Declaration of Membership Card Loss

遺失會員卡聲明

Please complete this form in ENGLISH AND BLOCK LETTERS and send to the below email address: 請以英文正楷填妥本表格,然後電郵至以下電郵地址:

- group@bupa.com.hk (applicable to Group Scheme 適用於團體計劃)
- BupaRenewal@bupa.com.hk (applicable to Individual Scheme 適用於個人計劃)

, (Membership no	o. (16 digits))
nereby declare that the Bupa membership card of mysel	f / my spouse / my child / other eligible family member	r *
(Membership no. (16 digits)) is lost/damaged and should be conside	red
as void. I further declare that should I subsequently recover	the card now reported as lost/damage, I will dispose the \bar{c}	ard
mmediately.		
本人,(會員編號 (16位數字))謹聲明本人 / 本人配	;偶 /
本人子女 / 其他合資格家庭成員* (會員編號 (16位數字)		投及
巴告無效。本人聲明如本人隨後尋獲該卡(包括已報稱遺失/損毀),定當立	立即自行銷毀。 *Delete if not applicable 請刪去不過	適用者
Name of Subscriber (Policy Holder) / Company 投保人(保單持有人) / 公司名稱 :	Name of employee (for group scheme only) 僱員姓名 (只適用於團體計劃):	
Subscriber's signature (Policy Holder) / Authorised signature & company ch 投保人 (保單持有人) 簽署 / 授權人簽署及公司印鑑:	nop Employee's signature 僱員簽署:	
Date 日期:	Date 日期:	

Bupa (Asia) Limited 保柏 (亞洲) 有限公司

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Bupa Hong Kong Q

Bupa Members 保柏會員

Individual Scheme 個人計劃 (852) 2517 5333 Group Scheme 團體計劃

Bupa Gold 保柏尊貴寶

Fax 傳真

(852) 2517 5388 (852) 2517 5383 (852) 2548 1848 Fax 傳真

Group Scheme 團體計劃

Essential 摯逸 (852) 2517 5588 Excel/Excel Plus/Global Supreme/Global Prestige VHIS

摯尚/摯悅/摯卓/環球優越自願醫保計劃 (852) 2517 5688

(852) 2517 5988

(852) 3973 6948