

团体构成表
Huatai Property & Casualty Insurance Co., Ltd.
Huatai Healthy AEssentials Insurance Plan

Group Formation Form

注明：本表应由授权接收报价并为**投保人**确认计划的**团体保险单管理员**填写。填写时请使用大写正楷字体，勾选适当的选项，完成后请将此表交还给我们或您的经纪公司/代理公司。

Explanatory Notes: This form should be completed by the **Group Administrator** authorised to accept a quotation and set up a plan for the **Plan Sponsor**. Please use BLOCK CAPITALS, check boxes as appropriate, and return this completed form to **Us** or your broker/agent.

安态（上海）企业服务有限公司

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请配合华泰安怡健康团体医疗保险计划宣传册、报价概要及保单**条款**（另附）一起阅读。中文表述与英文表述不一致的，以中文表述为准。

This form should be read in conjunction with the Huatai Healthy AEssentials Insurance Plan Brochure, the Quotation Summary and **Policy Wording**. **Should there be any discrepancy, Chinese shall prevail.**

大写和字体加粗的单词和短语具有特定含义，详情请参见医疗计划宣传册

Words and phrases that are capitalised and in bold font have specific meanings and are defined in the Brochure.

若有重大变动导致与原有风险变化的，**我们**有权修订或撤回**保险保障**。**保险单**的生效取决于**保险人的**评估及**我们反洗钱政策**的要求。

We reserves the right to amend or withdraw its offer of **Cover** should there be any material change to the original risk. Commencement of this **Policy** is subject to review by **Our Underwriters** and screening of the **Group** under the company's Anti-Money Laundering **Policy**.

对于员工人数少于20人的团体，每位员工均需要完整填写**会员申请表**。

For **Groups** of less than 20 **Employees**, **We** require a completed **Group Member Application Form** for each **Employee**.

请保留副本以作记录 Please Retain a Copy for Your Records

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栏目1——投保人的详细资料**Section 1 – Plan Sponsor Details**

投保人的名称 Plan Sponsor Name	邮政编码 Postal Code
投保人注册地址 Plan Sponsor registered address	
任何所属子公司的名称 Name(s) of Any Subsidiary Company/Companies To Be Included	
业务类别 Type of Business	单位代码 Company Code
所有文件的通讯地址（若与上述地址不同） Correspondence Address for all documentation (if different from above)	邮政编码 Postal Code

栏目2——团体保险单管理员详细资料**Section 2 – Group Administrator's Details**

团体保险单管理员姓名 Group Administrator's Name	职位名称 Job Title	
电话 Telephone	传真 Fax	电子邮箱 E-mail
中介/代理人姓名（若适用） Intermediary/Agent Name (if applicable)		

栏目3——中介或代理人详细资料**Section 3 – Intermediary or Agent Details**

联系名称 Named contact	职位名称 Job Title	
电子邮箱 E-mail	电话 Telephone	传真 Fax
中介/代理人姓名 Intermediary/Agent Name		

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栏目4——保险保障和投保资格定义

Section 4 – Confirmation of Cover and Eligibility Definitions

请提供对不同类别下被保险人资格的定义（例如：高级经理，所有在公司工作一年以上的员工），填写完整不同类别下的报价概要后返还到我们。

Please provide the definition of those members of staff to be covered in each category (e.g. senior managers, all staff with more than one year's service) and return the completed Quotation Summary for each plan you wish to purchase.

类别 1 Category 1
类别 2 Category 2
类别 3 Category 3
<p>保险生效日期（年/月/日） Preferred Commencement Date (Day/Month/Year)</p> <p>被保险人（选择一项） To be insured (select one):</p> <p><input type="checkbox"/> 员工 Employees only <input type="checkbox"/> 员工和连带被保险人-家属 Employees and Dependants</p> <p>参保员工人数： Number of Employees to be covered: _____</p> <p>参保方式： Participation: <input type="checkbox"/> 雇主全额承担 Non-contributory <input type="checkbox"/> 雇主、员工分摊 * Contributory</p> <p>*若为雇主、员工分摊，请说明详细情况。 If Contributory, please state details:</p> <hr/> <p>保险期间中期是否允许在不同类别间变动（若有） Movement between sub-groups (if applicable) allow upon mid-term</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>保险生效日期 Cover Commencement Date</p> <p><input type="checkbox"/> 立即生效 Immediate Cover <input type="checkbox"/> 试用期后的第一天 First Day Following Month(s) probation</p>

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栏目5——被保险人保险凭证包裹及保险卡配送

Section 5 – Member Packs and Membership Card Distribution

为了协助您向相关员工及其连带被保险人-家属就保障计划进行解释沟通，我们提供了下列选项：

To assist you in communicating your **Benefits** plan to your **Employees** and their **Dependants**, **We** provide the following options:

1. 关于**被保险人**保险凭证及保险卡包裹的递送，请提供邮寄地址（包括相关负责人或经纪人的姓名）

For **Member packs** (including policy documents and membership cards), please provide a mailing address (including the plan administrator's or broker's name, as appropriate):

栏目6——被保险人年中调整

Section 6 – Membership Adjustments

对于年中保全调整，可通过以下两种方式（请选择其中一种）调整被保险人状态（即减保或加保）：

There are two options from which to choose to adjust membership when **Members** leave or join the plan (please select one):

即付账单——调整之后立即进行付款或退款处理 **Pay As You Go** – Adjustments are credited or debited as adjustments are made.

年终调整——我们会在年终与您结算加减费用。 **End of Year Adjustments - We will reconcile your account at year end.** 若您勾选该年终调整方式，请与您的经纪人或代理人联系签署年终调整协议书。Kindly contact your broker to sign Year End Adjustment Endorsement if you choose this option.

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栏目7——保险费支付

Section 7 – Payment of Premiums

所有的保险费均应由**投保人**支付。注意：投保人必须为**员工**支付 100%的**保险**费用。

All premium payments are to be paid by the **Plan Sponsor**. Please note that the **Group** must fund 100% **Cover** for **Employees**.

	类别 1 Category 1	类别 2 Category 2	类别 3 Category 3
投保人是否会为员工的连带被保险人-家属承担保险费? Will the Group fund Cover for Dependants ?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>

栏目8——Aetna International联结——Health Risk Reporting

Section 8 – Aetna International Connections – Health Risk Reporting

拥有**员工被保险人**人数在 500 名以上的投保人，可以获得一份定制的个性化健康检查站报告工具。另外，可以为这一类**投保人**量身定制某一类型的健康检查站工具。如果您愿意与**我们**合作制定适合您**团体**的报告和申请，请与**我们**联系。

Plans Sponsors with more than 500 **Employees/Members** can benefit from tailored and personalised Wellness Checkpoint reporting tools. In addition, **Plan Sponsors** of this size may customise certain sections of the Wellness Checkpoint tool. Please advise if you would like to work with **Us** to tailor your **Group's** reports and application.

目前，我愿意制定合适的健康检查站申请和报告。We would like to develop a tailored Wellness Checkpoint application and reporting capabilities at this time.

以后再量身定制我们的健康检查站申请和报告。We would like to defer tailoring our Wellness Checkpoint application and reporting to a later date.

若有意选择此项，**我们**何时需要与贵司取得联系以进行后续事宜？) (If this option is selected, when shall **We** contact you again to follow up?) _____

我们很高兴收到了标准化的比较报告和标准的健康检查站申请。 We are happy to receive standardised comparative reporting and the standard Wellness Checkpoint application.

栏目9——保险费支付方式和支付频率

Section 9 – Premium Payment and Payment Frequency

银行转帐 **Bank Transfer Only**

转帐时，请务必写明**团体**名称（栏目 1 中声明的名称）。我们对不能清楚辨认的**团体名称**和申请人所做的银行汇款，不**承担**任何责任。

Please ensure the name of the **Group** (as declared in **Section 1** of this form) is clearly stated on any transfer. **We** cannot accept liability for any bank transfer that does not clearly identify the **Group** and applicant.

按年支付。Payment Frequency is Annual.

华泰的银行账户信息：Bank Account Information for Huatai:

账户名称：华泰财产保险有限公司

Account Name: Huatai Property & Casualty Insurance Co., Ltd.

账号(人民币)：1001164829023101943

Account Number: 1001164829023101943

开户行：中国工商银行上海金茂大厦支行

Bank: The Industrial and Commercial Bank of China, Shanghai Jinmao Tower Branch

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Section 10 – General Terms and Conditions

1. 本申请书构成合同的一部分，必须与**保险条款、保险凭证、会员手册、申请表和其他保险单文件**一起阅读。
This document forms part of the contract and must be read together with the **Policy Wording, the Certificate of Insurance, Member Handbook, application form(s) and other Policy Documentation**, where applicable.
2. 本保险自**生效**日起，有效期为12个月，或直至下一个**续保日期**或直到无论是什么原因**保险单**被取消为止，以其中较早者为准。
This Contract of Insurance will take effect on the **Commencement Date** and shall continue for a period of 12 months or until the next **Renewal Date** or until the **Policy** is cancelled for whatever reason, whichever is sooner.
3. **投保资格Group Eligibility**
 - a. 本次投保团体必须是由同一家公司的员工组成。A **Group** can only be made up of **Employees** of the same company.
 - b. 如果团体的成员仅由同一家庭成员构成，所有投保的家庭成员必须均为该团体的员工。For a **Group** that consists solely of members of the same family, it must be fully substantiated that such **Members** are all working for the same employer.
 - c. 若夫妻双方同时受雇于同一团体，则视为一个员工，而非两个员工。其家庭成员可作为连带被保险人投保。Where a husband and wife are both employed by the same company, they are deemed to be one **Employee** plus eligible **Dependant NOT two Employees**.
 - d. 每个**团体**投保或续保时最少必须有三名**员工**、共计**五位被保险人**。如果投保或**续保时**员工人数少于三名或被保险人少于五位，则该**团体**不得投保或续保。The minimum size of a **Group** at inception or renewal is **three (3) current Employees, a total of 5 members**. If the membership is below three at inception, or at a subsequent **Renewal Date**, then the **Group** cannot continue.
4. 首期保险费必须自**投保**日起30天内缴清，我们在未收到首期保险费之前不承担理赔责任。
The inception premium must be received within a maximum of 30 working days from the **Commencement Date** of the **Policy**. No claims will be paid until this is received.
5. 续保保险费必须在**续保日**前缴纳。如截至**续保日**，保险人仍未收到全额续保保险费及所有相关税费或当地税费，保险人将撤销续保期间发生的理赔案件的索赔，**保险**保障将失效。保险人可自主决定在收到所有的保费与相关税收或当地税费后是否恢复保险保障。
Renewal premiums must be received by **Renewal Date**. If full renewal premium and any applicable taxes or local levies are not received by **Renewal Date**, claims will be suspended and **Cover** will lapse. **The Insurance Company** may, at **The Insurance Company's** discretion, reinstate **Cover** if full premium and any applicable taxes or local levies are subsequently received..
6. 我们仅对我们已同意接受投保的**团体会员**（包括合格的**连带被保险人-家属**）承担保险责任。
Cover is only provided for **Group Members** (and eligible **Dependants**) where declared and accepted by Us.
 - a. 符合下列情况，则可以在保险期间新增**团体会员**（包括合格的**连带被保险人-家属**）：
New **Group Members** (and eligible **Dependants**) can be added to the **Policy** mid-term subject to the following:
 - i. 如果团体员工少于二十名（含），则每个员工都必须完整填写一份**会员**申请表。
For **Groups** with less than **twenty (20) Employees**, a **Group Member** Application Form must be completed by each and every **Group Member**.

(续) continued

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Section 10 – General Terms and Conditions (continued)

b. 若**团体**统一投保员工大于二十名，**团体保险单管理员**需提供团体投保清单(详见附件：人员清单和团体健康告知)。清单内容包括：所有计划投保的团体成员的姓名、出生日期、国籍、居住地、职业、健康状况、团体保险单号码。如果团体保险单管理员无法提供上述信息，则每个员工都必须填写一份完整的**会员申请表**。任何**员工**或**连带被保险人-家属**未在30天内提交申请的，将进行单个被保险人核保。如果**团体**选择电子方式提交申请的，**团体**需要：

For **Groups** with more than **twenty (20) Employees**, the **Group Administrator** may supply the Information electronically, in a format approved by Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity. (Kindly refer to attached membership list and group health declaration form) If the **Group Administrator** is not able to supply the required eligibility and enrolment information (“Information”), a separate **Group Member Application Form** must be completed by each applicant. Regardless of format, any **Employee** or **Dependant** not enrolled within 30 days will be subject to individual underwriting. If the **Group** chooses to enroll electronically, the **Group** shall:

- i. 保存一份合理的登记和合格信息（简称“信息”）的完整记录。记录以可接受的、商业上合理的形式存档并保存，并且必须达到可用性、真实性、不可否认性和完整性（“记录”）的相关合理标准。记录必须包含所有原件，包括经**会员**署名的**会员**报名申请，以及授权华泰财产保险有限公司和安态（上海）企业服务有限公司或其关联机构使用相关个人和健康信息。记录还应包含足够的证明文件，证明符合条件的员工和指定受益人提出的关于学生或残疾**连带被保险人-家属**的保险要求准确无误；
Maintain a reasonably complete record of the enrolment and eligibility information (“Information”). The records may be filed and kept under any acceptable and commercially reasonable format and they shall meet reasonable standards of availability, authenticity, non-repudiation, and integrity (the “Records”). The Records shall include any original forms, including **Member** enrolment applications containing the signature of covered **Members** which provide consent for Huatai Property & Casualty Insurance Co., Ltd and Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity to process personal and health information. The Records should also contain sufficient documentation to support **Cover** requests for students or handicapped **Dependants** requesting **Cover** through an eligible **Employee** and beneficiary designations;
- ii. 根据合理的要求，制定记录；
Produce the Records upon reasonable request;
- iii. 准确地传达记录中包含的信息；
Transmit the Information in the exact way that it is contained in the Records;
- iv. 从**员工**或**员工连带被保险人-家属**取得包括授权在内的信息，以便华泰财产保险有限公司和安态（上海）企业服务有限公司及其关联机构对**团体**及其**员工**履行义务；
Obtain from its **Employees** and their **Dependants**, information including authorisations, reasonably necessary for Huatai Property & Casualty Insurance Co., Ltd and Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity to perform its obligations for the **Group** and its **Employees**;
- v. 使用华泰财产保险有限公司纸质或电子形式的登记和变更表格，或者，登记材料中必须包含以下几点：
Use Huatai Property & Casualty Insurance Co., Ltd’s enrolment and change forms in paper or electronic format, or must incorporate the following points into the enrolment materials:
 - a) 提供保险的公司名称；
Name(s) of the company offering the insurance Cover;
 - b) 一份声明以确认保险文件中的条款将规定**会员**的权利和责任；
A statement that the terms of the insurance documents will govern the **Member’s** rights and responsibilities; and
 - c) 一份确认函以确认**医疗提供商**不是华泰财产保险有限公司和安态（上海）企业服务有限公司及其关联机构的代理商或员工，且**网络**组成可以改变。
An acknowledgement that participating **Providers** are not agents or employees of Huatai Property & Casualty Insurance Co., Ltd and Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity and that **Network** composition can change.

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- d) 一份来自**员工**的书面授权以表明**员工**授予华泰财产保险有限公司和安态（上海）企业服务有限公司或其关联机构使用自身、配偶和有完全行为能力的成年和/或未成年**连带被保险人-家属**的个人/健康信息；**会员**已经就此条款与配偶和有完全行为能力的成年**连带被保险人-家属**讨论，并得到他们提供/使用其个人/健康信息的授权；该书面授权同时表明，华泰财产保险有限公司和安态（上海）企业服务有限公司可能在全世界范围内与其子公司、有着第三方司法权的政府机构以及他们的雇主，为了执行与健康计划运行和其他保险的运行有关的活动，共享这些信息。注意，如果该授权尚未被华泰财产保险有限公司和安态（上海）企业服务有限公司或其关联机构或其它合作方依赖，**员工**可以在任何时间撤销该项授权；同时，**员工**可以决定退出直接营销活动；并且拒绝同意华泰财产保险有限公司和安态（上海）企业服务有限公司或其关联机构使用个人或医疗信息；然而，该拒绝可能导致保险公司拒绝承保。

A written authorisation from the **Employee** indicating that they authorise Huatai Property & Casualty Insurance Co., Ltd and Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity to process the personal/health information of their spouse, competent adult and/or minor **Dependants**, and themselves; they have discussed the terms of the authorisation with their spouse and competent adult **Dependants** and have obtained their authorisation to release/process their personal/health information; that the information may be shared with affiliates, government authorities with appropriate jurisdiction third parties with whom Aetna contracts worldwide, and their employer, for activities related to the operation of the health plan and other insurance operations. Notification that the **Employee** may revoke this authorisation at any time, to the extent it has not been relied upon by Aetna or other party; opt out of any direct marketing campaigns; and decline to provide Huatai Property & Casualty Insurance Co., Ltd and Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity with consent to process personal or health care information; however, such failure to provide consent may result in declination of **Cover**.

- c. **团体**可能收到某些**保障**计划电子的信息和文件（简称“材料”），并可以在团体的内部网站中公布。对于将要电子公布或提供的材料，**团体**必须：

The **Group** may receive certain **Benefit** plan information and documentation (the “Material”) electronically and may publish the Material on its internal website. The **Group** shall, with respect to the Material to be electronically published or provided:

- i. 只能提供并分送给投保**会员**。

Give access and distribute the Material only to covered **Members**.

- ii 将材料放置在内部网站中（如果适用），这个网站只允许授权的公司人员使用和访问。

Place the Material only on its internal website (if applicable), which shall be available and accessible to authorised company personnel.

- iii 在电子备忘录或内部网站中（如果适用），提出一条免责声明：“本条信息/材料仅作为雇主提供的**保障**计划条款的总则。如果本信息与**保险单**和相关**保险单文件**中的条款和条件有冲突，以**保险单**和相关**保险单文件**中的条款和条件为准。”

Place in the electronic memo or on the internal website (if applicable) a disclaimer stating: “This information/material is provided solely for general guidance about the terms of the **Benefit** plan your employer has made available to you. In the event of any conflict between this information and terms and conditions of the **Policy** and related **Policy Documentation** delivered to the employer, the **Policy** and related **Policy Documentation** will govern.”

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- d. **团体**同意，在将材料放置到内部网站的同时，不得变更**保险单**、计划表单或相关**保险单文件**，并且必须立即修改这些信息，以改正任何计划条款或表单中的错误，或反映其中的更改。**团体**进一步同意，将采取合理的措施，防止未经授权的人员，不正当访问、更改或使用这些材料，不论用什么方法传递。此外，**团体**同意，如果可行，将缓解由未经授权人员的不正当访问、变更和使用这些材料而造成的不良影响。
The **Group** agrees that in placing the Material on its internal website, it shall not make any change to the terms of the **Policy**, plan forms, or related **Policy Documentation**, and shall promptly amend such information to correct errors or reflect changes in any plan term or form. The **Group** further agrees to take appropriate steps to prevent improper access, changes or usage of the material by unauthorised personnel no matter the means distributed. Furthermore, the **Group** agrees to mitigate, to the extent practicable, any harmful effect of an improper access, changes or usage of the material by unauthorised personnel.
- e. **团体**必须保存此表格所需的所有信息，保存时间不得少于七（7）年。
The **Group** shall retain all information required by this Form for a period of not less than seven (7) years.
- f. 若我们因员工未能遵守此协议条款而遭受任何损失、费用、索赔或裁判，包括我们引起的律师费用，**团体**同意保证我们不受危害，并作出赔偿。
The **Group** agrees to indemnify, and hold us harmless from any costs, expenses, claims or judgments, including counsel fees that we incur as a result of Customer's failure to comply with the terms of this Agreement.
- g. 新增被保险人的保费必须在投保后30日内缴清，否则，我们对该新增被保险人不承担保险责任。对于定期结算，半年交或季交的团体所有成员，保险费必须在相应的应付日期前交清，否则，保险人将不承担相应的保险责任。
Payment for additions must be received within 30 days of acceptance date. If these conditions are not met, all cover will be deemed null and void without further notice. For all the insured members that have opted for end of year adjustments, six monthly payments or quarterly payments, the funds must be received by due dates otherwise all cover will be deemed null and void.
- h. **团体成员**及其合格的**连带被保险人**可自**团体保险单管理员**提交书面通知之日起退保，并相应得到按比例折算后保费，但退保时，团体应提交相关被保险人/连带被保险人知悉退保事宜的证明。**团体保险单管理员**可以向我们提交未来退保的书面通知，但不得超过30天。
The **Group Members** and/or their eligible **Dependants** can be deleted from the date of notification in writing by the **Group Administrator** for which a pro rata return of premium will be calculated. Notification may be given to Huatai Property & Casualty Insurance Co., Ltd and Aetna (Shanghai) Enterprise Services Co., Ltd by the **Group Administrator** of a future deletion(s) date(s) no more than 30 days in advance.

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Section 11 – Declaration

1. 本人（即团体保险单管理员）由公司授权与华泰财产保险有限公司签订本保险合同。
I declare that I am authorised by the company to enter into this Contract of Insurance with Huatai Property & Casualty Insurance Co., Ltd.
2. 非经保险合同双方书面约定，任何人的书面或口头承诺，华泰财产保险有限公司无须负责。
Huatai Property & Casualty Insurance Co., Ltd. assumes no responsibilities for any written or oral promise by any person except for written agreement made by both parties of insurance contract.
3. 投保人完全理解并同意本表栏目10中的条款及相关说明。
I declare that I have understood and accepted the General Terms and Conditions in Section 10 of this Form.
4. 投保人同意在双方约定的交费日期前向华泰财产保险有限公司交清保险费。如果保险费未能如期交纳，投保人同意华泰财产保险有限公司不承担相应的保险责任。
I understand that subscriptions due under the group plan must be paid in full by the agreed due date to Huatai Property & Casualty Insurance Co., Ltd. In the event that premiums are not paid by the due date, I understand that cover will be automatically cancelled.
5. 华泰财产保险有限公司已对保险合同的条款内容履行了说明义务，并对责任免除条款履行了明确说明义务。投保人和被保险人已认真阅读并理解保险条款尤其是责任免除、解除合同等规定，并同意遵守。所填投保单各项及告知事项均属事实。上述一切陈述及本声明将成为向华泰财产保险有限公司承保的依据，且作为保险合同一部分。如有不实告知，华泰财产保险有限公司有权解除合同，并对解除合同前发生的事故不负保险责任。
Huatai Property & Casualty Insurance Co., Ltd. has performed obligation of explanation concerning the terms and conditions of insurance contract, and obligation of clear clarification concerning exception clauses. The Policy Applicant and the Insured members have read through, understand and agree to conform to the terms and conditions of insurance, especially those concerning exception and cancellation of contract. The above statements and this declaration will be used as the basis of insurance acceptance, and will be included as part of the insurance contract. In case of false statement, Huatai Property & Casualty Insurance Co., Ltd. has the right to cancel the contract, and assumes no responsibilities for accidents before the cancellation of contract.
6. 即使投保人已缴付部分或全部保险费，保险合同仍未生效。只有在华泰财产保险有限公司依据投保单、投保清单及有关资料核保同意并签发保险单后，保险合同自保险单上载明的合同生效日期起生效。
The insurance contract may still be void even after the insurer has paid part or all of premium. The insurance contract is only effective from the effective date of contract specified on the policy after the policy is issued by Huatai Property & Casualty Insurance Co., Ltd. which has accepted the case on the basis of insurance application, list and related document verification.
7. 投保人同意本团体保险单下的被保险人如果在网络医院内接受治疗，治疗项目或病症不属于华泰财产保险有限公司保险责任范围，该被保险人应在收到相关通知之日起14天之内将有关费用退还给华泰财产保险有限公司和/或安态（上海）企业服务有限公司或其关联机构，否则华泰财产保险有限公司和/或安态（上海）企业服务有限公司或其关联机构将采取所有可行方法来收回费用，并且会暂停该被保险人保障直至该费用足额缴纳之日。该被保险人保障暂停期间，任何情况下不能就治疗提出任何索赔。
I agree that where Medical Treatment is received within the Provider Network by any member insured under the group Policy and it is substantiated that the Treatment or Medical Condition is not refundable within the terms and conditions of the Policy, that the member, shall be fully responsible for reimbursement to Huatai Property & Casualty Insurance Co., Ltd. within 14 days of receipt of notice of such non-refundability of all funds expended in connection with any claim for such medical Treatment. Huatai Property & Casualty Insurance Co., Ltd. and/or Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity shall use all available means to recover owed funds and will suspend Cover for the Member until the date of full settlement of all outstanding amounts due from the Member to Huatai Property & Casualty Insurance Co., Ltd. and/or Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity at which point Cover shall be reinstated on the same basis as immediately prior to the suspension. In no event shall any claim for Treatment received during any period of suspension be made or met.

(续) continued

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Section 11 – Declaration (continued)

8. 投保人进一步同意若上述所欠款项自接到通知书之日起超过15天未还,华泰财产保险有限公司有权解除保险合同且不退还保险费。
I further accept that where funds have been outstanding to Huatai Property & Casualty Insurance Co., Ltd. for a period in excess of 15 days from notification the group Policy will be cancelled and void ab initio, without refund of premium.
9. 投保人同意华泰财产保险有限公司和安态(上海)企业服务有限公司取得的所有个人信息,包括本申请书中的信息或其他方式取得的信息,华泰财产保险有限公司和安态(上海)企业服务有限公司或其关联机构可以在下列情况下使用、透露或向其他机构提供: 1) 为了核保并提供保险及客户服务; 2) 为华泰财产保险有限公司、安态(上海)企业服务有限公司或其相关联的公司提供与保险相关的市场资料; 3) 为了理赔或分析之用。
I confirm and agree that the personal information collected or held by Huatai Property & Casualty Insurance Co., Ltd. and Aetna (Shanghai) Enterprise Services Co., Ltd, whether contained in this application form or otherwise obtained may be used by Huatai Property & Casualty Insurance Co., Ltd. and Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity, or disclosed to or transferred to any organization for the purpose of 1) assessing this application and providing on-going insurance and customer service, 2) providing marketing material in respect of insurance related services of Huatai Property & Casualty Insurance Co., Ltd., Aetna (Shanghai) Enterprise Services Co., Ltd or it's associated companies and 3) processing claims or analyzing the insurance.
10. 投保人声明以上所给出回答基于本人知识所及是真实且完全的。投保人已声明与本申请书内容相关的所有事实。
I declare that the answers given are to the best of my knowledge full, true and complete. I have declared all facts which relate to this application.

此文件将作为**团体**和华泰财产保险有限公司之间的协议,如果适用,则必须与**保险条款、保险凭证、会员手册和其他保险单文件**一起阅读。

This document serves as a contract between the **Group** and Huatai Property & Casualty Insurance Co., Ltd., and must be read together with the **Policy Wording, Certificate of Insurance, the Member Handbook and other Policy Documentation**, as applicable.

投保人了解**团体**计划中的保险费必须在约定到期日全额支付给华泰财产保险有限公司。如果没有在到期日支付,华泰财产保险有限公司不承担相应的保险责任。

The **Plan Sponsor** understands that premiums due under the **Group** plan must be paid in full by the agreed due date to HuaTai. In the event that premiums are not paid by the due date, **Cover** may be terminated.

(续) continued

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栏目11-声明及授权 (续)

Section 11 – Declaration (continued)

投保人声明, 传送给华泰财产保险有限公司和/或安态(上海)企业服务有限公司及其关联机构的**团体**的个人信息, 包括**团体**计划投保会员的相关信息, 都不得违反适用的隐私和数据保护法律。华泰财产保险有限公司和/或安态(上海)企业服务有限公司或其关联机构将在保险管理和与本保险合同有关的其他活动中, 使用个人信息, 包括团体提供的个人敏感资料。这份信息可能在全世界传递, 以选择第三方。

The **Plan Sponsor** declares that the transfer by the **Group** of personal data to Huatai Property & Casualty Insurance Co., Ltd. and/or Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity, including information relating to **Members** insured under the **Group** plan, will not result in violation of applicable privacy and data protection laws. Huatai Property & Casualty Insurance Co., Ltd. and/or Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity will hold and process personal data, including personal sensitive data, provided by the **Group** for the purpose of insurance administration and other activities related to this Contract of Insurance. This information may be passed worldwide to select third parties.

投保人声明, 所有为签订本保险合同而向华泰财产保险有限公司和/或安态(上海)企业服务有限公司及其关联机构提供的信息完全真实, 没有隐瞒任何重要事实。

The **Plan Sponsor** declares that the information given to Huatai Property & Casualty Insurance Co., Ltd. and/or Aetna (Shanghai) Enterprise Services Co., Ltd or any affiliated Aetna entity for the purposes of entering in to this contract of insurance is true and complete and that no material facts have been withheld.

作为**团体保险单**管理员, 本人谨代表**投保人**, 被授权与华泰财产保险有限公司签订本保险合同。

As **Group Administrator**, I declare that I am authorised to enter into this contract of insurance with Huatai Property & Casualty Insurance Co., Ltd. on behalf of the **Plan Sponsor**.

授权人签字 (团体保险单管理员) Authorised Signatory Signature (Group Administrator)	日期 (日/月/年) Date (Day/Month/Year)
请打印授权签约方 (投保人) 的名称 Please Print Authorised Signatory's Name	公司职位 Position in Company
投保人印章 Company Stamp	

栏目12- Internal Use Only

Section 12 – 仅供内部使用

保险人印章 Stamp of Insurer	受理人: Accepting Person:
	受理日期 (日/月/年) Date of Acceptance (Day/Month/Year)
审核意见 Verification Opinion	审核人 Verified By:
	审核日期 (日/月/年) Date of Verification (Day/Month/Year)

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