

## 更改保單保障申請表 Request for Change of Policy Coverage

PSF-HQ

(適用於申請保單復效、刪除不保事項、刪除 / 減低額外保費、重新申報健康狀況、更改吸煙狀況或職業)

(Applicable to Request for Policy Reinstatement, Removal of Exclusion, Removal / Reduction of Extra Premium, Re-declaration of Health Status, Change of Smoking Status or Occupation)

| 持牌保險中介人資料 Insurance Intermediary's Information    |                                                                              |                                                                         |
|---------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 持牌保險中介人編號<br>Licensed Insurance Intermediary Code | 持牌保險中介人姓名(姓氏先行)<br>Licensed Insurance Intermediary's Name<br>(Surname First) | 持牌保險中介人聯絡電話號碼<br>Licensed Insurance Intermediary's<br>Contact Phone No. |
|                                                   |                                                                              |                                                                         |

| 保單資料 Policy Information                                                                                                                                                                       |                                                      |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| 保單號碼<br>Policy No.                                                                                                                                                                            | 保單持有人姓名(姓氏先行)<br>Policy Owner's Name (Surname First) | 保單持有人聯絡電話號碼<br>Policy Owner's Contact Phone No. |
|                                                                                                                                                                                               |                                                      |                                                 |
| 通訊地址(若以下地址與上述保單記錄不符,本公司將會為您更新保單記錄)<br>Correspondence Address (If the following address does not match that in the above policy record, the Company will update the policy record accordingly) |                                                      |                                                 |
|                                                                                                                                                                                               |                                                      |                                                 |

| 注意事項 Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p>1. 請在適當方格內加上✓號,並用正楷填寫。</p> <p>2. 保單持有人 / 受保人 / 承讓人(如適用)之簽署必須與中國太平洋人壽保險(香港)有限公司(以下簡稱「太保壽險香港」或「本公司」)之存檔相符,並必須在此表格內任何更改或修改的地方簽署作實。切勿在空白表格或尚未填妥的表格上簽署。</p> <p>3. 請於簽署日起計 30 天內遞交至本公司辦理手續。</p> <p>4. 若申請保單復效,請(i)繳交所有逾期保費連利息、保費徵費(如適用)、(ii)償還本保單之所有負債連同利息(如適用)及(iii)償還本公司因本保單失效而支付的已付款項(如有)。</p> <p>5. 如保單以月繳模式繳費及自動轉賬授權已經失效,請遞交「直接付款授權」連同 2 個月預付保費及保費徵費(如適用)以重新設立自動轉賬。</p> <p>6. 本公司保留權利要求索取其他資料及文件以批核有關申請。</p> <p>7. 如需協助,歡迎聯絡您的持牌保險中介人,或聯絡我們的客戶體驗大使。我們非常樂意為您服務。</p> <ul style="list-style-type: none"><li>● (香港) 客戶服務熱線:(852) 3169 5500</li><li>● (內地) 客戶服務熱線:95500</li><li>● 電郵:wecare@cpiclife.com.hk</li></ul> <p>1. Please ✓ the appropriate box and complete in BLOCK LETTERS.</p> <p>2. The signature(s) of the Policy Owner / Insured / Assignee (if applicable) must be consistent with that the record in China Pacific Life Insurance (H.K.) Company Limited (hereafter called "CPIC Life (HK)" or "the Company") and must endorse any changes or amendments in this form in full signature. Please do not sign on blank or incomplete form.</p> <p>3. This form must be received by the Company within 30 days from the date of its signing.</p> <p>4. For reinstatement, please (i) pay all overdue premiums with interest, premium levy (if applicable), (ii) repay all Indebtedness together with interest (if applicable) and (iii) repay all payments paid by the Company as a result of the lapse of this Policy (if any).</p> <p>5. If the policy is monthly payment mode and autopay authorization is invalid, please submit "Direct Debit Authorization" together with extra 2-month premium and premium levy (if applicable) for autopay setup.</p> <p>6. The company reserves the right to request for additional information and documents for approval for the application and the absolute discretion to reject your reinstatement request.</p> <p>7. For any assistance, please feel free to contact your Licensed Insurance Intermediary or our Customer Experience Ambassador. We are always delighted to serve you.</p> <ul style="list-style-type: none"><li>● Hong Kong Customer Service Hotline : (852) 3169 5500</li><li>● Mainland Service Hotline : 95500</li><li>● Email : wecare@cpiclife.com.hk</li></ul> |

| 申請事項 Request Item                                                         |                                                                                    |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> 保單復效 Reinstatement                               | 請填寫第一部份 Please complete Section I                                                  |
| <input type="checkbox"/> 刪除不保事項 Removal of Exclusion                      |                                                                                    |
| <input type="checkbox"/> 刪除 / 減低額外保費 Removal / Reduction of Extra Premium |                                                                                    |
| <input type="checkbox"/> 重新申報健康狀況 Re-declaration of Health Status         | 請註明於第一部份第 15 題 – 補充資料<br>Please state in Section I – Q15 Supplementary Information |
| <input type="checkbox"/> 更改吸煙狀況 Change of Smoking Status                  | 請填寫第二部份 Please complete Section II                                                 |
| <input type="checkbox"/> 更改職業 Change of Occupation                        | 請填寫第三部份 Please complete Section III                                                |

| 第一部份 健康狀況 (適用於毋須進行體檢的個案)<br>Section I Health Information (Applicable for Cases without Medical Examination)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                    |                          |
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| <b>注意事項 Notes</b><br>適用於保單復效、刪除不保事項或刪除 / 減低額外保費<br>Applicable for Reinstatement, Removal of Exclusion or Removal / Reduction of Extra Premium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                    |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> 保單持有人<br>Policy Owner                                                                                                                                                                     |  | <input type="checkbox"/> 受保人 (如非保單持有人)<br>Insured (if the Insured is different from the Policy Owner)                                                                                                              |                          |
| 1. 身高 Height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 厘米 cm                                                                                                                                                                                                              |  | 厘米 cm                                                                                                                                                                                                              |                          |
| 2. 體重 Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 公斤 kg                                                                                                                                                                                                              |  | 公斤 kg                                                                                                                                                                                                              |                          |
| 3. 過去12個月內, 您的體重是否曾減少11磅 / 5公斤或以上? 如「是」, 請註明具體重量及原因。<br>Any weight loss in excess of 11 lbs / 5 kg in the past 12 months? If "Yes", please give exact amount and reason.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>具體重量及原因 Exact amount and reason                                                                                                                    |  | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>具體重量及原因 Exact amount and reason                                                                                                                    |                          |
| 4. 過去12個月內您曾否吸用任何煙草或尼古丁產品(例如香煙、戒煙貼或戒煙香口膠)?<br>Have you ever smoked tobacco or nicotine products in any form? (e.g. cigarettes, nicotine patches or gums in the past 12 months)<br>如「是」, 請說明每日平均吸用數量。<br>If "Yes", please state your average daily consumption.<br>若您已經停止吸煙, 請說明停止日期、停止原因及停止吸用前的每日平均吸煙數量。<br>If you have stopped smoking, please state date ceased, reason and average daily consumption before cessation.                                                                                                                                                                                                                                              |  | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>數量 Quantity :<br>吸煙年期 No. of Smoking Years<br>停止日期 Date Ceased<br>停止原因 Reason of Cease                                                             |  | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>數量 Quantity :<br>吸煙年期 No. of Smoking Years<br>停止日期 Date Ceased<br>停止原因 Reason of Cease                                                             |                          |
| 5. 您有否飲用含酒精飲料的習慣?<br>Do you drink alcohol?<br>如「是」, 請說明種類及每星期飲用量。<br>If "Yes", please state type and quantity consumed per week.<br>若您曾停止飲用含酒精飲料的習慣, 請說明停止日期及原因。<br>If you have ever stopped drinking, please state date ceased and reason.                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>啤酒 Beer      罐 Cans (330ml 毫升)<br>餐酒 Wine      杯 Glasses (100ml 毫升)<br>烈酒 Spirit      盅 Tots (30ml 毫升)<br>停止日期 Date Ceased<br>停止原因 Reason of Cease |  | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>啤酒 Beer      罐 Cans (330ml 毫升)<br>餐酒 Wine      杯 Glasses (100ml 毫升)<br>烈酒 Spirit      盅 Tots (30ml 毫升)<br>停止日期 Date Ceased<br>停止原因 Reason of Cease |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                    |  | 保單持有人 Policy Owner<br>受保人 Insured                                                                                                                                                                                  |                          |
| 6. 過去3個月內有否求診?<br>Has medical consultation been sought within the past 3 months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                    |  | 否 No                                                                                                                                                                                                               | 是 Yes                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/> |
| 7. (i) 您的親生父母、兄弟姊妹曾否患有心臟病、中風、高血壓、糖尿病、腎病、精神病、肝炎(或是肝炎帶菌者)、<br>或任何遺傳性疾病?<br>Have any of your natural parents or siblings had heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier) or any hereditary disease?<br>(ii) 您的親生父母、兄弟姊妹於55歲以前是否患有癌症?<br>Have any of your natural parents or siblings, who before the age of 55 had any types of cancer?<br>如「是」, 請在第14題內提供詳情, 包括疾病、關係、病發年齡、現時年齡、死亡年齡及致病或致死原因(如適用)的詳細資料。<br>If "Yes", please provide further details including medical condition, relationship, onset age, current age, age and cause of disease or death (if applicable) on Question 14. |  |                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/> |

| 第一部份 健康狀況 (續)<br>Section I Health Information (Cont'd)                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 保單持有人<br>Policy Owner    |                          | 受保人<br>Insured           |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 否<br>No                  | 是<br>Yes                 | 否<br>No                  | 是<br>Yes                 |
| 8. 您是否曾因下列各種狀況而接受輔導、醫療諮詢或治療？如「是」，請填寫有關病情、日期和所有治療(醫生處方與否)的詳細資料或填寫另外有關之醫療問卷。<br>Have you ever received counseling, medical advice or treatment for any of the following? If "YES", please provide full details of condition, dates and any treatment (whether prescribed or otherwise) or complete a separate medical questionnaire.                                                                                                                                                                  |                          |                          |                          |                          |
| (i) 任何胸部或呼吸問題(例如：哮喘、支氣管炎、睡眠呼吸障礙(包括睡眠窒息症)、肺結核或其他呼吸器官問題，包括經常流鼻血)？<br>Any chest or breathing problem (e.g. asthma, bronchitis, sleep disordered breathing (including Obstructive Sleep Apnea), tuberculosis or other respiratory problem including nasal bleeding frequently)?                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) 任何心臟的疾病或胸口疼痛(例如：風濕性發熱、高血壓、心絞痛、心臟雜音、心臟病)，或其他血液或血管疾病？<br>Any heart problem or chest pain (e.g. rheumatic fever, raised blood pressure, angina, murmur, heart attack) or other problem of the blood or blood vessels?                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) 任何消化系統問題，肝(包括肝炎或肝炎帶菌者)、胃、腸或直腸出血；任何腎、膀胱或泌尿及生殖系統疾病，包括腎石、內分泌疾病、糖尿病或甲狀腺疾病？<br>Any digestive system problem, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or genitourinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem?                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) 任何精神或腦部失常或問題而影響神經系統，包括抑鬱、精神分裂、思覺失調、焦慮、自閉、學習障礙、癲癇、癱瘓、麻痺、頭暈、長期頭痛、身體失去平衡或抽搐？<br>Any mental or brain disorder or problem affecting the nervous system including depression, schizophrenia, psychosis, anxiety, autism, learning disorder, epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits?                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) 癌症或腫瘤、囊腫、腫塊或其他任何贅生物？<br>Cancer or tumor, cyst, lump or other growths of any kind?                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) 背部、脊椎、肌肉或關節疼痛或其他疾病，痛風或其他身體殘疾或任何影響視力、說話能力和聽覺的疾病？<br>Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing?                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) 以上各題沒有提及的疾病、手術或其他醫療諮詢或治療？<br>Illness, operation or other medical advice or treatment not stated under any previous questions?                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 您是否打算、現正或曾於過去5年內在任醫院、診所或醫務所接受一些診斷性之檢查如X光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查 (檢查結果正常並無需接受進一步諮詢或治療的例行身體檢查除外)？<br>Do you plan to attend, or are you currently attending or have attended any hospital, clinic or doctor in past 5 years for diagnostic tests such as X-ray, ultrasonogram, blood tests, CT scan, biopsy, ECG, urine or other investigations other than a general medical check-up or annual medical check-up, with a normal result and without any follow-up consultation or treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 您是否曾接受、或打算接受與愛滋病、HIV感染或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗；或曾出現長期疲倦、腹瀉或不尋常之皮膚潰瘍的徵狀？<br>Have you ever received, or are you currently receiving or do plan to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do / did you have any symptoms of fatigue, persistent diarrhea or unusual skin lesions?                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 您是否曾服食導致上癮的藥品(包括鴉片衍生物、巴比妥酸鹽、大麻、安非他命、迷幻劑及可卡因)或曾因飲酒、吸毒或服用藥物而需接受治療或輔導？<br>Have you ever taken any habit forming drugs (including opium derivatives, barbiturates, marijuana, amphetamines, hallucinogens and cocaine) or been treated or advised in connection with your alcohol consumption or drugs taking / abusing?                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 第一部份 健康狀況 (續)<br>Section I Health Information (Cont'd)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                      | 保單持有人<br>Policy Owner                                  |                                                            | 受保人<br>Insured                                                                                |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                      | 否<br>No                                                | 是<br>Yes                                                   | 否<br>No                                                                                       | 是<br>Yes                 |
| 12. 女性適用 FOR FEMALE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
| (i) 您現在是否懷孕? 如「是」, 請填寫預產期:<br>Are you now pregnant? If "YES", please state expected delivery date: _____<br>日 DD / 月 MM / 年 YYYY                                                                                                                                                                                                                                                                                                           |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| (ii) 若您現正懷孕, 是否有異常之生育記錄或產前檢查結果、任何併發症或需要接受治療?<br>If you are now pregnant, were there any abnormal delivery or are there any abnormal prenatal check up records, any complications or special treatment?                                                                                                                                                                                                                                     |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| (iii) 您曾否患有生殖器官之疾病、或因生育或月經引起之疾病或子宮頸細胞抹片檢查不正常?<br>Have you ever had any disease or disorder of the breast or reproductive organs; or any disease or disorder arising from childbirth or menstruation; or any abnormal pap smear?                                                                                                                                                                                                            |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| 13. 兒童受保人適用 (若受保人之現時年齡是12歲或以下, 必須回答以下問題)<br>FOR JUVENILE INSURED ((Please complete all questions below if the attained age of the Proposed Insured is 12 or below)                                                                                                                                                                                                                                                                         |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
| (i) 受保人出生時是否有任何肢體不健全或不正常情況(包括妊娠期不足32周之早產或出生時體重不足2.5公斤)?<br>Was the insured born with any body infirmity or abnormality (including premature birth of less than 32 weeks of gestation or birth weight less than 2.5kg)?                                                                                                                                                                                                                     |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| (ii) 受保人現在是否正接受任何醫療觀察或治療?<br>Is the insured currently under medical observation or undergoing any treatment?                                                                                                                                                                                                                                                                                                                               |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| (iii) 受保人是否曾患有任何疾病而持續長達五日以上?<br>Has the insured ever suffered from any illness lasting for more than 5 days?                                                                                                                                                                                                                                                                                                                               |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| (iv) 受保人是否曾感染下列疾病: 肺結核、哮喘、支氣管炎、心臟動脈病、癲癇、各類型癌症或腫瘤、任何身體殘缺、視覺或聽覺之毛病、精神或神經失調、任何類型肝炎或肝病、肝炎帶菌、貧血或血友病?<br>Has the insured EVER suffered from pulmonary tuberculosis; asthma; bronchitis; kidney; disease; cardiovascular disease; epilepsy; any form of cancer or tumor; any physical disability, impairment of vision or hearing; mental or nervous disorder; any form of hepatitis or liver disease, hepatitis carrier, anaemia or haemophilia? |                                                                                    |                                                      | <input type="checkbox"/>                               | <input type="checkbox"/>                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |
| 14. 上述第6項至第13項問題中, 如有任何答案為「是」者, 請在以下位置註明問題號碼並詳述之:<br>If any of the answer to question 11 to 18 is "Yes", please give full particulars below, noting the question number:                                                                                                                                                                                                                                                                   |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
| Question                                                                                                                                                                                                                                                                                                                                                                                                                                   | 疾病 / 檢驗名稱<br>(如有, 請附上檢驗報告)<br>Disease / Test done<br>(Attach reports if available) | 病發 / 檢驗日期<br>Date of Onset /<br>Date of Test<br>Done | 詳細治療內容<br>及結果<br>Details of<br>Treatment and<br>Result | 最後病發 /<br>覆診日期<br>Date of Last<br>Attack /<br>Consultation | 醫院或主診醫生姓名、<br>地址及聯絡電話號碼<br>Full name, address and phone<br>number of doctor(s) or hospital(s) |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                      |                                                        |                                                            |                                                                                               |                          |

15. 補充資料 Supplementary Information

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**第二部份 更改吸煙狀況**  
**Section II Change of Smoking Status**

|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 保單持有人<br>Policy Owner                                                                                                                  | <input type="checkbox"/> 受保人（如非保單持有人）<br>Insured (if the Insured is different from the Policy Owner)                                                            |
| 1. 過去12個月內您曾否吸用任何煙草或尼古丁產品（例如香煙、戒煙貼或戒煙香口膠）？<br>Have you ever smoked tobacco or nicotine products in any form? (e.g. cigarettes, nicotine patches or gums in the past 12 months)<br>如「是」，請說明每日平均吸用數量。<br>If "Yes", please state your average daily consumption.<br>若您已經停止吸煙，請說明停止日期、停止原因及停止吸用前的每日平均吸煙數量。<br>If you have stopped smoking, please state date ceased, reason and average daily consumption before cessation. | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>數量 Quantity :<br>吸煙年期<br>No. of Smoking Years<br>停止日期<br>Date Ceased<br>停止原因<br>Reason of Cease | <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes<br>數量 Quantity :<br>吸煙年期<br>No. of Smoking Years<br>停止日期<br>Date Ceased<br>停止原因<br>Reason of Cease |

**第三部份 更改職業**  
**Section III Change of Occupation**

注意事項 Notes

請只填寫需要更改的資料項目。 Please only complete the item(s) required to be changed.

|                                               |                                                                                                  |                                                                                                      |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|                                               | <input type="checkbox"/> 保單持有人<br>Policy Owner                                                   | <input type="checkbox"/> 受保人（如非保單持有人）<br>Insured (if the Insured is different from the Policy Owner) |
| 1. 僱主 / 學校名稱<br>Name of Employer/School       |                                                                                                  |                                                                                                      |
| 2. 公司業務性質 / 行業<br>Nature of Business/Industry | 是否自僱? Self-employed? <input type="checkbox"/> 否 No <input type="checkbox"/> 是                    | 是否自僱? Self-employed? <input type="checkbox"/> 否 No <input type="checkbox"/> 是                        |
| 3. 職位<br>Position                             |                                                                                                  |                                                                                                      |
| 4. 確實職務<br>Exact Duties                       |                                                                                                  |                                                                                                      |
| 5. 每月平均薪酬<br>Average Monthly Salary           | 包括所有工作薪酬來源(不包括投資及租金收入)<br>Include all sources from employment (Exclude investment/rental income) |                                                                                                      |
| 6. 僱主 / 學校地址<br>Address of Employer / School  |                                                                                                  |                                                                                                      |
|                                               |                                                                                                  |                                                                                                      |
|                                               |                                                                                                  |                                                                                                      |
|                                               | 城市City      國家Country                                                                            | 城市City      國家Country                                                                                |
|                                               |                                                                                                  |                                                                                                      |
|                                               | 郵政編碼 Postal Code :                                                                               | 郵政編碼 Postal Code :                                                                                   |

#### 第四部份 聲明及授權書

#### Section IV Declaration and Authorization

1. 本人 / 我們謹此要求本人之保單依照本申請書之選擇作出更改，並明白及同意此申請將不會生效直至(1)所有有關文件、資料及款項（如適用）收妥及(2)此項申請是經太保壽險香港批核後方可作實。
2. 本人 / 我們聲明及同意上述一切資料，不論是否本人 / 我們親手所寫，就本人 / 我們所知所信，均為事實之全部並確實無訛。
3. 如本人 / 我們不能提供任何此申請所須的資料或未能符合太保壽險香港的有關規定，本人 / 我們明白太保壽險香港可能因此不能接受此保單更改申請。
4. 本人 / 我們謹此確認已閱讀及明白以上申請的所有條款及條件及所有注意事項，並同意受該等條款及條件約束。本人 / 我們謹此同意作出以上指示及聲明。
5. 本人 / 我們確認本人 / 我們已閱讀並明白本表格附件之「個人資料收集聲明」及「中國內地私隱附錄(適用於位於中國內地的客戶)」(下稱「私隱附錄」)。本人 / 我們特此確認並同意太保壽險香港根據「個人資料收集聲明」使用和移轉本人 / 我們的個人資料及按照「私隱附錄」所述方式處理、使用和傳輸本人的個人信息以及敏感個人信息。本人 / 我們已取得在此申請提供第三方資料（如有）所需的同意。本人 / 我們確認並同意為「個人資料收集聲明」中所述之目的將本人 / 我們的個人資料移轉至香港境外給「個人資料收集聲明」所述的承轉人的類別。

1. I / We hereby request that my Policy be changed in accordance with the particulars set out in this application and I / we understand and agree that the request for change(s) shall not take effect until (1) any required documents, information and payments (if applicable) are submitted in full and (2) the application is duly approved by CPIC Life (HK).
2. I / We hereby declare and agree that all information in this application whether or not written by my / our own hand are to the best of my knowledge and belief complete and true.
3. If I / We fail to provide any information requested in this application or fulfill CPIC Life (HK)'s requirement(s), I / we understand that it may result in CPIC Life (HK)'s inability to accept this application.
4. I / We hereby confirm that I / we have read and understand all the notes, terms and conditions of the above request, and agree to be bound by them. I / We hereby agree to make the above instructions and declarations.
5. I / We acknowledge and confirm that I / we have read and understand the Personal Information Collection Statement and Privacy Addendum for Mainland China (applicable to customers located in Mainland China) (Privacy Addendum) attached to this form. I / We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Personal Information Collection Statement and CPIC Life (HK) can process, use and transfer my personal data and Sensitive Personal Data as set out in the Privacy Addendum. I / We have obtained the consent to provide the third party information (if any) in this application. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the Personal Information Collection Statement.

\_\_\_\_\_  
保單持有人簽署  
Signature of Policy Owner

\_\_\_\_\_  
簽署日期(日 / 月 / 年)  
Sign Date (DD/MM/YYYY)

\_\_\_\_\_  
受保人簽署(如受保人並非保單持有人及18歲或以上)  
Signature of Insured (If the Insured is different from the Policy Owner & aged 18 or above)

\_\_\_\_\_  
簽署日期(日 / 月 / 年)  
Sign Date (DD/MM/YYYY)

\_\_\_\_\_  
承讓人簽署(如適用)  
Signature of Assignee (if applicable)

\_\_\_\_\_  
簽署日期(日 / 月 / 年)  
Sign Date (DD/MM/YYYY)

請參閱下頁的「個人資料收集聲明」及「私隱附錄」。

Please read the Personal Information Collection Statement and Privacy Addendum on next page.

## 個人資料收集聲明

### Personal Information Collection Statement

太保壽險香港尊重和保障您的私隱及承諾遵守〔個人資料(私隱)條例〕(香港特別行政區(「香港」)法例第 486 章)(「私隱條例」)的要求。本聲明適用於太保壽險香港所提供的產品和服務，並闡述本公司收集客戶個人資料的原因、資料的擬定用途，可能獲提供個人資料的人士，以及有關查閱、檢視及修改個人資料的方法。本聲明中的「客戶」是指資料當事人(定義見私隱條例)，包括現有和未來的保單持有人、受保人、受益人、以及根據保單指定或有權收取款項和 / 或其他利益的其他人。

#### 1. 太保壽險香港所收集及 / 或持有的個人資料

於本聲明內，「個人資料」的含義與私隱條例中的定義相同，其意包括(a)直接或間接與一名在世的個人有關的；(b)從該資料直接或間接地確定有關的個人的身分是切實可行的；及(c)該資料的存在形式令予以查閱及處理均是切實可行的數據。本公司所收集及 / 或持有的個人資料包括但不限於您的姓名、身份證號碼、聯絡資料、家族歷史、保單資料、學歷、就業資料、財務資料、健康和醫療資料。

太保壽險香港將保留您的個人資料直至達到收集個人資料的目的及符合法例要求。如果太保壽險香港不再需要您的個人資料以作任何用途，本公司將會採取合理的步驟，安全地刪除或銷毀您的個人資料。

#### 2. 未能提供個人資料的影響

提供您的個人資料純屬自願。如果您不向我們提供所需的個人資料，我們可能無法向您提供所需的產品及服務。

#### 3. 太保壽險香港收集個人資料的目的

太保壽險香港所持有您的個人資料可能會用於以下目的：

- a) 處理保險產品或服務的申請及核實相關的資格；
- b) 設計全新或加強現時太保壽險香港所提供的保險產品、服務及相關產品；
- c) 管理已簽發的保單；
- d) 處理付款指示；
- e) 處理任何保險索償；
- f) 進行統計及精算研究；
- g) 資料核對，或開展核對程序(定義見私隱條例，但廣泛而言包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請)；內部業務及行政之用；
- h) 釐定本公司欠付您或您拖欠本公司的任何款項的金額，及執行您之責任，包括向您或任何已為您的債務向本公司提供任何擔保或承諾的人士追收尚欠金額(如有)；
- i) 就您在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
- j) 直接推廣；
- k) 進行保單檢閱及需要分析；
- l) 滿足任何適用法律、規則、實務守則或指引規定的要求，或協助在香港或香港以外的監管機構執法及進行調查；
- m) 在收集時列明的其他用途；
- n) 與上述任何一項直接有關的其他用途。

#### 4. 轉交

太保壽險香港收集的個人資料將保密處理，但可能會轉交給及向以下不論是位於香港境內或境外的任何一方披露，以作上述第 a) 至 n) 項之用途。

- i. 中國太平洋保險(集團)股份有限公司(「太保集團」)及集團內的其他公司；
- ii. 任何進行保險及 / 或再保險有關業務的公司；
- iii. 任何與太保壽險香港有合約的持牌保險中介人；
- iv. 任何保險索償調查人員；
- v. 任何夥伴金融機構；
- vi. 就業務經營關係向太保壽險香港提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接推廣服務或其他服務的任何代理、承包商或第三方管理人員；
- vii. 任何不時存在的保險業協會及聯會；
- viii. 任何提供保險及 / 或再保險相關業務的其他服務供應商；
- ix. 任何政府部門及司法機構或監管機構；
- x. 在收集個人資料時已通知您的任何其他團體。

#### 5. 查閱及修改

根據私隱條例，您有權要求查閱及 / 或修改由本公司持有的您的個人資料。如果您想要查閱及 / 或修改由本公司持有您的個人資料，請向本公司的資料保護主任作出書面要求，地址是香港尖沙咀廣東道 25 號港威大廈 2 座 22 樓 2208 室。

#### 6. 直接推廣

太保壽險香港希望就產品優惠及宣傳資料與您保持聯繫，未經您的同意，太保壽險香港不會使用或向其它機構提供閣下之個人資料作直接推廣用途。

太保壽險香港會不時使用和 / 或提供給 (i) 太保集團；(ii) 太保集團的成員公司；和 / 或 (iii) 第三方服務提供商(無論是否以獲取利益為目的) 您的姓名、住址、聯絡地址、電郵及電話號碼(「該資料」)作直接推廣以下之產品和服務：

- 保險、年金、財富管理、基金投資服務、退休計劃和其他金融相關的產品和服務；
- 與健康、保健和醫療、退休養老、體育活動和會員資格、健身或類似休閒活動、旅行和交通、社交網絡、媒體和醫療保健服務相關的產品和服務；和
- 獎勵、增加現有客戶忠誠度推廣或特權計劃的相關產品和服務。

請您向太保壽險香港的資料保護主任作出書面要求，查閱或取消使用及提供該資料作直接推廣用途，地址是香港尖沙咀廣東道 25 號港威大廈 2 座 22 樓 2208 室。

CPIC Life (HK) respects and protects your privacy and pledges to comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong Special Administrative Region ("Hong Kong")) (the "Ordinance"). This statement applies to all products and services provided by CPIC Life (HK) and sets out why the Company collects the personal data about the customer(s), how it is intended to be used, to whom it may be provided to and how to access, review and correct the personal data. "Customer(s)" in this statement means data subjects (as defined under the Ordinance) and includes existing and prospective insurance policy owners, insureds, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy.

**1. Personal data collected and / or held by CPIC Life (HK)**

In this statement, "personal data" bears the same meaning as defined under the Ordinance. It includes any data (a) relating directly or indirectly to a living individual; (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and (c) in a form in which access to or processing of the data is practicable. The personal data that the Company collects and/or holds includes but is not limited to name, identity card number, contact information, family history, policy details, education details, employment details, financial details, health and medical information.

CPIC Life (HK) will keep the personal data for as long as necessary to achieve the purpose for which it was collected and to comply with prevailing legal requirements. If CPIC Life (HK) no longer needs the personal data for any purposes, the Company will take reasonable steps to securely delete or destroy personal data.

**2. Consequence of failing to provide personal data**

The provision of the personal data is voluntary. If you do not provide us with the requested personal data, it may inhibit our ability to provide or continue to provide your requested products and service.

**3. Purposes of personal data collected by CPIC Life (HK)**

Personal data held by CPIC Life (HK) may be used for the following purposes:

- a) processing applications and verifying the eligibility for insurance products or services;
- b) designing new or enhancing existing insurance products, services and related products provided by CPIC Life (HK);
- c) administering the policies issued;
- d) processing payment instructions;
- e) processing any insurance claims;
- f) conducting statistical and actuarial research;
- g) data matching or conducting matching procedure (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject's data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application), internal business and administrative purposes;
- h) determining amount of indebtedness owed to or by you, and performing your obligations including the collection of amounts outstanding from you or any person who has provided any security or undertaking for your liabilities owing to the Company (if any);
- i) sending out administrative communications about any accounts you may have with the company or about future changes to this statement;
- j) direct marketing;
- k) performing policy review and needs analysis;
- l) meeting obligations and requirements imposed by any applicable laws, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by regulatory authorities in Hong Kong or elsewhere;
- m) other purposes as notified at the time of collection;
- n) other purposes directly relating to any of the above.

**4. Transfer**

The personal data collected by CPIC Life (HK) will be kept confidential but may be transferred and disclosed to any of the following parties, whether within or outside Hong Kong, for the purposes as specified in a) to n) above:

- i. China Pacific Insurance (Group) Co., Ltd ("CPIC Group") and any other companies within the Group;
- ii. any companies carrying on insurance and / or reinsurance related business;
- iii. any licensed insurance intermediaries who have an agreement with CPIC Life (HK);
- iv. any insurance claim investigators;
- v. any partnering financial institutions;
- vi. any agents, contractors or third parties administrators who provide administration, technology, data processing, telecommunications, computers, payment, debt collection, call centre services, direct marketing services, or other services to CPIC Life (HK) in connection with the operation of its business;
- vii. any applicable and relevant associations and federations of the insurance industry that exist from time to time;
- viii. any other service providers providing insurance and / or reinsurance related business;
- ix. any governmental and judicial bodies or regulators;
- x. any other parties as notified to you at the time of collection.

**5. Access and Correction**

In accordance with the provision of the Ordinance, you have the right to request access to and / or correction of your personal data held by CPIC Life (HK). If you want to access and / or correct your personal data held by CPIC Life (HK), please make such a request by writing to our Data Protection Officer at Suite 2208, 22/F, Tower 2, The Gateway, 25 Canton Road, Tsim Sha Tsui, Hong Kong.

**6. Direct Marketing**

CPIC Life (HK) would like to keep in touch with you regarding product offers and promotional materials. Without your consent, CPIC Life (HK) will not use or provide your personal data to any external parties for any direct marketing purposes.

CPIC Life (HK) will use your name, residential address, contact address, email and phone number ("Information") from time to time and/or provide the Information to (i) CPIC Group; (ii) CPIC Group member companies; and/or (iii) third-party service providers (whether or not in return for gain) for direct marketing of the following:

- insurances, annuities, wealth management, fund investment services, retirement schemes and other financial related products and services;
- products and services in relation to health, wellness and medical, healthy ageing and retirement, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking, media, medical care services; and
- reward, customer loyalty or privilege programme and related products and services.

Please notify the Data Protection Officer of CPIC Life (HK) in writing to Suite 2208, 22/F, Tower 2, The Gateway, 25 Canton Road, Tsim Sha Tsui, Hong Kong if you wish to access or withdraw your consent to the use and provision of Information for direct marketing purposes.

## 中國內地私隱附錄 Privacy Addendum for Mainland China

本附錄僅適用於位於中國內地的客戶。本私隱附錄構成太保壽險(香港)的《個人資料收集聲明》的組成部分，僅適用於位於中國內地並從香港接收我們產品及/或產品相關服務的個人客戶。如本附錄與本公司的《個人資料收集聲明》中的條款存有任何衝突或不一致，應以本附錄之條款為準。

作為您的保單續發機構，太保壽險(香港)是您個人信息的處理者。根據中國內地有關信息保護的法律，您可以通過 [wecare@cpiclife.com.hk](mailto:wecare@cpiclife.com.hk) 與我們取得聯繫。根據中國內地法律的要求，當我們向您提供產品及與服務時，我們可能需要就如何使用您的個人信息征得您的同意。對於某些基於中國內地法律被視為敏感的個人信息，我們可能需要征得您的單獨同意。您的個人信息將被收集、訪問、處理、使用、存儲和/或傳輸至中國內地以外的地區，其類型、目的、方法、權利行使方式和聯繫信息詳見我們的《個人資料收集聲明》。如果您不同意本私隱附錄，我們可能無法向您提供您購買的產品，並且無法向您提供相關的服務。

根據中國內地有關數據保護的法律，我們將基於您的同意處理您的個人信息，除非您的個人信息屬於以下情況：

- 為訂立或履行您作為一方當事人的合同所必需的；
- 為履行法定義務所必需的；
- 為應對突發公共衛生事件所必需的；
- 為保護自然人的生命健康和財產安全所必需的；
- 為公共利益實施新聞報道、輿論監督行為在合理範圍內處理的個人信息；或
- 個人自行公開或者已經合法公開的個人信息。

部分我們收集的您的特定個人信息屬中國內地現行數據保護相關法律法規所定義的敏感個人信息，即如果被泄露或被非法使用，可能對您的權益、人身或財產安全產生重大影響的個人信息，包括但不限於金融賬戶、身份證件號碼、醫療健康信息、生物特徵識別、宗教信仰、特定身份、個人行踪軌跡有關的資料或未滿 14 周歲未成年人的個人信息。我們收集敏感個人信息僅用於特定目的，例如簽發您的保單，處理您提出的更改個人信息的要求，以及調查您向我們提交的所有索賠申請。如我們未能處理閣下的敏感個人信息，將無法為閣下提供相關的產品及/或服務。我們一般不會直接收集未滿 14 周歲兒童的個人信息，但在提供相關服務所需的情況下，我們可能會向兒童的父母或法定監護人收集此類個人信息，而父母或法定監護人可行使未成年人的權利並同意我們使用其個人信息。我們採用和實施嚴格的保安政策，以保護閣下敏感個人信息的機密性和隱私性。

我們將在必要期限內保留您的個人信息，以實現我們的《個人資料收集聲明》和本私隱附錄所述處理您的個人信息的必要目的。我們將通過以下一項或多項的因素來確定您個人信息的保存期限：我們是否與您仍然維持著法律關係；我們必須遵守的法律義務所要求的；以及是否涉及我們的法律地位（如適用的訴訟時效、訴訟、審計或監管調查）。閣下的個人信息此後將被安全刪除或處置。除非由於法定原因我們不得不保留某些信息，否則我們將僅在法律法規要求的限度內處理該等信息且不會將其用於我們的日常業務活動。

為了管理您的保單以及向您提供產品和服務，我們可能將您的個人信息提供給我們的《個人資料收集聲明》中的持牌保險中介人、承保人、第三方服務提供商、醫療機構例如醫院、醫療診所以及實驗室測試設施、中國太平洋保險（集團）股份有限公司（「太保集團」）及集團內的其他公司、審計師、法律顧問、財務顧問、再保險人、政府部門及司法機構、監管機構、保險業協會及聯會、銀行、支付結算代理人、第三方支付服務提供商和索賠調查機構。目前，我們將您的個人信息提供給位於中國內地的中國太平洋人壽保險股份有限公司（[life.cpic.com.cn/xrsbx/](http://life.cpic.com.cn/xrsbx/)）處理，以便向您提供產品和服務，其類型、目的和方法詳見我們的《個人資料收集聲明》。

個人信息的接收方可以收集和處理您的個人信息，並將其返還給我們，以便我們管理您的保單。我們向接收方提供的個人信息類型包括但不限於：您的個人身份信息、醫療信息、過去的健康記錄/信息和財務信息。我們會通過電子或其他方式向接收方提供您的個人信息，並按照我們的指示、私隱政策以及任何其他適當的保密和安全措施，為我們處理此類信息。根據中國內地適用的法律法規，我們在控制、處理和傳輸您的個人信息和敏感的個人信息時，將採取最高的安全措施。我們還制定了自己的安全政策以保護您的個人信息和敏感個人信息。

除我們的《個人資料收集聲明》中規定的訪問權外，您還有權獲得我們持有的您個人信息的副本、撤回對我們使用閣下個人信息的同意、有權限制或反對他人處理閣下的個人信息並有權在下列任何情形發生時要求刪除您的個人信息：

- 處理您的個人信息的目的已經達到或未能達到，或該個人信息對於達到該目的已無必要；
- 我們已停止提供產品或服務，或保留期限已屆滿；
- 您撤回同意；
- 我們違反了現行數據保護相關的法律法規。

您可以通過本私隱附錄中列出的聯繫方式與我們聯繫，以撤回對我們處理您個人信息的同意。如果您撤回對我們處理您的個人信息的同意，我們可能無法向您提供相關產品和/或服務。如閣下有意根據中國個人信息保護法行使閣下的任何權利，可以向本公司的資料保護主任作出書面要求，地址是香港尖沙咀廣東道 25 號港威大廈 2 座 22 樓 2208 室。

如果與本私隱附錄的規定不一致時，包括但不限於定義（例如敏感個人信息），則以中國《網絡安全法》、《個人信息保護法》、《數據安全法》其實施辦法和其他網絡安全和數據保護相關的中華人民共和國法律法規為準。

我們有權不時更新本私隱附錄，並通過我們網站或應用平台（視具體情況而定）發布本私隱附錄的更新以向您通知相關內容。

This Addendum only applies to you if you are located in Mainland China. This Privacy Addendum forms part and parcel of CPIC Life (HK)'s Personal Information Collection Statement and specific to individual customers who are located in Mainland China and receiving our product(s) and/or service(s) associated with the product(s) from Hong Kong. If there is any conflict or inconsistency between the terms of this Addendum and any terms set forth in CPIC Life (HK)'s Personal Information Collection Statement, the terms of this Addendum shall prevail.

CPIC Life (HK) (hereinafter also referred to as "we", "us" or "our"), the issuer of your insurance policy, is the processor of your personal data and you may reach us via [wecare@cpiclife.com.hk](mailto:wecare@cpiclife.com.hk) in accordance with the applicable data protection laws of Mainland China. As required by the laws of Mainland China, when we provide you with the product(s) and the service(s), we may need to seek your consent on how we use your personal data and, in relation to certain personal data which is considered sensitive based on the laws of Mainland China, we may need your separate consent. Your personal data will be collected, accessed, processed, used, stored, and/or transferred outside of Mainland China, with the types, purposes, methods, way of right exercise and contact information set out in our Personal Information Collection Statement. If you do not consent to this Privacy Addendum, we may not be able to provide you with the product(s) you are purchasing from us and offer you with the service(s).

Under the applicable data protection laws in Mainland China, we will process your personal data based on your consent, unless your personal data are:

- necessary to conclude or perform a contract in which you are a party;
- necessary for us to comply with legal obligations;
- necessary to respond to public health emergencies;
- necessary to protect individuals' life, health, and property safety;
- reasonably processed in news reporting and public opinion oversight for public interests; or
- publicly available, because of your voluntary disclosure or a legal requirement, and reasonably processed.

Certain personal data that we collect about you is sensitive personal data as defined in the applicable data protection laws in Mainland China ("Sensitive Personal Data"), which is personal data that may materially impact your rights and interests, cause harm to your dignity, personal or property safety, if leaked or unlawfully used, including but not limited to financial accounts, national identification number, medical or health-related information, biometric identification, religious belief, specific identity, individual location tracking or any personal data of minors under the age of fourteen. We collect the Sensitive Personal Data only for specific purposes, such as assessing your application for the issuance of an insurance policy to you, processing your request of changes in personal data and investigation on any claims applications submitted to us. We will not be able to provide you with the product(s) and/or service(s) if we fail to process your Sensitive Personal Data. We generally do not directly collect personal data from a child under the age of fourteen but may collect such personal data from the parent or legal guardian of the child where such processing necessary for providing relevant services while the parent or legal guardian may exercise the minor's rights and consent to us. We adopt and implement strict security policies to protect the confidentiality and privacy of your sensitive personal information. We adopt and implement strict security policies to protect the confidentiality and privacy of your sensitive personal information.

We will retain your personal data for the period necessary to fulfill the necessary purposes of processing your personal data as outlined in our Personal Information Collection Statement and this Privacy Addendum. The criteria used to determine our retention periods may include one or more of the following: as long as we have an ongoing relationship with you; as required by a legal obligation to which we are subject; and as advisable in light of our legal position (such as in regard of the applicable statute of limitation, litigation, audits or regulatory investigation). Your personal data will be securely deleted or disposed of thereafter. Unless we have to retain certain data due to legal reasons, we will only process such data to the extent required by laws and regulations and will not use it in our daily business activities.

We may also provide your personal data to other recipients, within or outside Mainland China as set out in our Personal Information Collection Statement including but not limited to any licensed insurance intermediaries, insurers, third party service providers, medical institutions such as hospitals, medical clinics and laboratory testing facilities, China Pacific Insurance (Group) Co., Ltd. ("CPIC Group") and any other companies within the Group, auditors, legal advisors, financial advisors, reinsurers, governmental and judicial bodies, regulators, associations and federations of the insurance industry, banks, payment settlement agents, third party payment service providers and claims investigation organizations, for the purpose of the administration of your insurance policies and the provision of product(s) and service(s) to you. Currently, we provide your personal data to China Pacific Life Insurance Co., Ltd. ([life.cpic.com.cn/xrsbx/](http://life.cpic.com.cn/xrsbx/)) which is located in Mainland China for processing for the purpose of providing you with the product(s) and service(s), with the types, purposes and methods as set out in our Personal Information Collection Statement.

The recipient(s) of your personal data may collect and process your personal data and return to us for the purpose of the administration of your insurance policies. The types of personal data that we provide to the recipients include without limitation personally-identifiable information, your medical information, your past health records/information, and your financial information. We may deliver your personal data through electronic means or other mode of dispatch to the recipients to process such information for us in accordance with our instructions and in compliance with our privacy policy as well as any other appropriate confidentiality and security measures. In compliance with the applicable rules and regulations of Mainland China, we implement maximum security in controlling, processing and transferring of your personal data and Sensitive Personal Data. We also adopt our own security policies to safeguard your personal data and Sensitive Personal Data.

In addition to the access rights set forth in our Personal Information Collection Statement, you have the right to obtain a copy of your personal data held by us, the right to withdraw consent to use of such personal data, the right to restrict or object processing of such personal data and the right to request us to delete such personal data under any of the following circumstances:

- where the purposes of processing your personal data have been achieved or have failed to be achieved, or the personal data is no longer necessary for achieving the purposes;
- where we have ceased to provide the product(s) or service(s), or the retention period has expired;
- where you have withdrawn your consent; and
- where we have violated the applicable data protection laws and regulations.

You may withdraw your consent to our use of your personal data by contacting us through the contact details set out in this Privacy Addendum. If you withdraw your consent to our processing of your personal data, we may not be able to provide the relevant product(s) and/or service(s) to you. If you wish to exercise any of your rights under the Personal Information Protection Law of China, you may make your request by writing to our Data Protection Officer at Suite 2208, 22/F, Tower 2, The Gateway, 25 Canton Road, Tsim Sha Tsui, Hong Kong.

To the extent inconsistent with the provisions of this Privacy Addendum, including but not limited to definitions (e.g., Sensitive Personal Data), China's Cybersecurity Law, Personal Information Protection Law, Data Security Law, their implementing measures and other Chinese laws and regulations in relation to cybersecurity and data protection will prevail.

We have the right to update this Privacy Addendum from time to time and we will notify you of our updates to this Privacy Addendum by posting it on our website or application platforms (as the case may be).