香港保險業聯會
The Hong Kong Federation of Insurers

# Best Practice on Standardizing Underwriting Questionnaire for Individual Indemnity Hospital Insurance Plans

The Medical Insurance Association ("MedIA") under the Hong Kong Federation of Insurers ("HKFI") kick-started the standardization of underwriting questionnaire for more clarity and consistency and as per recommendation of the Consumer Council in its report entitled "Creating Sustainable Value for the Private Health Insurance Market in Hong Kong" released in May 2019.

The Consumer Council recommended:

- insurance companies to ask specific questions in the application forms. Asking specific questions may facilitate consumer clarity and lead to clearer answers and provide the necessary information for underwriting.
- the timeframe of information disclosure should be clearly specified and should not exceed 7 years.

As a general principle, the Consumer Council considers it important that applicants should be clearly informed about the information they should provide; the timeframe should be reasonable for applicants to recall their medical history; and consumers' privacy should be respected. The insurance companies should not collect excessive information which is unnecessary for the underwriting process and are encouraged to adopt a shorter timeframe.

After several rounds of discussion, members' consultation and fine-tuning, the MedIA has incorporated appropriately the comments from Member Companies, the Insurance Authority, the Voluntary Health Insurance Scheme (VHIS) Office and the Consumer Council into the standardized underwriting questionnaire.

註冊有限公司 Incorporated with limited liability
香港灣仔駱克道353號三湘大廈29樓 29/F Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong
25201868 25201967 hkfi@hkfi.org.hk www.hkfi.org.hk

## General Principles

The general principles in standardizing underwriting questions are to ask specific questions and questions asked must not be excessive.

Questions that are non-specific / lack of clarity / irrelevant / excessive / repeating information that can be revealed from other questions will be trimmed down from the questionnaire.

## Use of the Standardized Underwriting Questionnaire

The Standardized Underwriting Questionnaire will serve as a useful reference for Member Companies when collecting health-related information for individual Indemnity Hospital Insurance Plans ("IHIP") (including but not limited to all Certified Plans under VHIS) or individual insurance products with IHIP coverage. It covers all core areas of risk assessment from insurers, while facilitating an easy understanding and response by the policy applicants.

The standardized set of questions will be published by the HKFI as best practice for voluntary adoption by the Members for use in underwriting or re-underwriting practices.

In the case of re-underwriting where Member Companies consider using a simplified approach, the scope of questions should still be bound by the Standardized Underwriting Questionnaire.

### 1st Tier Questions - Part A and Part B

Part A - General Information on lifestyle of applicant.

Part B - Health Information of applicant.

The standardized questions in Part A and Part B are generally health-related information required for underwriting medical insurance. Questions that are not health-related (e.g. geographical location, age and sex, occupation, financial information) should be asked in separate section(s).

## 2nd Tier Questions - Part C and Part D

Part C - Supplementary General Information.

Part D - Supplementary Health Information.

The questions in Part C and Part D are follow-up questions if applicant ticks “Yes” for any of the questions in Part A and Part B. Part C and Part D defines the scope of follow-up questions to be asked. The structure of sentences and choice of words should be followed with the exception of Part C that is primarily principle-based. For Part C, insurance companies are flexible to tailor their underwriting questions according to the guiding principles. For example, insurance companies may set out the required information into defined categories (e.g. x times per week) to ease answering the questions. Based on information collected from Part C and Part D, insurance companies can ask further questions related to the conditions reported / request additional medical records from applicants for the relevant information during underwriting or re-underwriting of the individual IHIP coverage.

Insurance companies are flexible to print these 2nd tier questions on the same set of underwriting questionnaire for Part A & Part B or on separated loose sheet.

## General Guidance

1. Insurance companies are advised to follow the wording and the “Yes / No” format of Part A and Part B for best practice.

   To avoid applicants overlooking any of the required information for underwriting purposes, using one catchall tick box to replace asking “Yes” or “No” answer for each question is highly not recommended. If a catchall tick box is used, an alerting message reminding applicant to read and understand all the concerned conditions and implications, and stating clearly what the applicant is declaring by ticking a catchall box should appear so that the applicants are aware of their rights and obligations. If a catchall tick box for multiple conditions is used, an answer with “No” would imply that no follow-up questions is allowed in relation to any of the concerned conditions that the catchall tick box refers. In case of future disputes, the burden of proving such catchall question is sufficiently specific, clear and unambiguous shall rest with the insurance companies.

2. Insurance companies are flexible to:

    a. ask fewer questions or diseases. For Q7 or Q8, if just one disease is asked, the question can be asked as "Do <<you>> currently have <<name of disease>>?"

    b. ask information for a shorter timeframe.

    c. change the order of questions.

    d. ask the Supplementary General Information in Part C immediately after the correspondent question in Part A, e.g. asking type and frequency of smoking immediately following Q3 of Part A.

3. Please note that this questionnaire defines the maximum scope of questions that can be asked for the purpose of underwriting, and the insurance company should not use information that is not obtained through this questionnaire (including the supplementary questions and follow-up enquiries) for underwriting purpose. If an insurance company waives asking some or all of the standardized questions, it means that the company at the same time has waived using the information from these questions for underwriting purpose, including the relevant information that may be assessed through other means (e.g. answer to underwriting questions for other types of insurance products, claims records, etc.). It also means that the applicants are not obliged to disclose the information from these questions to the insurance companies. However, if an insurance company has asked a question, the relevant information that may be accessed through other means can be used for verifying accuracy of statements by the applicants (e.g. "no" to the question) and enhancing understanding of the information provided by the applicants for the question. See also Q&A Q24 for details.

**October 2020**

# Standardized Underwriting Questionnaire on Health-Related Information for Individual Indemnity Hospital Insurance Plans

# 個人償款住院保險產品 健康相關資料的標準核保問卷

## Part A – General Information 甲部 – 基本資料

If your answer to any of the questions 3 - 6 below is "Yes", please proceed to answer the relevant follow-up questions in Part C.
若以下第 3 至 6 項任何一項問題之答案為「是」者，請於丙部回答相關的跟進問題。

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | Height 身高 | | centimetres (cm) 厘米 | OR 或 | | feet / inches 呎 / 吋 |
| 2. | Weight 體重 | | kilogrammes (kg) 公斤 | OR 或 | | pounds (lbs) 磅 |

| **Please ✓ the appropriate boxes. 請在適當方格上填上 ✓** | **Yes 是** | **No 否** |
|---|---|---|
| 3. Smoking habit 吸煙習慣<br><br>Do <<*you*>> smoke or have <<*you*>> smoked in the last <<*insert a period of not more than 5 years*>>?<br><<*您*>>有沒有吸煙或在過去<<*填入不超過五年的時間*>>內曾否吸煙？<br><br>For the purpose of this question, the meaning of "smoking" includes but is not limited to <<*insert from list below: cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes)* >>.<br>「吸煙」在此問題的含義包括但不限於<<*從以下表單填入：香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）*>>。 | ☐ | ☐ |
| 4. Alcohol consumption 飲酒<br><br>In the last <<*insert a period of not more than 12 months*>>, on average do <<*you*>> drink alcoholic beverage for more than <<*insert a frequency, e.g. 3 times*>> in a week?<br>在過去<<*填入不超過十二個月的時間*>>內，<<*您*>>是否平均每週飲用酒精飲品超過<<*填入頻密次數，如三次*>>？ | ☐ | ☐ |
| 5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物<br><br>In the last <<*insert a period of not more than 5 years*>>, have <<*you*>> used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than <<*insert a period of not less than one (1) month*>>?<br>在過去<<*填入不超過五年的時間*>>內，<<*您*>>曾否持續超過<<*填入不少於一個月的時間*>>使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？ | ☐ | ☐ |

| | | | |
|---|---|---|---|
| 6. | Have <<*you*>> engaged in the following activities within the last 12 months or will <<*you*>> engage / intend to engage in the following activities within the next 12 months?<br><<*您*>>曾否在過去十二個月內或會否在未來十二個月內參與以下活動？ | | |
| | (a) any hazardous sports or activities (such as <<*insert types of hazardous activities, e.g. diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding*>>).<br>任何危險性運動或活動（例如：<<*填入危險性活動，如潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行*>>）？ | ☐ | ☐ |
| | (b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes.<br>飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務） | ☐ | ☐ |

## Part B – Health Information　乙部 – 健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below –
申請人須知：無需於乙部問題披露以下健康狀況或治療 –

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.
傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

If your answer to any of the questions 7 – 17 below is "Yes", please proceed to answer the relevant follow-up questions in Part D.
若以下第 7 至 17 項任何一項問題之答案為「是」者，請於丁部回答相關的跟進問題。

| **Please ✓ the appropriate boxes.**<br>**請在適當方格上填上 ✓** | **Yes**<br>**是** | **No**<br>**否** |
|---|---|---|
| 7. Have <<*you*>> ever been diagnosed with any of the following diseases or medical conditions?<br><<*您*>>是否曾被確診下列疾病或健康狀況？<br><br><<*Insurer can ask fewer diseases or medical conditions from the following list*>><br><<*保險公司可按需要刪減下列詢問的疾病或健康狀況*>> | | |
| (a) Cancer or carcinoma in situ<br>癌症或原位癌 | ☐ | ☐ |
| (b) Brain tumor<br>腦部腫瘤 | ☐ | ☐ |
| (c) Heart disease<br>心臟疾病 | ☐ | ☐ |
| (d) Stroke (including transient ischemic attack (TIA))<br>中風（包括短暫性腦缺血，俗稱「小中風」） | ☐ | ☐ |
| (e) Hypertension<br>高血壓 | ☐ | ☐ |
| (f) Diabetes mellitus or impaired glucose tolerance<br>糖尿病或葡萄糖耐量異常 | ☐ | ☐ |
| (g) Kidney disease<br>腎病 | ☐ | ☐ |
| (h) Prolapsed intervertebral disc or degenerative spine conditions<br>椎間盤突出或脊椎退化性疾病 | ☐ | ☐ |
| (i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body<br>需要植入醫療儀器或義肢的疾病或健康狀況 | ☐ | ☐ |
| (j) Human immunodeficiency virus ("HIV") infection<br>人體免疫力缺乏病毒（愛滋病病毒）感染 | ☐ | ☐ |
| (k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)<br>先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常） | ☐ | ☐ |
| (l) Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing<br>身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 | ☐ | ☐ |

| | | | |
|---|---|---|---|
| | (m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)<br>精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症） | ☐ | ☐ |
| | (n) Hypercholesterolemia or Hyperlipidemia<br>高膽固醇症或高血脂症 | ☐ | ☐ |
| | (o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)<br>肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化） | ☐ | ☐ |
| | (p) Multiple sclerosis<br>多發性硬化症 | ☐ | ☐ |
| 8. | Do <<*you*>> currently have any of the following diseases or medical conditions?<br><<*您*>>目前是否患有下列疾病或健康狀況？<br><br><<*Insurer can ask fewer diseases or medical conditions from the following list*>><br><<*保險公司可按需要刪減下列詢問的疾病或健康狀況*>> | | |
| | (a) Hernia<br>疝氣（俗稱「小腸氣」） | ☐ | ☐ |
| | (b) Breast lesion (tumour / mass / lump / cyst / nodule / growth)<br>乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生） | ☐ | ☐ |
| | (c) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)<br>子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘜肉 / 結節 / 增生） | ☐ | ☐ |
| | (d) Benign prostatic hypertrophy<br>良性前列腺肥大 | ☐ | ☐ |
| | (e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)<br>膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石） | ☐ | ☐ |
| | (f) Cataract, glaucoma or retinopathy<br>白內障、青光眼或視網膜病變 | ☐ | ☐ |
| | (g) Arthritis or other joint disorder<br>關節炎或其他關節疾病 | ☐ | ☐ |
| 9. | In the last <<*insert a period of not more than 5 years*>>, have <<*you*>> ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?<br>在過去<<*填入不超過五年的時間*>>內，<<*您*>>是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？ | ☐ | ☐ |
| 10. | In the last <<*insert a period of not more than 5 years*>>, have <<*you*>> been advised by <<*your*>> doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than <<*insert a period of not less than one (1) month*>>?<br>在過去<<*填入不超過五年的時間*>>內，<<*您*>>是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過<<*填入不少於一個月的時間*>>的處方藥物？ | ☐ | ☐ |

| | | | |
|---|---|---|---|
| 11. | In the last <<*insert a period of not more than 5 years*>>, have <<*you*>> been admitted into a hospital?<br>在過去<<*填入不超過五年的時間*>>內，<<*您*>>是否曾入住醫院？ | ☐ | ☐ |
| 12. | In the last <<*insert a period of not more than 5 years*>>, have <<*you*>> undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?<br>在過去<<*填入不超過五年的時間*>>內，<<*您*>>是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？ | ☐ | ☐ |
| 13. | In the last <<*insert a period of not more than 5 years*>>, have <<*you*>> ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?<br>在過去<<*填入不超過五年的時間*>>內，<<*您*>>是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X 光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？<br><br>If the answer is "Yes", do <<*your*>> investigation result(s) include the followings?<br>如果答案屬「是」，<<*您的*>>檢查結果是否包括下列情況？<br><br><<*Insurer can ask fewer criteria from the following list*>><br><<*保險公司可按需要刪減下列詢問的準則*>> | ☐ | ☐ |
| | (a) Normal test result is advised<br>檢驗結果正常 | ☐ | ☐ |
| | (b) Abnormal test result is advised<br>檢驗結果異常 | ☐ | ☐ |
| | (c) <<*you*>> are still awaiting test / test result<br><<*您*>>正等候檢驗或檢驗結果 | ☐ | ☐ |
| | (d) Test result is inconclusive or uncertain (retesting or follow up test is required)<br>檢驗結果為無定論或不確定（需要重新或進一步檢驗） | ☐ | ☐ |
| | (e) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)<br>就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化） | ☐ | ☐ |

| | | |
|---|---|---|
| 14. Apart from anything <<*you*>> have already disclosed in Questions 7 - 13, do <<*you*>> have any of the following conditions?<br>除了<<*您*>>在第 7 至 13 項問題中已披露的資料外，<<*您*>>是否有下列情況？ | | |
| (a) Unintentional weight loss by more than <<*insert a weight, e.g. 5 kg (11 lbs)*>> over past <<*insert a period of not more than 1 year*>><br>在過去<<*填入不超過一年的時間*>>內，體重無故地減少了<<*填入重量，如 5 公斤（11 磅）*>>以上 | ☐ | ☐ |
| (b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month<br>不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月 | ☐ | ☐ |
| (c) In the last <<*insert a period of not more than 1 year*>>, <<*you*>> had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom<br>在過去<<*填入不超過一年的時間*>>內，<<*您*>>有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治 | ☐ | ☐ |
| (d) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that <<*you*>> are seeking or intend to seek medical advice<br>其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見 | ☐ | ☐ |
| **[For female only　只適用於女性]**<br><br>15. Are <<*you*>> currently pregnant?<br><<*您*>>現時是否懷孕？ | ☐ | ☐ |
| **[For insured children aged 6 or below only　只適用於六歲或以下之受保兒童]**<br><br>16. Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)?<br>受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤（5.5 磅）？ | ☐ | ☐ |

| | | | |
|---|---|---|---|
| 17. | At your best knowledge, have any of <<*your*>> <<insert : parents or siblings / parents>> by blood been diagnosed with any of the following diseases or medical conditions at or before age <<*insert a number not more than 60*>>:<br>就您所知，<<*您*>>的親生<<*填入：父母或兄弟姊妹 / 父母*>>曾否於<<*填入六十或以下的數字*>>歲或以前被確診下列疾病或健康狀況：<br><br><<*Insurer can ask fewer diseases or medical conditions from the following list*>><br><<*保險公司可按需要刪減下列詢問的疾病或健康狀況*>> | | |
| | (a) Cancer<br>癌症 | ☐ | ☐ |
| | (b) Coronary heart disease<br>冠心病 | ☐ | ☐ |
| | (c) Diabetes mellitus<br>糖尿病 | ☐ | ☐ |
| | (d) Motor neuron disease<br>運動神經元疾病 | ☐ | ☐ |
| | (e) Multiple sclerosis<br>多發性硬化症 | ☐ | ☐ |
| | (f) Stroke<br>中風 | ☐ | ☐ |
| | (g) Parkinson's disease<br>柏金遜症 | ☐ | ☐ |
| | (h) Hereditary diseases -<br>including *cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.*<br>遺傳病 -<br>包括*囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。* | ☐ | ☐ |

**Part C – Supplementary General Information** 丙部 – 基本資料補充

*<<In this part, insurance companies may set out the required information into pre-defined categories (e.g. x times per week) to ease answering the questions.>>*
*<<在此部分，保險公司可就所需資料預設分項（如每週 x 次）以便作答。>>*

If the answer to any of the questions 3 – 6 in Part A is "Yes", please provide additional information as applicable –
若甲部第 3 至 6 項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 –

| ☐ **Question no. 3**<br>**題號 3** | *<<Follow-up question to Q3>>*<br>*<<題號 3 之跟進問題>>* |
|---|---|

(1) Type of tobacco product
煙草產品種類

(2) Duration of smoking habit, and frequency and quantity of consumption
吸煙習慣的持續時間、頻密度及吸食份量

(3) If <<*you*>> no longer smoke now,
若<<*您*>>現時已沒有吸煙，

(a) when did <<*you*>> quit smoking?
請問<<*您*>>是何時戒煙的？

(b) are <<*you*>> advised by doctor to quit smoking and for what reason?
是否醫生建議戒煙及原因為何？

| ☐ **Question no. 4**<br>**題號 4** | *<<Follow-up question to Q4>>*<br>*<<題號 4 之跟進問題>>* |
|---|---|

(1) Type of alcoholic beverage
酒精飲品種類

(2) Duration of drinking habit, and frequency and quantity of consumption
飲酒習慣的持續時間、頻密度及飲用份量

(3) If <<*you*>> no longer drink now,
若<<*您*>>現時已沒有飲酒，

(a) when did <<*you*>> quit drinking?
請問<<*您*>>是何時戒酒的？

(b) are <<*you*>> advised by doctor to quit drinking and for what reason?
是否醫生建議戒酒及原因為何？

| ☐ **Question no. 5**<br>**題號 5** | *<<Follow-up question to Q5>>*<br>*<<題號 5 之跟進問題>>* |
|---|---|

(1) Type of drugs
藥物種類

(2) Duration, frequency and quantity of consumption
用藥持續時間、頻密度及份量

| ☐ **Question no. 6**<br>**題號 6** | *<<Follow-up question to Q6>>*<br>*<<題號 6 之跟進問題>>* |
|---|---|

(1) Type of activity
活動種類

(2) Duration and frequency of engagement in the activity
參與活動的持續時間及頻密度

| **Part D – Supplementary Health Information　丁部 – 健康資料補充**<br><br>If the answer to any of the questions 7-14 in Part B is "Yes", please provide additional information as applicable –<br>若乙部第 7 至 14 項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 – | |
|---|---|
| ☐ **Question No. ___**<br>**題號___** | *<<Follow-up questions to each of Q7-14 as applicable>>*<br>*<<題號 7-14 每題適用之跟進問題>>* |
| (1) Disease / medical condition / sign and symptom<br>疾病 / 健康狀況 / 病徵及症狀 | *<<XXX>>* |
| (2) Date of first occurrence of sign and symptom<br>首次出現病徵及症狀的日期 | *<<DD/MM/YY>>*<br>*<<日/月/年>>* |
| (3)<br>(a) Treatment / investigations / tests / scans that have been performed<br>已進行的治療 / 檢查 / 測試 / 掃描<br><br>(b) Date of such treatment / investigation / tests / scan<br>有關治療 / 檢查 / 測試 / 掃描日期 | *<<XXX>>*<br><br>*<<DD/MM/YY>>*<br>*<<日/月/年>>* |
| (4) Present condition (such as whether fully recovered, follow up action / medication / next follow up date)<br>現況（例如是否已完全康復、有否跟進/ 服用跟進藥物 / 下次覆診日期） | *<<XXX>>* |
| (5) Date of last follow-up medical consultation / treatment<br>最後覆診 / 治療日期 | *<<DD/MM/YY>>*<br>*<<日/月/年>>* |
| (6) Name of doctor who treated the disease / sickness / medical condition / sign and symptom<br>治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名 | *<<XXX>>*<br><br>*(Note: written consents from applicant are needed before an insurance company may approach the applicant's doctor for access to his / her medical records)*<br>*（注意：在保險公司聯絡申請人的醫生以獲取其醫療記錄前，需獲得申請人的書面同意。）* |
| (7) Name of Hospital, where applicable<br>醫院名稱（如適用） | *<<XXX>>*<br><br>*(Note: written consents from applicant are needed before an insurance company may approach the hospital for access to his / her medical records)*<br>*（注意：在保險公司聯絡申請人的醫院以獲取其醫療記錄前，需獲得申請人的書面同意。）* |

* Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

## Part D – Supplementary Health Information (cont'd) 丁部 – 健康資料補充（續）

If the answer to any of the questions 15-17 in Part B is "Yes", please provide additional information as applicable –
若乙部第 15 至 17 項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 –

| ☐ **Question No. 15**<br>**題號 15** | *<<Follow-up question to Q15>>*<br>*<<題號 15 之跟進問題>>* |
|---|---|

*<<Expected date of delivery: _____DD_____MM_____YY>>*
*<<預產日期：_____日_____月_____年>>*

*<<Applicable to insurance products with pregnancy-related coverage or situation that the expected date of delivery will affect underwriting decision.>>*
*<<適用於提供產科保障的保險產品，或預產期會影響核保決定的情況。>>*

| ☐ **Question No. 16**<br>**題號 16** | *<<Follow-up question to Q16>>*<br>*<<題號 16 之跟進問題>>* |
|---|---|

(1) At which week of pregnancy was the insured child born?
受保兒童在孕期哪一週出生？

*<<Insurer can define not more than 4 ranges>>*
*<<保險公司可按需要設定不超過 4 個範圍準則>>*

- ☐ more than *<<37>>* weeks
  多於 *<<37>>* 週
- ☐ *<<32 to 37>>* weeks
  *<<32 至 37>>* 週
- ☐ *<<28 to 31>>* weeks
  *<<28 至 31>>* 週
- ☐ less than *<<28>>* weeks
  少於 *<<28>>* 週

(2) Body weight at birth
出生時體重

*<<Insurer can define not more than 4 ranges>>*
*<<保險公司可按需要設定不超過 4 個範圍準則>>*

- ☐ more than *<<2.50>>* kg / *<<5.51>>* lbs
  多於*<<2.50>>*公斤 / *<<5.51>>*磅
- ☐ *<<1.51 - 2.50>>* kg / *<<3.32 - 5.51>>* lbs
  *<<1.51 - 2.50>>* 公斤 / *<<3.32 - 5.51>>* 磅
- ☐ *<<1.00 - 1.50>>* kg / *<<2.20 - 3.31>>* lbs
  *<<1.00 - 1.50>>* 公斤 / *<<2.20 - 3.31>>* 磅
- ☐ less than *<<1.00>>* kg / *<<2.20>>* lbs
  少於 *<<1.00>>* 公斤 / *<<2.20>>* 磅

| ☐ **Question No. 17**<br>**題號 17** | *<<Follow-up question to Q17>>*<br>*<<題號 17 之跟進問題>>* |
|---|---|

(1) Which family member? 哪個親屬？

(2) Which disease? 哪種疾病？

(3) Onset age of disease 病發年齡

*<<Insurer can define not more than 4 ranges>>*
*<<保險公司可按需要設定不超過 4 個範圍準則>>*

☐ age at or below *<<30>>*
*<<30>>* 歲或以下

☐ age *<<31-40>>*
*<<31-40>>* 歲

☐ age *<<41-50>>*
*<<41-50>>* 歲

☐ age *<<51-60>>*
*<<51-60>>* 歲

# Statement for Collection of Information

The following statement has stated the purpose of collecting information on the questionnaire and the applicant is required to provide the complete and accurate information to the best of his/her knowledge and belief. This statement should be included in the application form, either as separate section or incorporated into other statements of the application form:

(i) *This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.*

(ii) *As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.*

(iii) *If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.*

(iv) *Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).*

# 資料收集聲明

以下聲明闡述核保問卷收集資料之目的，以及申請人須盡其所知所信提供完整及準確的資料。此聲明應以獨立部分包含在申請表中，或併入申請表的其他聲明中：

*(i)* *此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。*

*(ii)* *作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。*

*(iii)* *若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。*

*(iv)* *即使已成功投保並獲簽發保單，若閣下未按（ii）所述盡其所知所信向本公司提供完整及準確的資料，或未按（iii）所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。*