



投保书序列号:

“汇益丰盛”高端个人医疗保险投保书 SMARTCARE ELITE Individual Health Insurance Application Form

重要注释 Important Notes:

1. 在填写本投保申请前,您可以要求业务人员向您提供保险条款。请仔细阅读条款,尤其是除外责任、赔偿限额、免赔额、犹豫期、保险责任终止、等待期、承保区域、续保等黑体字或加粗标注的条款内容,并听取业务人员的说明,如对业务人员的说明有不明白或有异议的,请在填写本投保单之前向业务人员进行询问,如未询问,视同已经对条款内容完全理解并无异议。

Please ask your personal consultant for the insurance clause before fill in this application form. Please carefully read the clause, especially for policy exclusions, annual limit, deductible, cooling-off period, cancellation/termination of cover, waiting period, coverage area, renewal and the others which are all highlighted in bold. You can enquire of your consultant if need any clarification before fill in this application form, otherwise you are deemed to fully understand the clause and have no objection.

2. 请如实填写本表内容并确定所填写的内容全部正确无误,根据保险法和相关规定,如您未履行如实告知义务,则可能会导致保险合同被解除或者本公司不承担相关保险责任。

Under Insurance Law or any subsequent amendment, you are to disclose in the Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.

3. 投保人对被保险人应当具有保险利益,否则依据保险法合同无效。

A policyholder shall own the insurable interest in the objects of insurance; otherwise the insurance contract shall be invalid.

4. 本投保单为保险合同的重要组成部分。请用蓝色或黑色墨水笔以中文或英文正楷填写,不得涂改,并由投保人、被保险人(或其法定监护人)亲笔签字。

This application form is an important part of the insurance contract. Please fill in it in Chinese or English block letters with blue or black ink, and shall not alter. There must be handwritten signature of the policyholder and the insured person(s) (or legal guardian).

5. 请完整填写下列所有问题,并在适当的空格内填上“X”,如有遗漏,则该问题被视为回答“否”。

Please complete this form by answering carefully all questions and “X” the boxes where appropriate. Any question not answered on this form will be taken as an answer in the negative.

6. 退保时,若保险期间内无理赔记录,则按条款列明的退费比例退还保费。若已有理赔记录,则退还保费为零。

For cancellation, premium will be refund according to “premium refund table” stated in the clause provided that no claims have been made during the insurance period. No premium refund if any claim has been made.

7. 对于直接付费服务,如有任何计算错误或不属保障范围的项目,您有义务接受理赔款的最终调整。

For direct billing service, you are obligated to accept the final adjustment in charges and actions if there is any miscalculation or uncovered item according to the terms and conditions of the Policy.

8. 如果选择美元保单,保险公司将以人民币保单的赔偿限额为基础,按照事先约定的固定汇率换算美元保单的赔偿限额,当汇率出现大幅波动时,保险公司保留调整美元保单赔偿限额的权利,您需要承担因此而产生的美元保单理赔限额变化的风险。

For USD policy, the annual limit will be calculated based on the corresponding CNY policy with a fixed exchange rate which is stated in the policy. The insurance company reserves the right to revise the annual limit for USD policy upon significant exchange rate movement. You need take the risk of the annual limit changes of USD policy caused by such exchange rate movement.

9. 若任何被保险人停止在中国大陆居住超过连续三个月的话,请及时通知本公司。本公司保留改变保费或拒绝承保的权利。

Please inform us immediately if any of the insureds leave China for a period of three consecutive months. The insurance company reserves the right to revise the premium or to decline.

10. 每一个保障计划都有一定年度赔偿限额、终身赔偿限额、等待期及自付比例的限制。特别注意,如果选择附加生育,所有与生育相关的医疗费用(包括产前和分娩时的并发症产生的所有费用)均受限于生育保障的年度赔偿限额。

Each benefit is subject to an annual limit, lifetime limit, waiting period and co-payment percentage. Please note that if maternity benefit is chosen, all the maternity related medical expense (including treatments for any complications arising during the antenatal period and childbirth) should be subject to the annual limit of maternity benefits.

11. 投保时请提供投保人及所有被保险人的有效的护照或身份证件复印件。Please provide valid passport / ID copy of policyholder and all the insureds.

12. 请您了解本公司的偿付能力充足率已达到了监管要求,若需进一步了解本公司最新季度的偿付能力信息及风险综合评级结果,请登录安盛天平保险公司官网 www.axa.cn 查询,该信息可以作为您决定是否投保的参考信息。

Please be aware that the insurer's solvency ratio is well matched with regulatory requirements. For detailed information if needed in the insurer's solvency report and comprehensive risk rating report in the latest quarter, please access to the insurer's official website www.axa.cn. The solvency related information can be taken as significant reference when applying for the insurance.

13. 若英文译本与中文有异,以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

第一部分 – 投保人信息（如您的通讯地址有所更改，请及时通知我们）**Part 1 – Particulars of Policyholder** (please keep us informed of any change of your address.)

姓名 (必须与有效身份证件上的姓名相同): Name (as on ID):		国籍: Nationality:	
性别 Gender: <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F		婚姻状况 Marital Status: <input type="checkbox"/> 单身 Single <input type="checkbox"/> 已婚 Married	
通讯地址: Correspondence Address:		邮政编码: Post Code:	
身份证件或护照号码: Passport or ID #:		出生日期 (年/月/日): Date of Birth (yyyy/mm/dd):	
行业及职业/职位: Industry and Occupation/ Job Position:		您目前在中国是: <input type="checkbox"/> 工作 <input type="checkbox"/> 生活 <input type="checkbox"/> 学习 Currently you are in China for: <input type="checkbox"/> working <input type="checkbox"/> living <input type="checkbox"/> studying	
手提电话: Mobile No.:	住宅电话: Home Tel:	公司电话: Office Tel:	电子邮箱: Email:
保单币种 Currency type in the policy: <input type="checkbox"/> 人民币 CNY <input type="checkbox"/> 美元 USD			
转账付费/领款授权 Direct Debit/Credit Authorization 请填写以下信息用以保费支付。如果无特别要求，退费及事后理赔的赔款也将通过银行转账至该帐户。请根据您选择的保单币种提供相应的账户信息。 Please provide the following details for the premium payment. Premium refund and claim reimbursement will be credited to this account via bank transfer if there is no special request. Please provide the account details according to the policy currency you have selected. <input type="checkbox"/> 个人帐户 Sole account <input type="checkbox"/> 联名帐户 Joint account 户名 Account Name: _____ 开户银行 Bank: _____ 分行/支行 Branch/Sub-branch: _____ 账号 Account Number: _____			

第二部分 – 主被保险/附属被保险人信息

(投保人应当对下列被保险人具有保险利益, 附属被保险人应当为主被保险人的家属, 即配偶和子女)

Part 2 – Particulars of Main Insured / Insured Persons (The policyholder shall own the insurable interest in the objects of insurance. The Insured Persons shall be the Main Insured Person's spouse and/or children)

	主被保险人 Main Insured	附属被保险人1 Insured Person 1	附属被保险人2 Insured Person 2	附属被保险人3 Insured Person 3
1) 姓名 Name				
2) 性别 Gender				
3) 身份证或护照号码 ID or Passport NO.				
4) 出生日期 (年/月/日) Date of Birth (yyyy/mm/dd)				
5) 国籍 Nationality				
6) 身高 / 体重 Height (cm) / Weight (kg)				
7) 行业及职业/职位 Industry and Occupation / Job Position				
8) 目前在中国是: Currently you are in China for:	<input type="checkbox"/> 工作 Working <input type="checkbox"/> 生活 Living <input type="checkbox"/> 学习 Studying	<input type="checkbox"/> 工作 Working <input type="checkbox"/> 生活 Living <input type="checkbox"/> 学习 Studying	<input type="checkbox"/> 工作 Working <input type="checkbox"/> 生活 Living <input type="checkbox"/> 学习 Studying	<input type="checkbox"/> 工作 Working <input type="checkbox"/> 生活 Living <input type="checkbox"/> 学习 Studying
9) 您是否拥有公费医疗或基本医疗保险? Do you have Free medical care or Social basic medical insurance?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
10) 您是否拥有其他费用补偿型医疗保险? Do you have any other expenses compensation medical insurance?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
11) 关系说明 Relationship	与投保人关系 Relationship to Policyholder <input type="checkbox"/> 本人 Policyholder <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 其他 Others _____	与主被保险人关系 Relationship to Main Insured <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child	与主被保险人关系 Relationship to Main Insured <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child	与主被保险人关系 Relationship to Main Insured <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child
12) 您吸烟吗? Are you a Smoker?	<input type="checkbox"/> 是, 有_____年吸烟史 Yes, _____Years of Smoking <input type="checkbox"/> 否 No	<input type="checkbox"/> 是, 有_____年吸烟史 Yes, _____Years of Smoking <input type="checkbox"/> 否 No	<input type="checkbox"/> 是, 有_____年吸烟史 Yes, _____Years of Smoking <input type="checkbox"/> 否 No	<input type="checkbox"/> 是, 有_____年吸烟史 Yes, _____Years of Smoking <input type="checkbox"/> 否 No
13) 保险利益选择 (白银/黄金计划不适用) Insurance Benefit Selected (Not applicable to Silver/Gold plan)	<input type="checkbox"/> 住院 Inpatient cover <input type="checkbox"/> 住院+门诊 Inpatient + Outpatient cover <input type="checkbox"/> 住院+门诊+牙科 Inpatient+Outpatient+Dental <input type="checkbox"/> 住院+门诊+生育 Inpatient + Outpatient + Maternity <input type="checkbox"/> 住院+门诊+牙科+生育 Inpatient+Outpatient+Dental+ Maternity	<input type="checkbox"/> 住院 Inpatient cover <input type="checkbox"/> 住院+门诊 Inpatient + Outpatient cover <input type="checkbox"/> 住院+门诊+牙科 Inpatient+Outpatient+Dental <input type="checkbox"/> 住院+门诊+生育 Inpatient + Outpatient + Maternity <input type="checkbox"/> 住院+门诊+牙科+生育 Inpatient+Outpatient+Dental+ Maternity	<input type="checkbox"/> 住院 Inpatient cover <input type="checkbox"/> 住院+门诊 Inpatient + Outpatient cover <input type="checkbox"/> 住院+门诊+牙科 Inpatient+Outpatient+Dental <input type="checkbox"/> 住院+门诊+生育 Inpatient + Outpatient + Maternity <input type="checkbox"/> 住院+门诊+牙科+生育 Inpatient+Outpatient+Dental+ Maternity	<input type="checkbox"/> 住院 Inpatient cover <input type="checkbox"/> 住院+门诊 Inpatient + Outpatient cover <input type="checkbox"/> 住院+门诊+牙科 Inpatient+Outpatient+Dental <input type="checkbox"/> 住院+门诊+生育 Inpatient + Outpatient + Maternity <input type="checkbox"/> 住院+门诊+牙科+生育 Inpatient+Outpatient+Dental+ Maternity

14) 住院免赔额选择(仅适用于白银/黄金计划) Inpatient Deductible Selected (Only applicable to Silver/Gold plan)	<input type="checkbox"/> 无 Nil <input type="checkbox"/> RMB15,000	<input type="checkbox"/> 无 Nil <input type="checkbox"/> RMB15,000	<input type="checkbox"/> 无 Nil <input type="checkbox"/> RMB15,000	<input type="checkbox"/> 无 Nil <input type="checkbox"/> RMB15,000
15) 保险计划选择 Insurance Plan Selected	<input type="checkbox"/> 白银计划 Silver Plan <input type="checkbox"/> 黄金计划 Gold Plan <input type="checkbox"/> 中国铂金计划 China Platinum <input type="checkbox"/> 中国钻石计划 China Diamond <input type="checkbox"/> 国际铂金计划 International Platinum <input type="checkbox"/> 国际钻石计划 International Diamond <input type="checkbox"/> 全球计划 Worldwide Diamond	<input type="checkbox"/> 白银计划 Silver Plan <input type="checkbox"/> 黄金计划 Gold Plan <input type="checkbox"/> 中国铂金计划 China Platinum <input type="checkbox"/> 中国钻石计划 China Diamond <input type="checkbox"/> 国际铂金计划 International Platinum <input type="checkbox"/> 国际钻石计划 International Diamond <input type="checkbox"/> 全球计划 Worldwide Diamond	<input type="checkbox"/> 白银计划 Silver Plan <input type="checkbox"/> 黄金计划 Gold Plan <input type="checkbox"/> 中国铂金计划 China Platinum <input type="checkbox"/> 中国钻石计划 China Diamond <input type="checkbox"/> 国际铂金计划 International Platinum <input type="checkbox"/> 国际钻石计划 International Diamond <input type="checkbox"/> 全球计划 Worldwide Diamond	<input type="checkbox"/> 白银计划 Silver Plan <input type="checkbox"/> 黄金计划 Gold Plan <input type="checkbox"/> 中国铂金计划 China Platinum <input type="checkbox"/> 中国钻石计划 China Diamond <input type="checkbox"/> 国际铂金计划 International Platinum <input type="checkbox"/> 国际钻石计划 International Diamond <input type="checkbox"/> 全球计划 Worldwide Diamond

注 Note:

- 未成年子女必须跟随父亲或母亲一起投保（白银/黄金计划可接受 6-18 周岁儿童由其法定监护人作为投保人单独受保），且附属被保险人的保障不得超过主被保险人的保障。（如有需要请另附纸张）Application for children must include at least one parent(children from 6 to 18 years old could be the main insured alone provided the policyholder is his or her legal guardian under Silver/Gold plan). Insured Persons' coverage should not be higher than Main Insured's. (If more space is required, please continue on a separate sheet of paper.)
- 中国铂金/钻石计划包含香港、台湾、澳门，国际铂金/钻石计划均不包含美国。 China Platinum / Diamond Plan includes Hong Kong, Taiwan, Macau. International Platinum / Diamond Plan excludes USA.
- 首次投保的年龄为出生后 15 天至 74 周岁，续保最高可至 99 周岁。Entry age is from 15 days to 74 years old, and can renew up to 99 years old.

第三部分 – 医疗问卷 Part 3 – Medical Questionnaire

Part A -请务必如实声明您的个人健康状况。如有遗漏，则该问题被视为回答“否”。

You must declare your medical history fully and faithfully. Any question not answered on this form will be taken as an answer in the negative.

请每位被保险人根据下列问题选择“是/否”中的一项。 Please consider the following questions as they apply to each of the insured persons. Answer each question by clearly ticking one of the corresponding Yes/No boxes and completing the details where required.	主被保险人 Main Insured	附属被 险人1 Insured Person 1	附属被 险人2 Insured Person 2	附属被 险人3 Insured Person 3
1.是否有任何生理缺陷或畸形、先天性疾病、遗传性疾病、发育异常？ Has any one of the applicants ever had any physical defects or infirmity, or abnormality, or congenital conditions, or hereditary conditions, or heteroplasia?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
2.任何被保险人是否 Has any one of the applicants ever, 2-a).曾经住过院或接受过护理或做过外科手术？ Stayed in a hospital or nursing home or had a surgical operation?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
2-b).被诊断需要做医疗检查、住院或手术，但以上各项均未实施？ Been advised to have any diagnostic test, hospital confinement or surgical operation which has not yet been performed?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
3.任何被保险人是否曾经患有或被告知或正在接受由于以下任何原因而需要接受任何治疗或观察： Has any one of the applicants ever had or been told to have, or currently undergoing any medical treatment for, ever been treated for, under observation for any of the following conditions : 3-a).哮喘、过敏症、慢性支气管炎、咯血、肺结核、呼吸困难、肺部疾病、或其它呼吸系统疾病？ Asthma, allergy, chronic bronchitis, hemoptysis, tuberculosis, dyspnea, any lung trouble, or the other troubles related to respiratory system ?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
3-b). 耳、眼、鼻、喉、口腔疾病、皮肤疾病？ Ears, eyes, nose, throat and nonnasality troubles, skin condition ?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
3-c).胸痛、心律失常、心肌炎、心绞痛、心脏病、静脉曲张、高血脂、高血压、或其它心脏血管疾病？ Chest pain, arrhythmia, myocarditis, angina pectoris, any heart trouble, varicose vein, hyperlipidemia, hypertension, or the other troubles related to heart and vascular system ?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
3-d).中风、癫痫、神经系统疾病、脑部疾病？ Stroke, epilepsy, neurological disease, disease of the brain ?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
3-e).胃、食管、肠、肝脏、胆囊、胰腺、肾、膀胱、前列腺、消化性溃疡、疝气、或其它消化系统疾病、生殖泌尿系统疾病？ Stomach, oesophagus, bowel, liver, gall bladder, pancreas, kidney, bladder, prostate, peptic ulcer, hernia, or the other troubles related to digestive system and genitourinary ?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>
3-f).糖尿病、痛风、甲状腺疾病或其它内分泌系统疾病？ Diabetes, gout, hypothyroid disease, or the other troubles related to endocrine system ?	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>	是 Yes 否 No <input type="checkbox"/> <input type="checkbox"/>

3-g).风湿、关节炎、四肢、肩、颈、背部、脊椎、骨骼、关节、肌肉疾病? Rheumatism, arthritis, limbs, shoulder, neck, back, spinal, skeletal, joints, muscle troubles?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
3-h).腺肿大、癌症、良性或恶性肿瘤、血液紊乱、心理障碍、精神疾病? Enlarge glands, cancer, any form of tumor, disorder of the blood, mental health disorder, psychiatric?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
3-i).酒精中毒、药物成瘾、吸毒、艾滋病及其相关症状? alcoholism, drug addiction, druggy, AIDS, HIV, any AIDS related condition?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
3-j).女性适用(15岁及以上): Apply to female insureds (15 years old and above): 乳腺炎、乳腺增生、乳腺肿瘤、子宫内膜异位症、子宫肌瘤、卵巢囊肿、盆腔炎、宫颈检查异常、月经失调、异常出血、或其它乳腺疾病和女性生殖系统疾病? Mastitis, fibroadenoma, endometriosis, myoma of uterus, ovarian cyst, pelvic inflammation, cervical disease, menstrual disorder, abnormal bleeding, or the other troubles related to breasts and female generative organs?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
3-k).儿童适用 (3周岁及以下): Apply to child (within 3 years old): 生长发育异常、先天性或遗传性疾病、畸形、智能低下? Heteroplasia, congenital conditions, hereditary conditions, abnormality, amentia?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
4.以上未提及的影响生活、工作或学习的其它病症? Any other conditions not mentioned above which affecting life, working or studying?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
5.是否有虽然没有去医院接受检查但感觉到的任何疾病症状? Has any of the applicants experienced any symptoms but not consulted a medical practitioner?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
6.是否打算近期因健康问题去咨询医生或相关专业人士? Does any one of the applicants have any known or foreseeable need to consult any doctor or other health professional?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
7.近两年内有无体检? 若有, 请附上最新的体检报告。Has any one of the applicants had any Physical Examination in the past 2 years? If yes, please provide the latest medical check-up report.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

Part B - 如在上一部分回答“是”的项目, 请在下列表格中列明具体的健康状况 (或未经诊断的症状)。

This part applies if you have indicated “yes” replies in Part A. Please disclose all medical conditions (or undiagnosed symptoms) to which these replies are intended to apply.

被保险人姓名 Name of the Insured Person	partA中的问题序号 Question no. in partA	疾病/伤残名称以及接受过何种治疗Name of illness/disability and treatment received	病症发生的日期及持续时间Date and duration of the disability	治疗/手术的类型及结果Type and Result of treatment/surgery	就诊医院名称/医生姓名 Name and address of the Doctor/hospital visited

Part C - 请列明被保险人在过去 5 年中最常用的医生/医院。如果不适用, 请填写 “无”。

Doctors/Hospitals most frequently used in the last 5 years. Please fill in “N/A” if not applicable.

	主被保险人 Main Insured	附属被保险人1 Insured Person 1	附属被保险人2 Insured Person 2	附属被保险人3 Insured Person 3
最常用医生/医院 Doctors/Hospitals				
地址 Address				

Part D - 请回答以下问题: Please answer each of the questions below:	主被保险人 Main Insured		附属被保险人1 Insured Person 1		附属被保险人2 Insured Person 2		附属被保险人3 Insured Person 3	
1. 被保险人是否曾经由于受伤或疾病而获得任何保险公司的理赔? Has any one of the applicants ever made a claim against any Insurer in respect of bodily injury or sickness?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
2. 被保险人是否曾经在投保人寿、意外或医疗保险时被保险公司拒绝、延期, 在特别条款的情况下被接受, 或拒绝续保? Has any person to be insured ever had a Life, Accident or Health insurance Policy cancelled, renewal refused, declined, postponed, withdrawn, subject to special terms and conditions?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

如以上任何问题回答“是”, 请在下方列明详细资料 (包括保险公司名称、险种名称、疾病或意外名称)。

If the answer to any of the above questions “YES”, please provide details below (including Name of the Insurance Company, Name of the product, Name of illness/ bodily injury).

第四部分 – 争议解决方式

Part 4 – Dispute Resolution

请选择一种争议解决方式:

Please choose one of the ways below for dispute resolution:

- ☐ 1. 提交中国国际经济贸易仲裁委员会
China International Economic and Trade Arbitration Commission
- ☐ 2. 有管辖权的人民法院裁决
Courts having jurisdiction for judgment.

若您不做选择, 则保险合同争议方式默认为第二种。

If you do not make the choice, the second one shall be the implied dispute resolution.

第五部分 – 投保人声明

Part 5 – Declaration

1. 本人（我们）同意此投保单为本人（我们）与安盛天平财产保险股份有限公司订立保险合同的依据。本人（我们）特此申明，投保单内所投保之资料，根据本人（我们）所知并确定全部正确无误。
I/We agree that this Application form shall be the basis of the contract between me/us and AXA Tianping Property & Casualty Insurance Company Limited. I/We declare that the statements made in this Application are true, correct and complete to the best of my/our knowledge and belief.
2. 本人（我们）已经仔细阅读保险条款，尤其是黑体字部分的条款内容，并对保险公司就保险条款内容的说明和提示完全理解，没有异议，申请投保。
I/We have carefully read the clause, especially for those content highlighted in bold. I/We totally understand the clause and documents provided to me/us, and apply for this insurance.
3. 在填写本投保单后而在保险公司出具保险合同之前，如果任何被保险人的身体状况发生变化，本人（我们）同意立即通知保险公司。
I/We agree that if the health status of the above intended insured person changes after this application is signed and before insurance company issues a policy, I/We shall immediately notify the insurance company of the changes.
4. 本人（我们）理解并同意保险公司对本投保书有拒绝或者接受的权利。如果保险公司对本投保申请书没有提出异议，本人（我们）同意保险公司直接安排出具正式保单。本人（我们）愿意按照保单条款的规定或者付费通知支付保险费。
I/We understand and agree that the insurance company has right to accept or decline. If the insurance company does not object, I/we agree to let the insurance company issue the formal policy, and will pay the premium according to the clause or debit note.
5. 本人（我们）同意保险合同将在支付了全额保险费和获得安盛天平财产保险股份有限公司核准后自保单所注明的生效日期起生效。
I/We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by AXA Tianping Property & Casualty Insurance Company Limited.
6. 本人（我们）理解并接受“汇益丰盛”高端个人医疗保险的条款、扩展条款、除外条款、免赔额及自付比率的规定。本人明白在收到本保险合同之后享有 14 个工作日的犹豫期以审阅本保险合同。若我在犹豫期内决定本保险合同不适合我的需求，我可以以书面形式明确告知并将该保险合同取消。
I/We understand and accept the policy wording, extension clauses, endorsements, exclusions, deductible and co-payment, if any, of SMART CARE ELITE Individual Health Insurance. I/We understand I/we have a cooling-off period of 14 working days from the date that I/we receive this Policy to review it. If I/we decide that this Policy does not suit my/our needs, I/we could request to cancel it by giving AXA Tianping Property & Casualty Insurance Company Limited clear, written instructions.
7. 本人（我们）同意，授权安盛天平财产保险股份有限公司在理赔过程中要求为我/我们治疗、或检查的任何医院、医生或其他专业人士向安盛天平财产保险股份有限公司提供相关疾病或受伤治疗或检查的记录。任何本授权的复印件被视为等同于原件。
I/We also agree that in case of any claims, I/we authorize any hospital, physician or other person who has attended to us, or examined us or is authorized to maintain medical records to disclose when requested to do so by AXA Tianping Property & Casualty Insurance Company Limited, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.
8. 本人（我们）理解附属属于保险合同的医疗卡仅限于在保险合同项的承保范围内使用。如果由于计算错误或不属保障范围的项目而产生的医疗或其他费用，我/我们同意将此费用在 30 天内归还给安盛天平财产保险股份有限公司。我/我们同意一旦保险合同结束，附属属于保险合同的医疗卡将归还给安盛天平财产保险股份有限公司。
I/We also understand that membership cards issued for the policy are to be used only for admissions to hospitals for treatments falling under the scope of the policy and in the event that charges incurred are not claimable from the policy for any reason, I/we shall undertake to pay AXA Tianping Property & Casualty Insurance Company Limited within 30 days from the receipt of all expenses that are not claimable under the policy. I/We further agree to return the membership card upon request from AXA Tianping Property & Casualty Insurance Company Limited or on termination of the policy.
9. 本人（我们）理解安盛天平财产保险股份有限公司权向我/我们索取最新的医疗报告，我/我们将承担由此而产生的费用。
I/We understand that AXA Tianping Property & Casualty Insurance Company Limited reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information be required.
10. （北京适用）本人（我们）知晓并同意：如本人（我们）是经安盛天平财产保险股份有限公司北京分公司投保的，在中国法律允许或要求的范围内，安盛天平财产保险股份有限公司北京分公司将提供我/我们的个人信息及保单信息至北京意外及健康保险信息平台以作合理利用。
(For Beijing), I/We also understand and agree that if I/We purchase this product from AXA Tianping Property & Casualty Insurance Company Limited Beijing Branch, by legal permit or regulatory requirement, AXA Tianping Property & Casualty Insurance Company Limited Beijing Branch will provide my/our personal and policy information to Beijing Information Platform of Accident & Health Insurance for proper use.
11. 本人同意安盛天平及其因服务必要而委托的第三方，基于为本人提供服务的用途可以收集、整理、保存、加工、使用本人及保险服务信息，法律禁止的除外。安盛天平及其委托的第三方对上述信息负有保密义务。
I/We also agree that AXA Tianping Property & Casualty Insurance Company Limited collect, storage, process, use and disclose the policy information to third party administration, except the limits of national laws and regulations, in order to ensure the interests of us. AXA Tianping Property & Casualty Insurance Company Limited and the third party have the obligation of confidentiality for those information.

投保人签字 Signature of Policyholder:	主被保险人签字 Signature of Main insured:
日期 Date :	本人同意投保人为本人投保。I agree with the application made by Policyholder 日期 Date:

在投保人与附属被保险人没有法定保险利益而需征得被保险人同意的情况下，必须使用以下被保险人签名栏。

There must be signatures of insured persons if policyholder does not own the insurance interest.

附属被保险人 1 签字 Signature of Insured Person 1	附属被保险人 2 签字 Signature of Insured Person 2	附属被保险人 3 签字 Signature of Insured Person 3
本人同意投保人为本人投保。I agree with the application made by Policyholder.	本人同意投保人为本人投保。I agree with the application made by Policyholder.	本人同意投保人为本人投保。I agree with the application made by Policyholder.
日期 Date :	日期 Date :	日期 Date :