

Bupa Health Insurance Scheme Change of Payment Method and Bank Account Information Form 保柏醫療保障計劃更改繳付保費方法及戶口號碼表格



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫本表格，並於適用地方加「✓」號。
To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Personal Details of Subscriber (Policy Holder) 投保人(保單持有人)資料

Membership No. (16 digits) 會員號碼 (16位數字)

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Subscriber (Policy Holder)'s Name 投保人(保單持有人)姓名

Surname 姓 _____
Given Name 名 _____

Types of Changes 更改項目 (Please tick the change(s) and fill in the details as required 請選擇更改部分並填妥所需資料)

I. Change of Payment Method 更改繳付保費方法 (Application must be made 3 weeks before the contract anniversary date 必須於合約週年日三星期前申請)

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Autopay 自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Autopay 自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回

II. Change of Bank Account for Reimbursement 更改支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。

I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏(亞洲)有限公司轉賬賠償款項於以下戶口。

Account Holder's Name (Same as recorded on bank account statement / passbook)
戶口持有人姓名(與銀行結單/存摺相同)

HKID Card No.
香港身份證號碼

Personal Hong Kong savings / current account number (HK\$ only) 個人香港儲蓄/往來銀行戶口號碼(只限港幣)

Bank Name 銀行名稱	Bank No. 銀行編號	Account No. 戶口號碼
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If the above account holder is not the Subscriber (Policy Holder), please fill in the following information. 若上述之戶口持有人並非投保人(保單持有人)，請填寫以下資料。
Relationship with the Subscriber (Policy Holder) or Member (Insured Person)* (Applicable to spouse, parents or children only)
與投保人(保單持有人)或會員(受保人)*關係(只適用於配偶、父母或子女)

*Please delete if inappropriate 請刪除不適用者

III. Change of Bank Account Number for Autopay Payment 更改自動轉賬付款銀行戶口號碼 (Direct Debit Authorisation Form must be completed 請填寫直接付款授權書)

<input type="checkbox"/> Yearly by Autopay 以自動轉賬年繳	please attach a cheque made payable to "Bupa (Asia) Limited" for this year's subscription and levy with a completed Direct Debit Authorisation Form 請連同本年之保費及徵費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏(亞洲)有限公司」
Bank Name 銀行名稱	Cheque No. 支票號碼
<input type="checkbox"/> Monthly by Autopay 以自動轉賬月繳	please attach a cheque made payable to "Bupa (Asia) Limited" for 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請連同兩個月之保費及徵費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏(亞洲)有限公司」
Bank Name 銀行名稱	Cheque No. 支票號碼



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