



新进员工保险告知书

New Hire Insurance Enrollment Notification

江慧 女士/先生, 您好!

Dear Ms. / Mr. 江慧

欢迎加入 ☐ 花旗银行 (中国) 有限公司 ☒ 花旗金融信息服务 (中国) 有限公司
☐ 湖北咸宁赤壁花旗贷款有限责任公司 ☐ 大连瓦房店花旗贷款有限责任公司
☐ 湖北荆州公安花旗借贷有限责任公司 ☐ 重庆北碚花旗贷款有限责任公司
(以上简称“花旗”)

Welcome to ☐ Citibank China Co., Ltd. ('Citi') ☒ Citigroup Services and Technology (China) Limited.
(‘Citi’)

☐ Hubei Xian'ning Chibi Citi Lending Co. Ltd.. ('Citi') ☐ Dalian Wafangdian Citi Lending Co. Ltd
☐ Hubei Jingzhou Gong'an Citi Lending Co. Ltd. ('Citi') ☐ Chongqing Beibei Citi Lending Co. Ltd. ('Citi')
(Above as “Citi”)

自您成为花旗的正式员工之日起, 人力资源部将为您安排投保团体综合保险。

HR department will enroll you in Comprehensive Insurance Service from your on board date.

关于具体的保险责任和保险金额, 以及理赔申请流程和理赔申请所需材料, 请详细阅读公司提供的“团体综合保险服务手册”。

Please read the “Group Comprehensive Insurance Service Handbook” for detailed information about insurance coverage, sum assured, claim procedures and required claim materials.

鉴于子女的保险必须在员工个人提出申请并提供子女加保必需的个人信息后方能生效, 所以请您尽快决定是否为您的子女投保本综合保险并相应地填写以下信息填写中的相关信息并提交人力资源部处理。未提供相关信息的, 则表明您放弃了为您子女投保的权利。

In order to be successfully enrolled, please provide your information in the following “Data Input” part return receipt. If you want to insure your child, please also provide their information. If you do not complete and return this form, it will be considered that you do not wish to insure your family at this time.

若您想为自己或家属投保自选计划 (费用由员工个人承担), 须在您入职后 1 个月内 (以入职日期为参照) 提交投保申请和相关资料至保险公司, 保险生效日为您的入职日。如果在此期间您没有提交申请, 本保险年度您将不能再进行自选投保。具体加保申请流程, 请参阅“团体综合保险服务手册”。



If you want to apply for the optional insurance plan for you or your eligible family members (Insurance expenses will be at your own cost), please submit the applications and related documents within 1 month after hire date. If you failed to submit your applications during required period, you would not be eligible for enrollment again during rest of the policy year. Please refer to "Group Comprehensive Insurance Service Handbook" for the application procedure.

信息填写 Data Input

我在此申请并委托公司为我及我的家属（如下）投保公司团体综合保险：

I hereby apply for and entrust Citi to enroll my family below in Group Comprehensive Insurance.

工作地点 Location: 上海

员工姓名 Employee Name: 冯慧

工号 GEID: 1011321262

入职日期 On Board Date: 2022-4-25

身份证/护照号码 ID/Passport Number: 3424011989062280

出生日期（年/月/日） Date of Birth (yyyy-mm-dd): 1989-06-26

是否持有工作所在地户口或有效居住证 ☐ 是 ☒ 否

子女姓名 Child Name: _____

子女出生日期 Child Date of Birth: _____

子女性别 Child Gender: _____

子女身份证号码 Child NID#: _____

子女姓名 Child Name: _____

子女出生日期 Child Date of Birth: _____

子女性别 Child Gender: _____

子女身份证号码 Child NID#: _____

子女姓名 Child Name: _____

子女出生日期 Child Date of Birth: _____

子女性别 Child Gender: _____

子女身份证号码 Child NID#: _____

友情提醒：外籍华裔员工和家属请同时提供护照上的法定姓名及常用中文名投保。

Kindly reminder: For the ethnic Chinese employees and their families, please provide both legal name in passport and commonly used Chinese name.

员工亲笔签名 Employee Signature: 冯慧

日期 Date: 2022.4.25