To Policyholder		
姓名: 头疼 Name	性别: 男 Gender	出生日期: 1980-01-01 Date of birth
证件类型: 身份证 ID Type	证件号码: 220521198001010056 ID Number	证件有效期: 2020-06-17 ID Expiry Date
行业: 金融业 Industry	职务内容: 法第三方士大夫 Occupation	手机号码: 18547215448 Mobile Phone
自投保单签署之日起一年内在中国大陆内居住或工作的时间是否大于6个月? Within the following calendar year, will you stay more than 6 months in Mainland China from application date? <input checked="" type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
身高Height: 1.75米m 体重Weight: 70公斤Kg		
您是否吸烟或曾经吸烟? <input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Do you smoke or have you smoked before? 您是否经常饮酒? <input type="checkbox"/> 是 <input checked="" type="checkbox"/> 否 Are you a frequent alcohol user?		
社保状况及参加类型 Social Security Status and Participate Type: <input checked="" type="checkbox"/> 无社保		

被保险人健康告知事项 Medical History Declaration by the Insured Person

1	<p>请仔细阅读并准确回答下列问题。若未如实告知所有相关的情况,将会影响您及其他被保险人的理赔,并可能导致招商信诺终止您的保险合同。如果您对任何问题的回答存有疑问或有不确定答案时,请作出必要的查询,以便您可以提供一个确切的答案。在保单正式生效日之前,如果关于下列问题的答案有任何变化时,包括在完成此投保单至保单正式生效日的期间内发生的任何症状、体检、检查、检验、就诊、治疗、药物及手术,您都有义务立即通知我们。如果您获知您在此投保单中提供的任何信息有更新时,也应及时告知我们。Please read the following questions very carefully and answer each question accurately. Failure to disclose all material facts could affect payment of claims under the policy and may result in CIGNA&CMB terminating your cover. A material fact is one which we may want to take into account when considering your application. If you are in any doubt as to whether a fact is material, then you should disclose it. If you are unsure about the answer to any question you should make the enquiries necessary to allow you to provide an accurate answer. You are obligated to notify us of any changes to these questions up through the effective date of your policy. This means that if the answers to any of the following questions change, you must notify us immediately. This includes any symptoms, check-ups, investigations, tests, consultations, treatment, medication or surgery taking place between completing this application form and cover starting. You should also inform us if you become aware of new information relating to any details you have disclosed in this application.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
2	<p>您或任何被保险人是否出现过任何心脏或循环系统疾病的相关症状或有相关病史,或曾因相关疾病就诊、体检、或接受检查、检验、治疗?包括但不限于:高血压,妊娠期高血压,冠心病,心脑血管疾病,心绞痛/胸痛,心脏病发作,心脏衰竭,心跳异常,动脉瘤或静脉曲张等等。 Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for, or have a history of any heart or circulatory disorders? Including, but not limited to, high blood pressure, pregnancy induced hypertension, coronary heart disease, cardiovascular and cerebrovascular diseases, angina/chest pains, heart attack, heart failure, abnormal heart beat, aneurysms, or varicose veins, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No

3	<p>您或任何被保险人是否出现过任何呼吸系统疾病的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：气短，哮喘，慢性阻塞性肺病，肺部感染，肺炎，肺气肿，支气管炎，肺结核或过敏（包括花粉热和过敏症）等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any breathing or respiratory disorders?</p> <p>Including, but not limited to, shortness of breath, asthma, COPD, chest infections, pneumonia, pulmonary emphysema, bronchitis, tuberculosis or allergies (including hay fever and anaphylaxis),etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
4	<p>您或任何被保险人是否出现过任何食管，胃，肠，肝，胆囊及其他消化系统疾病的相关症状或有相关病史，或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：食管炎，胃炎，胃溃疡，肠易激惹症，克隆病，结肠炎，肠功能紊乱，腹痛，痔疮，胰腺炎，肝炎，肝硬化，胆结石，疝气等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of medical problems related to the esophagus, stomach, intestines, liver or gall bladder, or any other digestive disorders?</p> <p>Including, but not limited to esophagitis, stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, hemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
5	<p>您或任何被保险人是否出现过任何癌症，肿瘤或增生疾病的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：息肉，良性增生，癌症，或癌前病变等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for, or have a history of cancer, tumors or growths?</p> <p>Including, but not limited to, polyps, benign growths, any cancers or pre- cancerous conditions, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
6	<p>您或任何被保险人是否出现过任何皮肤问题的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：湿疹，皮炎，皮疹，牛皮癣，痤疮，囊肿，痔疮痒或出血，或过敏性皮肤等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any skin problems?</p> <p>Including, but not limited to, eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed, or allergic conditions, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
7	<p>您或任何被保险人是否出现过任何脑部或神经系统疾病的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：中风，老年痴呆症，偏头痛，反复头痛，多发性硬化症，癫痫/癫痫发作，神经性疼痛（包括坐骨神经痛，带状疱疹）或脑膜炎等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any brain or nervous system disorders?</p> <p>Including, but not limited to, stroke, dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
8	<p>您或任何被保险人是否出现过任何肌肉或骨骼疾病的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：关节炎，背痛，颈/肩问题，软骨和韧带的问题，关节置换，骨折，骨质疏松症，痛风或骨髓炎等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any muscle or skeletal problems?</p> <p>Including, but not limited to, arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, joint replacements, fractures, osteoporosis, gout or inflammatory conditions, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
9	<p>您或任何被保险人是否出现过任何泌尿生殖系统疾病的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：肾脏或膀胱问题（包括肾功能衰竭），结石，复发性尿路感染，大小便失禁，痛经或月经不调，子宫肌瘤，不孕症，子宫内异位症，涂片结果异常，多囊性卵巢，乳腺疾病，一年内的妊娠/分娩（包括顺产及剖腹产），睾丸或前列腺疾病等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any urinary or reproductive system problems?</p> <p>Including, but not limited to, kidney or bladder problems (including kidney failure), stone, recurrent urinary infections, incontinence, heavy or irregular periods, fibroids, infertility, endometriosis, abnormal smears, polycystic ovaries, breast diseases, pregnancy/childbirth within 1 year(including vaginal delivery and caesarean delivery), testicular or prostate disorders, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
10	<p>您或任何被保险人是否出现过任何与血液，感染或免疫系统相关的症状或疾病 或曾因相关疾病或病症而就诊、体检、接受血液或仪器检查、治疗？包括但不限于：血液检查异常，高胆固醇，贫血，肝炎，艾滋病，疟疾，或任何自身免疫性疾病等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any blood, infective or immune disorders?</p> <p>Including, but not limited to, abnormal blood tests, high cholesterol, anaemia, hepatitis, HIV, malaria, or any autoimmune disorder, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
11	<p>您或任何被保险人是否出现过任何眼，耳，鼻，喉，口腔或牙科问题的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：白内障，青光眼，视力障碍，耳聋，耳部感染，扁桃腺炎，牙齿感染，智齿问题或牙龈炎等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any eye, ear, nose, throat and/or dental problems?</p> <p>Including, but not limited to, cataracts, glaucoma, visual impairment; deafness, ear infections, tonsillitis, dental infections, wisdom teeth problems or gingivitis, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
12	<p>您或任何被保险人是否出现过任何精神/心理疾病的相关症状或有相关病史 或曾因相关疾病就诊、体检、或接受检查、检验、治疗？包括但不限于：精神分裂症，强迫或饮食失调症，抑郁，紧张，焦虑或药物/酒精依赖等等。</p> <p>Have you, or anyone to be covered by this policy, had any symptoms relating to or undergone investigations, consultations, check-ups, tests or treatment for or have a history of any psychiatric/psychological disorders?</p> <p>Including, but not limited to, schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/ alcohol dependency, etc.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No

13	<p>在投保本保险计划前的过去十年中，您或任何被保险人是否曾定期服药（包括非处方药、处方药或其他的任何方式的药物）？</p> <p>In the past 10 years before applying the coverage of this insurance plan, have you, or anyone to be covered by this policy, ever regularly taken any medication (including non-prescription medications, prescription medication and/or other medicines) ?</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
14	<p>在投保本保险计划前的过去6个月内，您或任何被保险人是否出现过任何上述未提及的病症、损伤或医疗问题（无论是否已向医生或其它医疗保健人士咨询过）？包括但不限于：持续或间断发热、头痛、持续性头晕、意识丧失、失去知觉、抽搐、瘫痪、幻视、胸痛或胸部不适、气促或气喘、咳嗽、痰中带血/咳血、呕吐、腹痛、腹泻、呕血、持续性的进食后胃部不适、黄疸、肝区或肾区疼痛、尿频、尿液异常（尿糖升高、乳糜尿、蛋白尿、血尿等等）、尿痛、排尿困难/失禁、便血、异常阴道出血、持续性鼻塞、鼻部或耳部感染、腰腿痛或肿胀、关节活动受限、习惯性脱臼、异常的皮肤苍白、不明原因的肿物、肿瘤标记物检测异常、睡眠障碍、呼吸困难/受限、凝血功能障碍/异常、体重增减或其他情况等。</p> <p>In the past 6 months before applying the coverage of this insurance plan have you or anyone to be covered by this policy ever experienced any signs or symptoms of any medical problems, illnesses, diseases, injuries or conditions not disclosed above, regardless of whether a doctor or other health care professional has been consulted? Including, but not limited to continuous or intermittent fever, headache, persistent dizziness, loss of consciousness, loss of sensation, convulsions, paralysis, hallucinations, chest pain or chest discomfort, shortness of breath or wheezing, cough, bloody phlegm /hemoptysis, vomiting, abdominal pain, diarrhea, vomiting blood, regular stomach discomfort after eating, jaundice, liver or kidney pain, frequent urination, urinary abnormalities (elevated urine sugar level, chyluria, proteinuria, hematuria, etc.), painful urination, difficulty urinating/ incontinence, blood in the stool, abnormal vaginal bleeding, persistent nasal congestion, nasal or ear infections, low back pain or swelling, joint mobility, habitual dislocation, abnormal skin pallor, unexplained mass, abnormal results of tumor marker testing , sleep disorders, difficulty/restriction in breathing, clotting or coagulation disorders/abnormalities, weight loss or gain, or any other problems.</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
15	<p>您或任何被保险人是否曾被保险公司拒保、延期、加费、解除保险合同或以附加的条件承保、限额承保或因任何情况而申请过理赔？</p> <p>Have you or anyone to be covered by the policy ever applied any insurance policies which was declined, postponed, charged premium loading, terminated, accepted with additionally attached conditions or limits, or had any claims for any cases?</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
16	<p>女性适用 目前是否怀孕?如是，怀孕_____周。</p> <p>Apply to female only: Are you pregnant currently? If yes, _____weeks of pregnancy.</p> <p>是否因为怀孕引致不正常或并发症？</p> <p>Have you ever had any abnormality or complications caused by pregnancy?</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
17	<p>二岁及以下儿童适用：出生时身高_____厘米，体重_____公斤。出生时是否为早产、难产或剖宫产？</p> <p>Apply to children at or under age 2: Height _____cm and Weight _____Kg at birth. Was the baby premature or born by caesarean section? Were there any difficulties with the birth?</p> <p>出生时是否有任何并发症？是否曾患有任何心脏病、身体或智力的发育异常或疾病？</p> <p>Were there any complications with the birth? Has the baby ever had any heart disorder, physical or intellectual disabilities or illness?</p>	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No

如果您在以上的任何问题答案为“是”，请下表里提供详细的信息：
If you answered YES to any questions above, please provide details in the box below.

问题编号 Question Number	被保险人姓名 Name of the insured person involved	情况/诊断 Condition/Diagnosis				
		症状或疾病首次发生的时间 Time of first occurrence	疾病诊断名称 Diagnosis	是否已痊愈 Is it fully recovered?	痊愈时间 Time of recovery	请告知具体的就诊医院、相关检查及治疗的经过及治疗效果 Detailed (ex. Treatments, medicine, current condition, etc.)

投保人、被保险人声明与授权

Representation and Authorization by Policyholder and the Insured Persons

1、你公司已对投保险种的各项保险条款内容履行了说明义务，并对保险责任、保险期间、责任免除条款、免赔额、免赔率、比例赔付、退保条款、犹豫期条款、等待期条款、理赔条款等履行了明确说明义务，上述内容本人均已阅读和理解，并同意遵守。

Your company has fulfilled the duty of explaining the product provisions, especially the policy benefits, period of cover, exclusions, deductible, deductible rate, proportion of payment, policy cancellation, free look period, waiting period, and claims etc. I have read and understood the above contents and hereby consent to comply.

2、本人已知晓：本人必须真实、完整提供本投保单中所要求的各项信息。本人经仔细审阅后确认上述内容均属实，与之有关的资料均完整、确实无误，并由本人亲自提供。本人对现在及过去的职业状况、健康状况、生活方式和习惯均无隐瞒或遗漏，否则将可能影响合同的成立和正常履行。

I understand that I must provide all the information required in the policy truthfully and completely. I have carefully reviewed the above information that I provided. I declare that all the answers and relevant materials I have provided are true, complete and accurate. I have not withheld any material fact that relates to the above questions, including the current and previous occupations, health conditions, living style and customs, etc. I understand that the proper establishment and performance of the contract would be affected otherwise.

3、本人谨此授权凡知道或拥有任何有关本人健康及其它情况的任何医生、医院、保险公司、其它机构或人士，均可将有关资料提供给你公司，此授权书的影印本也同样有效。

I hereby grant my authorization for any doctors, hospitals, insurance companies, other institutes or persons that know or own any of my health or other situations to provide relevant information to your company. Copy of this authorization letter is also valid.

4、本人已知晓：你公司采集投保人、被保险人、指定受益人的相关信息将用于订立和履行本保险合同并提供相关服务，以及提供其他保险产品或服务用途。在中国法律允许或要求的范围内，本人同意并授权你公司将上述信息及保单信息提供给相关监管机构及行业协会以做合理利用；前述信息也可出于上述用途而向你公司委托的第三方披露以完成有关目的。此授权包括你公司与本次投保中为本人服务的经纪人共享信息的情形。

I have known that your company gathers the relative information of policyholders, insured persons and any appointed beneficiaries for legal purposes of establishment and performance of the contract, providing relative products and customer services, and so on. Within the extent permitted and/or required by China laws, I hereby consent and authorize Cigna & CMB to submit the personal information of me and my dependents who are covered under this policy and the information relating to the insurance policy to the relevant regulator and insurance association for the purpose of reasonable use. I hereby grant my authorization that your company is allowed to share the above information with third parties for the above mentioned legal and proper purposes. This authorization includes sharing information with the broker whose services I am using in making this application.

5、本人已知晓：本投保单必须由本人亲笔签名确认，且即使本人已交付保险费，保险合同也未生效；只有在你公司依据本投保单同意承保并签发有关保险单后，保险合同以保险单所载生效日起生效；如你公司不同意承保，则将全额无息退还此前本人已交付的保险费。

I understand that I must handwrite my wet signature on this application form. The policy does not become effective even if I have paid the premium. Only when your company approves my application and issues the Certificate of Insurance will the policy become effective. Effective date is the date stated on the Certificate of Insurance. If your company does not approve my application, the premium I have paid will be fully refunded with no interest accruing.

6、银行自动转账声明：本人在此保证上述银行自动转账账户为本人合法独立所有。本人在此授权银行从本人上述银行自动转账账户中直接扣划首期、以后各期包括续期保险费至你公司指定账户内，本人对银行上述扣款行为无异议。同时本人授权你公司将应付本人的相关款项转入此账户，该款项一经转入此账户则视为本人已领取。

The automatic bank transfer declaration: I hereby certify that the above bank account is legally and independently owed by myself. I hereby authorize the bank to debit from my bank account above and transfer initial, following and renewal premiums directly to the designated account of your company. I have no objection in regarding the above deductions. At the same time, I authorize your company to transfer related payment to this account, and it is considered as received by me once the payment is transferred to this account.

7、本人已知晓：本合同在每一个保单周年日将续保，但你公司拒绝续保或保险合同终止或中止的除外；如续保的，在每一个保单周年日前，你公司将向本人发出续保通知（包括续保条件和续保保费）；每年续保条件和续保保费可能都会发生变化；如果本人不愿意续保，应在保单周年日前通知你公司。

I understand that the policy will be renewed on each policy anniversary date unless your company declines to renew the policy, or the policy is terminated or suspended. For renewal, your company will send me a renewal letter before the policy anniversary date (The renewal letter will include renewal conditions and renewal premiums.). I understand that renewal conditions and renewal premiums may change every year. If I do not want to renew my policy, I must inform your company before the policy anniversary date.

8、本人已知晓：根据《中华人民共和国合同法》第十一条规定，数据电文是合法的合同表现形式。本人接受你公司提供的电子保单作为本投保书成立的合法有效凭证，具有完全证据效力。本人通过你公司发送的通知邮件和短信，根据提示的网址链接获取该电子保单并查阅确认。本人承诺并接受邮件或短信送达至本人的邮箱或手机即视为本人已签收该电子保单。本人收到电子保单和纸质保单，则签收时间以较早签收时间为准。

I understand that: According to Article 11 of the "Contract Law of the People's Republic of China", data messages are legal forms of contractual representations. I accept the electronic policy provided by your company as a legal valid certificate set up by the insurance certificate, with full evidence of effectiveness. I use your company to send a notification e-mail and text messages, according to the prompt link to obtain the e-policy and check the confirmation. I promise and accept mail or text message sent to my mailbox or mobile phone that I have signed the e-policy. I received the electronic policy and paper warranty, the receipt of the time to sign earlier to prevail.

■本人同意以上声明与授权。I agree to the above representation and authorization.

投保人签名 Signature of Policyholder (Primary Insured Person) : _____

其他被保险人1 签名 Signature of other Insured Person(s) : _____

签署日 Date of Signature : 2018-12-21