

(2007年4月1日版)
(Version : April 1, 2007)



GOODHEALTH

投保申请书号：
Application Form Number：

业务来源 Source of Business	<input type="checkbox"/> 直销 Direct sales	<input type="checkbox"/> 代理公司 Agent	<input type="checkbox"/> 经纪公司 Broker	<input type="checkbox"/> 其他 Others	
机构名称/代码 Unit Name/Code	<input type="text"/>			联系人姓名/代码 Contact Person's Name/Code	<input type="text"/>
投保类型 Type of Insurance	<input type="checkbox"/> 首次投保 For the First Time	<input type="checkbox"/> 非首次投保 Not for the First Time			

公司提示：

请您在仔细阅读所要投保险种的条款后，在本公司业务人员的指导下填写本投保单，填写内容必须真实，否则将影响您与本公司签订的保险合同效力。绿字栏内容由本公司业务人员填写。

Note：

Please read through 'Policy Wording' and 'Benefit Schedule' before completing this application form under the guidance of business personnel. You must disclose all material facts. Failure to do so may invalidate the Policy. The cells in green are to be filled in by our sales staff.

一、投保人资料 Group Details

公司名称 Company Name	<input type="text"/>					
企业性质 Type of Business	<input type="text"/>	法定代表人 Legal Representative	<input type="text"/>			
地址 Address	<input type="text"/>				邮编 Post Code	<input type="text"/>
单位代码 Company Code	<input type="text"/>	符合投保条件人数 Number of Eligible Staff	<input type="text"/>			
团体保单管理员 Group Administrator	<input type="text"/>	职务头衔 Job Title	<input type="text"/>			
联系电话 Telephone	<input type="text"/>	传真 Fax	<input type="text"/>	电子邮箱 Email	<input type="text"/>	

说明：单位代码是指企业《组织机构代码证》号码或《社团法人登记证》号码

Note: Company Code refers to the code of "Certificate of Identity Code for Organizations Institutions and Enterprises" or "Certificate of Registration for Aggregate Corporation".

二、被保险人信息：详见书面投保清单

Insured Information: For detailed information : please refer to written enrollment list.

另附电子文件 是 否

Soft copy attached? Yes No

三、受益人 Beneficiaries

本保险的遗体转运及安葬保险金受益人为被保险人、附带被保险人的法定继承人。其它保险金受益人为相应被保险人或附带被保险人本人。本公司不受理其他指定或者变更。

The beneficiary of repatriation of remains and interring of this insurance benefits is the heir apparent of the insured and supplementary insured. The beneficiary of other insurance benefits is the person of corresponding insured and supplementary insured. Any other designation or modification will not be accepted.

四、产品选择 Product Options

本保险提供各种不同的计划供您选择以满足您的需求。请对您选择的计划清楚地打勾，本公司将根据您的选择签发保险单。同一投保团体限选择一项计划。

This plan enables You to choose various options to suit Your personal requirements. Please clearly tick the option You have selected. Your Policy will be issued on this basis. Only one option is available for one group.

险种名称 Type of Insurance Cover	国寿康优全球团体医疗保险(B型) China Life Goodhealth International Healthcare Plan (Type B)						
保障责任 Insurance Responsibilities	计划一 Plan 1	计划二 Plan 2	计划三 Plan 3	计划四 Plan 4	计划五 Plan 5	计划六 Plan 6	计划七 Plan 7
住院 Hospitalization	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included
门诊 Outpatient		包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included
特殊医疗 Special Medical Treatment	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included
交通转运 Medical Evacuation and Transfer	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included	包括 Included
慢性疾病 Chronic Diseases				包括 Included	包括 Included	包括 Included	包括 Included
牙科 Dental						包括 Included	包括 Included
生育 Maternity						包括 Included	包括 Included
美国医疗 USA Cover			包括 Included		包括 Included		包括 Included
计划选择 Choice of Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

五、保险信息 (货币单位: 人民币) Cover Details (Currency Unit: RMB)

保险生效日期 Preferred commencement date	<input type="text" value="日day"/>	<input type="text" value="月month"/>	<input type="text" value="年year"/>	
投保员工范围 Definition of Staff	<input type="text"/>		投保人数 No. of Insured Persons	<input type="text"/>
被保险人 To be Insured	<input type="checkbox"/> 仅员工 Employees only	<input type="checkbox"/> 员工及其家属 Employees & Dependents		
缴费方式 Payment frequency	<input type="checkbox"/> 年交 Annually			
保险费合计 Total Premium	<input type="text"/>			

说明：投保员工范围是指投保本次保险计划的员工范围，如：主管级以上且在本公司工作满1年以上员工等。

Note : The definition of those members of staff to be covered under the plan could for example be –“senior managers, all staff with more than one year’s service” etc. If defining more than one category, please provide details on a separate sheet of paper.

六、保险费的支付 Premium Payment

请选择您想要的支付方式

Tick which payment method You require and complete all details relevant to that method.



A. 支票支付: 请确保所有的支票都能在“中国人寿保险股份有限公司上海市分公司”支付, 同时, 请确保团体的名称(即本申请书第一部分中填写的)写在支票的反面。本公司仅接受由本地银行签发的人民币支票。

A. Cheque Payment All cheques must be payable to “China Life Insurance Company Limited Shanghai Branch”. Please ensure that the name of the Group, (as declared in Section 1 of this form), is clearly stated on the reverse of the cheque. We will only accept RMB cheques drawn on a local Bank.



B. 银行转帐: 请确保在任何转帐中清楚地注明团体的名称(即本申请书第一部分中填写的)。

本公司银行开户帐户如下:

B. Bank Transfer Please ensure the name of the Group (as declared in Section 1 of this form), is clearly stated on any transfer. Our Bank details for Bank Transfer are as follows:

人民币帐户

RMB Account

帐户名: 中国人寿保险股份有限公司上海市分公司

Account Name : China Life Insurance Company Limited Shanghai Branch

银行地址

Bank Address

帐号

Account Number

代号

Sort Code

说明: 本公司对于任何未注明投保申请人的银行转帐不承担责任。

Note : We cannot accept liability for any bank transfer which does not clearly identify the Applicant.

七、特别约定 Special Conditions

1、投保人授权上海佳健保险代理有限公司代理本保单下的所有保全业务。

Goodhealth Worldwide (Shanghai) Limited Company is authorized by the policy holder to handle all services covered by this policy.

2、特约申请(如有特约申请, 请在此说明。本栏内容须经本公司同意, 并以保险单特约批注内容为准):

Special Application (For special application, please explain it here. The content should be agreed by China Life, and subject to the special endorsement on the policy):

八、告知事项 Disclosure

- 1、投保人是否已在本公司投保其他医疗保险？ 是 否，若“是”，请在下表中详细说明：
Are the insurant covered by other medical insurances? Yes No, if "yes", specify them in the following table:

保险公司名称 Insurance Company	保险产品名称 Insurance Product	保险单到期日期 Valid till
		日day 月month 年year
		日day 月month 年year
		日day 月month 年year

- 2、投保人目前是否有长期病假人员或正在住院治疗人员？ 是 否，若“是”，有（ ）人
Is there any staff in long-time sick leave or in-patient? Yes No, if "yes", () persons

九、条款相关说明 General Terms and Conditions

- 1) 本申请书将构成合同的一部分，必须和保险条款、保险金额表、申请书一起阅读。
This document forms part of the contract and must be read together with the Policy Wording, Benefit Schedule and Application Form(s).
- 2) 本保险自投保之日起生效，有效期为一年，到期可以续保。或持续至本保险由于某种原因而中止。上述两日期以较早者为准。
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) 投保范围
Group Eligibility
 - i) 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.
 - ii) 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雇员。
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.
 - iii) 如果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。其家庭成员可作为附带被保险人投保。
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.
 - iv) 每个团体投保或续保时最少必须有五名在职员工。如投保或续保时员工人数少于五名，则该团体不得投保或续保。
The minimum size of a group at inception or renewal is five current employees. If the membership is below five at inception or at a subsequent Renewal Date then the coverage cannot continue.
- 4) 首期保险费必须自投保之日起30天内交清，本公司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 days from the Commencement Date of the Policy. No claims will be paid until this is received.
- 5) 续期保费必须在续保日期之前交清。如果续保日期前续期保费未全额交纳，则理赔将暂缓处理，保险将失效。待续期保费全额交清并经本公司审核后，保险才可以复效。
Renewal premiums must be received by Renewal Date. If full renewal premium are not received by Renewal Date claims will be suspended and cover will lapse. China Life may, at their discretion, reinstate cover if full premium are subsequently received.
- 6) 本公司仅对本公司已同意接受投保的团体成员（包括合格的连带人）承担保险责任。
Cover is only provided for Group Members (and eligible Supplementary Insured) where declared and accepted by China Life.
 - i) 符合下列情况，则可以在保险期间新增被保险人（包括合格的附带被保险人）：
New Group Members (and eligible Supplementary Insured) can be added to the Policy mid-term subject to the following:
 - a) 如公司员工少于二十名（含），则每个员工都必须填写一份个人投保申请书/医疗问卷。
For Groups with less than 20 employees a Individual Application Form/Medical Questionnaire must be completed by each and every Group Member.
 - b) 如公司统一投保员工大于二十名，团体保单管理员需提供团体投保清单。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。如果团体管理员无法提供如上信息，则每个员工都必须填写一份完整的个人投保申请书/医疗问卷。
For Compulsory Company Paid Groups with more than 20 employees where the Group Administrator can supply the following full information in writing this will be deemed sufficient: Members' name; Members' date of birth; Members' nationality; Members' residential country; Members' occupation; known medical conditions; and confirmation of which group policy the applicant is to be added to. If the Group Administrator is not able to supply this information a Individual Application Form/Medical Questionnaire must be completed by the applicant.
 - ii) 新增被保险人的保险费必须在投保后的21天内交清，否则所有保险将失效且不再另行通知。对于定期结算，半年交或季交保险费的团体新增成员，其保险费必须在相应的应付日期前交清，否则保险责任将视为无效。
Payment for additional Insured members must be received within 21 days of acceptance date. If this condition is not met all cover will be deemed null and void without further notice. For additions to plans that have opted for year end adjustment, semi-annually payments or quarterly payments the funds must be received by due dates otherwise all cover will be deemed null and void.

iii) 团体成员及其合格的连带人可自团体保单管理员提交书面通知之日起退保，并按条款相关内容处理。团体管理员可以向本公司提交未来退保的书面通知，但不得超过未来30天。

Group members and/or their eligible Supplementary Insured can be withdrawn from the date of notification in writing by the Group Administrator for which the refunded premium we will calculate as per the agreement. Notification may be given to China Life by the Group Administrator of a future deletion(s) date(s) no more than 30 days in advance.

7) 保险合同包含以下批注内容：

Policy includes Special Endorsements as follows:

1) 精神病住院治疗/门诊精神病治疗：根据本项保障索赔任何治疗费用，必须事先获得本公司批准，且任何情况下治疗均必须由注册精神科医生直接监督进行。但是，本保单会承保医生（非精神科专科医生）的首次诊断费用，即使事先未获得本公司批准，但是该次诊断需明确指出患者必须转介至精神科专科医生处进行治疗。

Hospitalized Treatment of Psychiatric Illness / Outpatient Treatment of Mental Illness: All Treatment under this Benefit must be pre-authorized by The Company and must at all times be administered under control of a registered psychiatrist. However, the initial consultation with a Medical Practitioner (not a psychiatric Specialist), which results in a psychiatric referral is covered without the requirement for pre-authorization.

2) 家庭护理：根据本项保障索赔任何治疗费用，必须事先获得本公司批准。

Home Nursing Care: All Treatment under this Benefit is conditional upon pre-authorization from The Company.

3) 护送转院：如需护送转院，启程前必须获得本公司书面同意，并出示主诊医生或专科医生关于事故当地患者无法得到所需治疗的书面证明。并且，如果为医疗必需，本公司会承保一名其他人士陪同被保险人或附带被保险人转院的交通费用。本公司的医学顾问将决定最适当的护送转院交通工具，及最适当的转诊医院。

Evacuation Transport: Evacuation is subject to the written agreement from The Company prior to travel and certified instructions from the attending Medical Practitioner or Specialist including confirmation that the required Treatment is unavailable in the place of incident. Extended to cover the costs for one other person to travel with the Insured Person or Supplementary Insured Person, as escort, if Medically Necessary. Our medical advisors will decide the most appropriate method of transportation for the Evacuation and the most appropriate Hospital to which you will be evacuated.

4) 妊娠并发症治疗：此项保障在投保日期或保单生效日期（两者取其较迟者）后首12个月之后方生效。

Treatment of Pregnancy Complications: The Benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later.

5) 慢性疾病：此项保障每名被保险人或附带被保险人终身的累计最高给付金额为400,000人民币，但在索赔期内本保单必须一直维持有效。

Chronic Diseases: Cover is provided up to a maximum of RMB 400,000 in the lifetime of the Insured Person or Supplementary Insured Person, subject to cover being maintained throughout.

6) 激素替代治疗：此项保障最长赔偿期为18个月。

Hormone Replacement Therapy: The Benefit is payable for a maximum of 18 months per medical condition.

7) 矫形改造手术：因遭受意外伤害或患疾病需要接受矫形改造手术恢复肢体功能或容貌，对该意外伤害或疾病发生之日起12个月内的所实际发生的矫形改造手术的治疗费用，本公司按其实际发生并支付的费用数额给付保险金。

Reconstructive Surgery: The Company shall pay insurance compensation for the actually incurred costs of Reconstructive surgery carried out within 12 months from the date of the accident/diseases occurring in order to recover limb or body functions or appearance due to injuries by accident or diseases.

8) 责任免除：

Exclusions:

- 产伤、先天畸形、遗传畸形及出生时已表现出症状的遗传性疾病。

Birth injuries, Congenital Anomalies, genetic deformities or diseases, Hereditary Medical Conditions with symptoms present at birth.

- 产前指导班及不关乎分娩的助产费用。

Antenatal classes, midwifery costs when not associated with delivery.

- 器官移植寻找供体的费用，或从器官捐赠者体内切除器官、运送器官及所有相关费用。

Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.

- 化学污染、石棉肺或其他相关疾病。

Treatment directly or indirectly arising from or required as a result of chemical contamination or asbestosis or any Related Condition.

- 战争、侵略、敌对局面（不论宣战与否）、内战、叛乱、革命、反叛、军事或篡权行动、兵变、暴动、罢工、军法统治、反政府行动、恐怖行为。除非被保险人为无辜路人，而在恐怖活动中受到人身伤害。于该情况下，被保险人每次事故所能获得的最高赔偿金额为400,000元人民币。

Treatment and expenses directly or indirectly arising from or required as a consequence of: war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any Act of Terrorism, unless the Insured Person sustains Bodily Injury whilst an innocent bystander resulting from an Act of Terrorism only up to a maximum amount RMB 400,000 per Insured Person per incident.

9) 保费交付：投保人未按续保合同规定日期交付保险费的，本合同自原保险期间届满的次日起终止。

Should the Policyholder fail to pay the premium on the agreed date specified in the Contract, the contract terminates on the next day of expiration of the coverage period.

10) 计划一适用：保险责任包括门诊手术费用。

Applicable to Plan 1: Outpatient surgery is covered.

11) 计划六、计划七适用：

Applicable to Plan 6, Plan 7:

- 1) 生育保障：此项保障在投保日期或保单生效日期（两者取其较迟者）后首12个月之后方生效。

Maternity Benefits: The Benefits are payable after the first 12 months from the commencement date of this benefit or the date of entry, whichever is the later.

2) 牙科责任：

Dental Liabilities

- i) 例行牙科治疗：在此项保障之投保日期或生效日期（两者取其较迟者）后首6个月之后发生的相关费用方可进行赔付

Routine Dental Treatment: Costs incurred after the first 6 months from the commencement date of this option or your date of entry, whichever is the later.

- ii) 复杂牙科修治疗：在此项保障之投保日期或生效日期（两者取其较迟者）后首9个月之后发生的相关费用方可进行赔付。

Complicated Dental Curative Treatment: Costs incurred after the first 9 months from the commencement date of this option or your date of entry, whichever is the later.

十、投保人向保险公司声明并同意以下事项 Declaration

- 1、本人由公司授权与贵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 China Life.
- 2、非经保险合同双方书面约定，任何人的书面或口头承诺，贵公司无须负责。
China Life assumes no responsibilities for any written or oral promise by any person except for written agreement made by both parties of insurance contract.
- 3、本人完全理解并同意本申请书第九项条款相关说明的内容。
I declare that I have understood and accepted the General Terms and Conditions in Section 9 of this Group Formation Form.
- 4、本人同意在双方约定的交费日期前交清保险费。如保险费未能如期交纳，本人同意本保险将被取消。
I understand that subscriptions due under the group plan must be paid in full by the agreed due date to China Life. In the event that premiums are not paid by the due date, I understand that cover will be automatically cancelled.
- 5、贵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贵公司承保的依据，且作为保险合同一部分。如有不实告知，贵公司有权解除合同，并对解除合同前发生的事故不负保险责任。
China Life 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, China Life 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。只有在贵公司依据投保单、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 China Life which has accepted the case on the basis of insurance application, list and related document verification.
- 7、本人同意本团体保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贵公司保险责任范围，保单持有人将会在收到贵公司通知之日起14天之内将有关费用返还贵公司，否则保险将失效；直至有关款项足额返还贵公司后，保险才复效。如果该款项未能在14天内返还给贵公司，保险条款中除外责任的第十条将重新适用于本合同，保险自收到足额款项起复效。在保险失效期间，任何索赔将不作赔付。
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 we, as the Policyholder, shall be fully responsible for reimbursement to China Life within 14 days of receipt of notice of such non-refundability of all funds expended in connection with any claim for such medical Treatment.
I understand and confirm that where we have not made repayment of funds disbursed by China Life in respect of such medical Treatment not covered by the Policy, the Policy shall be suspended until the date of our full settlement of all outstanding amounts due from us to China Life and in the event that funds so due from us to China Life have been outstanding and unpaid for a period in excess of 14 days (Exclusion 10 of the Policy wording) shall be re-applied to the Policy with effect from the date of full receipt by China Life of the funds concerned in which event any suspension of the Policy pursuant to this subclause shall be lifted with effect from such full receipt date. In no event shall any claim for Treatment received during the period of suspension be made or met.
- 8、本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，贵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 China Life 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、本人同意贵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，贵公司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) 为贵公司或你们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 China Life, whether contained in this application form or otherwise obtained may be used by China Life, 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 China Life or it's associated companies and 3) processing claims or analysing the insurance.
- 10、本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。本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.

法定代表人或授权人签字
Signature of Legal Representative or
Group Administrator

被授权人公司职位
Position

投保人盖章
Stamp of Policy Applicant

投保日期
Date

保险公司填写栏

By Insurance Company Only

受理机构盖章
Stamp of Underwriting
Insurer

受理人
Accepting Person

受理日期
Date of Acceptance

审核意见
Verification Opinion

审核人
Verified by

审核日期
Date of Verification