

Registration Of Family Members For Embrace Care Critical Illness Protector

安心守護危疾保障計劃家庭成員登記

Policy Number: 保單編號	Proposed Insured/Insured ("Insured"): 準受保人/受保人 (「受保人」)	Applicant/Owner ("Owner"): 保單申請人/持有人 (「持有人」) (if other than Proposed Insured) (如非準受保人)
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You can use this form to register (i) the Insured's child(ren) for Protection Sharing Benefit; and (ii) the Owner, Owner's spouse and Owner's Child(ren) for Family Premium Waiver. Please provide the relevant information required and answer the health declaration below.
請使用此表格以登記 (i) 共享保障內的受保人子女；及 (ii) 家庭保費豁免內的持有人、持有人配偶、持有人子女。請提供下列相關所需資料及回答健康聲明。

You can only register child(ren) of age 15 or below. They must also be natural child(ren) of the Insured or Owner. Adopted child(ren) are not included.
您只可登記年齡為15歲或以下的子女，及必須為受保人或持有人之親生子女，並不包括領養子女。

For Family Premium Waiver, you can only register the Owner or Owner's spouse if their age is 50 or below. The Owner must be either the Insured, the Insured's natural parent or the Insured's spouse.
就家庭保費豁免而言，您只可登記年齡為50歲或以下的持有人或持有人配偶。持有人必須為受保人、受保人之親生父母或受保人之配偶。

"Age" refers to age at the nearest birthday.
「年齡」指最接近生日之年歲。

Protection Sharing Benefit

共享保障

	Full Name (same as HKID/Passport) 姓名 (與香港身份證/護照上相同)	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)
Insured's Child 1 受保人子女 1		
Insured's Child 2 受保人子女 2		
Insured's Child 3 受保人子女 3		
Insured's Child 4 受保人子女 4		
Insured's Child 5 受保人子女 5		

Family Premium Waiver

家庭保費豁免

	Full Name (same as HKID/Passport) 姓名 (與香港身份證/護照上相同)	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)
Owner 持有人		
Owner's Spouse 持有人的配偶		
Owner's Child 1 持有人子女 1		
Owner's Child 2 持有人子女 2		
Owner's Child 3 持有人子女 3		
Owner's Child 4 持有人子女 4		
Owner's Child 5 持有人子女 5		

