GOODHEALTH

公司提示：
请您在仔细阅读所要投保险种的条款后，按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。绿色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

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

Soft copy attached?

是 [ ] 否 [ ]

Yes [ ] No [ ]
### 三、受益人

**Beneficiaries**

本保险的遗体转让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单。同一投保团体限选一项计划。

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.

<table>
<thead>
<tr>
<th>责任名称</th>
<th>Type of Insurance Cover</th>
<th>计划一</th>
<th>计划二</th>
<th>计划三</th>
<th>计划四</th>
<th>计划五</th>
<th>计划六</th>
<th>计划七</th>
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<tbody>
<tr>
<td></td>
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<td>Plan 5</td>
<td>Plan 6</td>
<td>Plan 7</td>
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<td>住院</td>
<td>Hospitalization</td>
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<td>特殊医疗</td>
<td>Special Medical Treatment</td>
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<td>交通转运</td>
<td>Medical Evacuation and Transfer</td>
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<td>慢性疾病</td>
<td>Chronic Diseases</td>
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<td>牙科</td>
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<td>生育</td>
<td>Maternity</td>
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<table>
<thead>
<tr>
<th>计划选择</th>
<th>Choice of Plan</th>
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</tbody>
</table>

### 五、保险信息

**Cover Details** *(Currency Unit: RMB)*

<table>
<thead>
<tr>
<th>保险生效日期</th>
<th>Preferred commencement date</th>
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<tbody>
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<td>Day</td>
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<table>
<thead>
<tr>
<th>投保员工范围</th>
<th>Definition of Staff</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>employees only</td>
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<table>
<thead>
<tr>
<th>被保人员</th>
<th>To be Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>employees &amp; dependants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>缴费方式</th>
<th>Payment frequency</th>
</tr>
</thead>
<tbody>
<tr>
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<td>annually</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>保费合计</th>
<th>Total Premium</th>
</tr>
</thead>
</table>

说明：投保员工范围是指投保本次保险计划的员工范围，如：主管级及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：确保所有的支票都在“中国人寿保险股份有限公司北京市分公司”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 Beijing 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. 银行转账：请确保在任何转账中清楚地注明团体的名称（即本申请书第一部分中填写的）。

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:

人民币账户
RMB Account

| 帐号 | 中国工商银行
| 开户行 | 中国工商银行北京市分行
| 开户行地址 | 北京市东城区北京站东街10号
| 帐号 | 0200064709023100567
| 行号 | 102100006471

说明：本公司对于任何未注明投保申请人的银行转账不承担责任。

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________________________代理本保单下的所有保全业务。

________________________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？
   Are the insurer covered by other medical insurances?
   □ 是 □ 否，若“是”，请在下表中详细说明。

<table>
<thead>
<tr>
<th>保险公司名称</th>
<th>保险公司产品名称</th>
<th>保险单到期日期</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>30days</td>
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<tr>
<td></td>
<td></td>
<td>30months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30years</td>
</tr>
</tbody>
</table>

2. 投保人目前是否有长期病假人员或正在住院治疗人员？
   Is there any staff in long-time sick leave or in-patient?
   □ 是 □ 否，若“是”，有（ ）人

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、保险单领取书一同送交。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，或续保至本保险由于某种原因而中止，上此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一个或一到两个公司的员工组成。
   A Group can only be made up of employees of the same company.
   ii) 如果团体的成员仅由一家公司成员组成，所有投保的成员必须为该团体的雇员。
   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) 如果夫妻双方同时进入同一团体，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低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 initial 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) 续期保险费必须在续保前30天内交纳，如未交纳，则理赔将被暂停处理，保险将失效。续期保险费金额按当月本公司审核后，
   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) 本公司仅对本公司同意投保的团体成员（包括合格的连带人）承担责任。
   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，则可以申请保险金（包括合格的连带被保险人）。
   New Group Members (and eligible Supplementary Insured) can be added to the Policy mid-term subject to the following:
   a) 公司员工少于二十名（含），则每个员工都必须填写一份个人保险申请书/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) 公司统一投保员工多于二十名，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，团体保单号码。如果团体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个人保险申请书/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，否则将不承担理赔
   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.
   iii) 除上述计划外，对于定期存款，未交保险费超期，否则将不承担理赔
   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.
7) 保险合同包含以下注意事项：
Policy includes Special Endorsements as follows：

1) 精神疾病住院治疗/1/2/3精神疾病治疗。根据本保障情况下任何费用必须由注册精神科医生直接监督。
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) 护理院，根据本保障下任何治疗费用，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) 护送转院可获得本公司书面同意，但需主诊医生或专科医生确认事故或在医疗条件下已无法获得所需治疗的书面证明，并且，如果为医疗必要，本公司会允许一名其他人士陪同被保险人或其被保险人转院的交通费用，但我们的医疗顾问将决定适当的护送转院交通工具，及最合适的转院医院。
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 indicating that 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, subject to, if medically necessary. Our medical advisors will decide the appropriate method of transportation for the Evacuation and the most appropriate Hospital to which you will be evacuated.

4) 妊娠并发症：该保障在投保期或本保障生效日起12个月后方生效。
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) 慢性病，该保障每次被保险人或附属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) 荷尔蒙替代治疗。该保障最长偿付期为18个月。
Hormone Replacement Therapy: The Benefit is payable for a maximum of 18 months per medical condition.

7) 疤痕修复手术。因意外伤害病情而采取治疗措施以恢复肢体功能或容貌，对agiess伤害或疾病发生之日起12个月内的实际发生的疤痕修复手术的治疗费用，本公司按其实际发生支付的费用数额按给付比例。
Reconstructive Surgery: The Company will 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。
- 先天性异常，包括但不限于骨发育不全，先天性心脏病，先天性发育不全，先天性畸形。
- 器官移植手术费用，或从器官捐赠者体内切除器官，运送器官及相关费用。
- 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.
- 婚恋，婚外生子，婚外不正当关系。

9) 保费支付。被保险人未按照本合同规定日期交付保险费的，本合同自停止缴纳保费之日起本合同自动失效。
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) 计划六适用，计划七适用。
Applicable to Plan 6: Plan 7:

1) 生育保障：在本项保障下，12个月内，被保险人或其被保险人每次分娩可获得400,000人民币。
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) 牙齿治疗。
Dental Liabilities.

- 例行牙齿治疗，包括此项保障下12个月内（两者取较短者），前12个月内发生的牙齿费用将进行赔付。
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.

- 复杂牙齿治疗，包括此项保障下12个月内（两者取较短者），前12个月内发生的牙齿费用将进行赔付。
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，贵公司无需负责。
   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进行了说明，本人对责任免除及保险责任的条款已作了充分了解，并同意遵守。所填投保单各项及告知事项均属真实，上述一应陈述及本声明将作为贵公司承保的依据，且作为保险合同一部分。如有不符，贵公司有权解除合同，并对解除合同前发生的一切事故不负任何保险责任。
   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 exclusion 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. 即使投保人已缴纳部分或全部保险费，保险合同仍未生效。只有在贵公司依据投保单、投保清单以及有关资料核保同意并签发保险单时，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 the premium. The insurance contract is only effective from the effective date of the 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. 本人同意本体保单下被保险人在网络医院接受治疗，治疗项目或病症不属于公司保险责任范围，保险期间内虽然费用无法报销，但保险期间未满，无故提前终止，保险合同将失效。
   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, 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.

8. 本人进一步同意若上述未获款项目未在通知书之日起超过15天未支付，保险公司有权解除保险合同且不承担其他责任。
   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. 本人同意如实提供所有个人信息，包括本申请书中的信息或其他方式取得的信息，贵公司可以在此情况下使用，透露或向其他机构提供：1）为了核实并提供保险及客户服务，2）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）为了理解和分析之用。
   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 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 its associated companies and 3) processing claims or analysing the insurance.

10. 本人声明以上所填回答基于本人知识及实际情况。以上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

投保险日期
Date

保险公司填写栏
By Insurance Company Only

受保机构盖章
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

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