

Family Care Accident Protector/ Well Cover Medical Insurance Plan

「萬全家護」意外保障計劃／「全護您」醫療保障計劃

Application for renewal premium and levy payment by Visa/Master credit card
以 Visa/Master 信用卡支付續保保費及徵費申請表格

Policy no.
保單號碼

Private & confidential 私人及保密文件

Please fill the circle in full when you select the answer. 當閣下選擇答案時，請填滿整個圓圈。

Credit card authorization form 信用卡付款授權書

To: Zurich Life Insurance (Hong Kong) Limited and card issuer of the credit card specified below.
致：蘇黎世人壽保險(香港)有限公司及以下指定信用卡發卡機構：

Name of cardholder 持卡人姓名

Credit card no. 信用卡號碼

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card expiry date 信用卡有效日期

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	Master Card	<input type="radio"/>	Visa
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Payee 收款人

Zurich Life Insurance (Hong Kong) Limited

I, the abovenamed cardholder, authorize the card issuer to pay the amount through the above-specified credit card to the payee upon proper presentation of this authorization form, and to verify information (including my personal data) with the payee as necessary for the payment. I agree to pay the total amount (including but not limited to premium and levy, together with any other changes due thereon) subject to and in accordance with the agreement governing the use of such card.

本人為上述信用卡持有人，特此授權發卡機構，於收到本授權書時，透過上述指定信用卡向收款人繳付款項，並可就繳付款項所需與收款人核證資料(包括本人之個人資料)。本人同意按照使用該信用卡的協議支付總金額(包括但不限於保費及徵費，以及其他有關費用)。

I understand & agree that 本人明白及同意：

- Only Visa/Master credit card is accepted for renewal premium and levy payment.
只接受 Visa/Master 信用卡繳付續保保費及徵費。
- Only principal cardholder is eligible to apply for the settlement of premium and levy due under his/her own and his/her spouse's policy(ies) by credit card.
本人必須為以上信用卡的主卡持有人，方可以此信用卡繳付本人及配偶的保單保費及徵費。
- Cardholder should ensure sufficient credit is available on transaction date(s) to meet the authorized transfer.
持卡人必須確保此戶口於轉賬當日有足夠的金額支付該授權轉賬。
- Applicant should continue to use the current method to settle premium and levy until he/she receives a confirmation letter from Zurich Life Insurance (Hong Kong) Limited.
申請人必須繼續以現時之方法支付保費及徵費直至收到蘇黎世人壽保險(香港)有限公司的書面確認通知。
- To facilitate our processing of the application, I have ensured both credit card number and policy number are completed and correct.
為確保此申請順利審批，本人已填寫正確的信用卡及保單號碼。
- This application form is applicable for Family Care Accident Protector/Well Cover Medical Insurance Plan.
此申請表格只適用於「萬全家護」意外保障計劃／「全護您」醫療保障計劃。

*Signature of policyholder/assignee
*保單持有人／受讓人簽署

* Please sign in this box if the specimen signature in policy record is different from signature of cardholder as below.
* 如閣下的保單簽名與信用卡簽名不相同，請在此簽署保單簽名。

Signature of cardholder
持卡人簽名

Day日 Month月 Year年
Date signed 簽署日期

Remark: Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit www.zurich.com.hk/ia-levy.

註：保險業監管局已向相關保單按照適用的徵費率收取保費徵費。因此，保單持有人於繳付保費／供款時，須同時繳付徵費。更多有關保費徵費資料，請瀏覽 www.zurich.com.hk/ia-levy。

Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

蘇黎世人壽保險(香港)有限公司(於香港註冊成立之有限公司)
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