



ace insurance

ACE Insurance Limited
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ACE Healthcare Plan – Special Offer Enrollment Form

Please call ACE Insurance Application Hotline at 3191 6222 or complete this Enrollment Form and fax it to 2519 3233.

[X] YES, I would like to enroll in the "ACE Healthcare Plan". (Please tick "✓" the appropriate box.)

Table with columns: Benefits, Benefit Amount (HK\$) (Plan 1, Plan 2, Plan 3). Rows include Hospital Cash Benefit, Post Hospitalization Clinical Service, and Monthly Premium Per Insured Person (HK\$) by age group.

* Premium will increase upon entering each higher age group

Personal Information of Proposed Policyholder (Please fill in capital letters):

Form fields for Name, Sex, Date of Birth, Mobile Phone No., Tel No. (Office), Tel No. (Home), and Hong Kong Residential Address.

Personal Information of Family Members (Please fill in your family member's information if you want to enroll them in this plan)

Table with columns: Name, Date of Birth, Relationship, HKID card number. Includes rows for 'Same as above', Spouse, Child 1, and Child 2.

I authorize ACE Insurance Limited to debit the monthly premium payable under my ACE Healthcare Plan, from my Credit Card/Bank Account stated below and pay to ACE Insurance Limited.

[] Credit Card Type : [] VISA [] MasterCard Credit Card No : _____ - _____ - _____ - _____ Expiry Date : (M / Y)

[] Bank Account No : _____ - _____ - _____ Bank No. Branch No. Account No. Bank Name

DECLARATION

- I/I and my covered family members declare that the above information is, to the best of my/our knowledge, true and complete, and will form the basis of my/our contract with ACE Insurance Limited.
- I/I and my covered family members understand that only aged between 18 and 60 is eligible to enroll into this plan. I also understand that if I enroll in this plan, my spouse aged between 18 and 60 and my child/children who is/are over 30 days is/are eligible to enroll in this plan. All insured persons should hold valid H.K. I.D. Card and reside in Hong Kong during the period of insurance.
- I/I and my covered family members understand that my/our pre-existing medical conditions will not be covered for the first 12 months.
- I understand that upon my enrollment, the premium will be debited from the above Nominated Account. I/I and my covered family members understand that the premium will increase on next Anniversary Date upon entering each higher age group.
- I also understand that I am entitled to a 14-day free review period of the policy. If I am not completely satisfied with the policy, I can return it within 14 days upon receipt and will get a full refund of premium paid.
- I/I and my covered family members understand that the ACE Insurance Limited (“the Company”) has the right to reject my/our application for this plan. I/ we also understand that the exact terms and conditions, and exclusions should be referred to the actual policy document.
- I/I and my covered family members hereby give my/our consent and authorize that the Company may disclose, verify and/or exchange any information supplied to the Company without further notification to me/us confidentially with its affiliated companies and/or other parties for considering my/our application(s) to any new insurance policies and administering policies taken out with the Company, customer services, marketing and related activities, until the Company receives my/our written instruction to the contrary. Upon my/our written request, the Company shall, without charge, cease to use my/our personal information for purposes other than directly related to my/our insurance policies.
- I/I and my covered family members understand that I/we may give a written contact to the Company's Data Privacy Officer at 25/F, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong for any request to access to and/or correct any information supplied to the Company. I/we also understand that the Company may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

Signature of Proposed Policyholder: _____
(Signature must be the same as that on your Nominated Account)

Date: _____
(dd/mm/yyyy)

Exact terms and conditions, and exclusions should be referred to the actual Policy. Acceptance of this application is subject to the final decision of ACE Insurance Limited.