



QBE Hongkong & Shanghai Insurance Limited

昆士蘭聯保保險（香港）有限公司

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

Corporate Medical Scheme 團體醫療計劃
Member Termination Form 會員終止保險申請表

Important Note 重要事項：

- ☆ When a member is no longer be an employee, please collect the medical card(s) issued to the member (including his/her dependant(s), if any) and destroy it immediately to avoid the Employer responsible for any unnecessary ineligible medical expenses incurred.
當會員不繼續是員工時，請把所屬之醫療卡（包括其附屬會員，如有）收回及註銷，以免貴公司需要負責不必要的醫療支出。
- ☆ Please complete the relevant Member Termination Form and submit to us within 30 days of the effective date.
請填寫有關會員終止保險申請表，並於生效日期起計30天內遞交本公司。
- ☆ Please ensure that you have read and understood the Personal Information Collection Statement of QBE Hongkong & Shanghai Insurance Limited.
請確保閣下已知悉及明白昆士蘭聯保保險（香港）有限公司之收集個人資料聲明內容。

Employer: 僱主：	
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Policy No.: 保單號碼：	Date: 日期：	
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Membership No. 會員編號	Name of members 會員姓名		Last date of employment (DD/MM/YYYY) 受僱之最後日期 (日/月/年)
	Surname 姓	Name 名	

Declaration:

I/We confirm that I/We have read the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

聲明：

本人/吾等確認本人/吾等已細閱昆士蘭聯保保險（香港）有限公司的收集個人資料聲明（「通知」），並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以用作「通知」上所載的用途上。

Signed by the authorized person of the Employer (with company chop) 僱主授權簽署（連公司印鑑） Date 日期	For Official Use Only 公司專用 <small>QBEHKSIGMD.TERM.2015.1(30 days)</small>
	Input 資料輸入 Date 日期