天安财险
TIANAN PROPERTY INSURANCE

天安财产保险股份有限公司
☏: 95505
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个 人 全 球 医 疗 保 险 投 保 书
Individual Global Health Insurance Application Form

重要注释 Important Notes：

1. 在填写本投保申请前，您可以要求业务人员向您提供保险条款。请仔细阅读条款，尤其是除外责任、赔偿限额、免赔额、犹豫期、保险责任终止等黑体字标注的条款内容，并听取业务人员的说明，如对业务人员的说明有不明白或有异议的，请在填写本投保单之前向业务人员进行询问，如未询问，视同已经对条款内容完全理解并无异议。
Please ask your personal consultant for the insurance clause before fill in this application form. Please carefully read the clause, especially for policy exclusions, annual limit, deductible, free-look period, cancellation/termination of cover, and the others which are all highlighted in bold. You can enquire of your consultant if need any clarification before fill in this application form, otherwise you are deemed to fully understand the clause and have no objection.
2. **请如实填写本表内容并确定所填写的内容全部正确无误，根据保险法和相关规定，如您未履行如实告知义务，则可能会导致保险合同被解除或者本公司不承担相关保险责任。**
Under Insurance Law or any subsequent amendment, you are to disclose in the Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
3. 投保人对被保险人应当具有保险利益，否则依据保险法合同无效。
A policyholder shall own the insurable interest in the objects of insurance, otherwise the insurance contract shall be invalid.
4. 本投保单为保险合同的重要组成部分。请用蓝色或黑色墨水笔以中文或英文正楷填写，不得涂改，并由投保人、被保险人（或其法定监护人）亲笔签字。
This application form is an important part of the insurance contract. Please fill in it in Chinese or English block letters with blue or black ink, and shall not alter. There must be handwritten signature of the policyholder and the insured person(s) (or legal guardian).
5. 请完整填写下列所有问题，并在适当的空格内填上“√”，如有遗漏，则该问题被视为回答“否”。
Please complete this form by answering carefully all questions and “√” the boxes where appropriate. Any question not answered on this form will be taken as an answer in the negative.
6. 退保时，若保险期间内无理赔记录，则按条款列明的退费比例退还保费。若已有理赔记录，则退还保费为零。
For cancellation, premium will be refund according to “premium refund table” stated in the clause provided that no claims have been made during the insurance period. No premium refund if any claim has been made.
7. 对于直接付费服务，如有任何计算错误或不属保障范围的项目，您有义务接受理赔款的最终调整。
For direct billing service, you are obligated to accept the final adjustment in charges and actions if there is any miscalculation or uncovered item according to the terms and conditions of the Policy.
8. **若任何被保险人停止在中国大陆居住超过连续三个月的话，请及时通知本公司。本公司保留改变保费或拒绝承保的权利。**
Please inform us immediately if any of the insureds leave China for a period of three consecutive months. We reserve the right to revise the premium or to decline.
9. 投保时请提供投保人及所有被保险人的有效的护照或身份证件复印件。Please provide valid passport / ID copy of policyholder and all the insureds.
10. 请您了解本公司的偿付能力充足率已达到了监管要求，若需进一步了解本公司最新季度的偿付能力信息及风险综合评级结果，请登录天安财产保险股份有限公司官网 www.95505.com.cn 查询，该信息可以作为您决定是否投保的参考信息。
Please be aware that the insurer’s solvency ratio is well matched with regulatory requirements. For detailed information if needed in the insurer’s solvency report and comprehensive risk rating report in the latest quarter, please access to the insurer’s official website www.95505.com.cn The solvency related information can be taken as significant reference when applying for the insurance
11. **如您居住地为北上广深津以外的城市，则被保险人在非北上广深津医疗机构就诊理赔次数全年不得低于 80%，否则续保时可能会有限制并重新核保。**
If you apply the policy as non-Beijing/Shanghai/Guangzhou/Shenzhen/Tianjin residents, the total claim counts occurred in one policy year out of Beijing /Shanghai/Guangzhou/Shenzhen/Tianjin should no less than 80%, or we will re-underwrite your policy or apply limitations upon renewal.
12. 我司指定第三方服务商中间带（北京）技术服务有限公司为您医院就诊及健康维护等提供服务，服务商官方客服电话 400-880-8820。具体服务内容详见保单后附服务手册。
We authorize MediLink-Global Technology Services Co. Ltd as our third party service providers to provide service for you such as hospital and health management, you can call the hotline 400-880-8820 to apply for the service. The detailed service content can be found attached to the policy.
13. 若英文译本与中文有异，以中文版本为准。
Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

第一部分 – 投保人信息（如您的通讯地址有所更改，请及时通知我们）
Part 1 – Particulars of Policyholder (please keep us informed of any change of your address.)

姓名 (必须与身份证或护照相同)： Name (as on ID or passport):		国籍： Nationality:
性别 Gender: ☐ 男 M ☐ 女 F		婚姻状况 Marital Status：☐单身 Single ☐已婚 Married
通讯地址： Correspondence Address:		邮政编码： Post Code:
身份证件或护照号码： Passport or ID #:	出生日期（日/月/年） Date of Birth (dd/mm/yyyy)	
行业及职业/职位： Industry and Occupation/ Job Position:	您目前在中国是：☐工作 ☐生活 ☐学习 Currently you are in China for: ☐working ☐living ☐studying	
手提电话： Mobile No.:	电子邮箱： Email:	

第二部分 – 主被保险/附属被保险人信息
（投保人应当对下列被保险人具有保险利益，附属被保险人应当为主被保险人的家属，即配偶和子女）
Part 2 – Particulars of Main Insured / Insured Persons (The policyholder shall own the insurable interest in the objects of insurance. The Insured Persons shall be the Main Insured Person's spouse and/or children）

	主被保险人 Main Insured	附属被保险人1 Insured Person 1	附属被保险人2 Insured Person 2	附属被保险人3 Insured Person 3
1）姓名 Name				
2）性别 Gender				
3）身份证或护照号码 ID or Passport NO.				
4）出生日期（日/月/年） Date of Birth (dd/mm/yyyy)				
5）国籍 Nationality				
6）身高 / 体重 Height (cm) / Weight (kg)				
7）行业及职业/职位 Industry and Occupation / Job Position				
8）目前在中国是： Currently you are in China for:	☐工作 Working ☐生活 living ☐学习 Studying	☐工作 Working ☐生活 living ☐学习 Studying	☐工作 Working ☐生活 living ☐学习 Studying	☐工作 Working ☐生活 living ☐学习 Studying
9)您是否拥有公费医疗或基本医疗保险? Do you have Free medical care or Social basic medical insurance?	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No
10)您是否拥有其他费用补偿型医疗保险? Do you have any other expenses compensation medical insurance?	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No
11）关系说明 Relationship	与投保人关系 Relationship to Policyholder ☐ 本人 Policyholder ☐ 配偶 Spouse ☐ 子女 Child ☐ 父母 Parent	与主被保险人关系 Relationship to Main Insured ☐ 配偶 Spouse ☐ 子女 Child	与主被保险人关系 Relationship to Main Insured ☐ 配偶 Spouse ☐ 子女 Child	与主被保险人关系 Relationship to Main Insured ☐ 配偶 Spouse ☐ 子女 Child
12）您吸烟吗？ Are you a Smoker?	☐ 是，有_____年吸烟史 Yes,_____Years of Smoking ☐ 否 No	☐ 是，有_____年吸烟史 Yes,_____Years of Smoking ☐ 否 No	☐ 是，有_____年吸烟史 Yes,_____Years of Smoking ☐ 否 No	☐ 是，有_____年吸烟史 Yes,_____Years of Smoking ☐ 否 No
17）保险计划选择 Insurance Plan Selected	☐ 大陆保障(保障地域：中国大陆，不含港澳台地区) China(Mainland China，ex.HK,Taiwai, Macau) ☐ 大陆增强保障(保障地域同大陆以及在中国大陆地区以外地区发生的紧急医疗费用) China Plus(Emergency Coverage outside Mainland China) ☐ 大陆及港澳台保障(保障地域：中国大陆，香港，澳门和台湾地区) Greater China(Mainland China, Hong Kong, Macao and Taiwan) ☐ 大陆及港澳台增强保障	大陆保障(保障地域：中国大陆，不含港澳台地区) China(Mainland China，ex.HK,Taiwai, Macau) ☐ 大陆增强保障(保障地域同大陆以及在中国大陆地区以外地区发生的紧急医疗费用) China Plus(Emergency Coverage outside Mainland China) ☐ 大陆及港澳台保障(保障地域：中国大陆，香港，澳门和台湾地区) Greater China(Mainland China, Hong Kong, Macao and Taiwan) ☐ 大陆及港澳台增强保障(保障地域同大陆及港澳台	大陆保障(保障地域：中国大陆，不含港澳台地区) China(Mainland China，ex.HK,Taiwai, Macau) ☐ 大陆增强保障(保障地域同大陆以及在中国大陆地区以外地区发生的紧急医疗费用) China Plus(Emergency Coverage outside Mainland China) ☐ 大陆及港澳台保障(保障地域：中国大陆，香港，澳门和台湾地区) Greater China(Mainland China, Hong Kong, Macao and Taiwan) ☐ 大陆及港澳台增强保障(保障地域同大陆及港澳台	大陆保障(保障地域：中国大陆，不含港澳台地区) China(Mainland China，ex.HK,Taiwai, Macau) ☐ 大陆增强保障(保障地域同大陆以及在中国大陆地区以外地区发生的紧急医疗费用) China Plus(Emergency Coverage outside Mainland China) ☐ 大陆及港澳台保障(保障地域：中国大陆，香港，澳门和台湾地区) Greater China(Mainland China, Hong Kong, Macao and Taiwan) ☐ 大陆及港澳台增强保障(保障地域同大陆及港澳台

	(保障地域同大陆及港澳台保障，以及在中国大陆，香港，澳门和台湾地区以外地区发生的紧急医疗费用) Greater China Plus(Emergency Coverage outside Mainland China, Hong Kong, Macao and Taiwan) ☐ 国际保障(保障地域：美国和加拿大以外的所有国家和地区) International (ex. US.CA) ☐ 国际增强保障(保障地域同国际保障，以及在美国和加拿大发生的紧急医疗费用) International Plus(Emergency Coverage in the U.S. and Canada) ☐ 全球保障(保障地域：全球) Worldwide(No Area Exclusions)	保障，以及在中国大陆，香港，澳门和台湾地区以外地区发生的紧急医疗费用) Greater China Plus(Emergency Coverage outside Mainland China, Hong Kong, Macao and Taiwan) ☐ 国际保障(保障地域：美国和加拿大以外的所有国家和地区) International (ex. US.CA) ☐ 国际增强保障(保障地域同国际保障，以及在美国和加拿大发生的紧急医疗费用) International Plus(Emergency Coverage in the U.S. and Canada) ☐ 全球保障(保障地域：全球) Worldwide(No Area Exclusions)	保障，以及在中国大陆，香港，澳门和台湾地区以外地区发生的紧急医疗费用) Greater China Plus(Emergency Coverage outside Mainland China, Hong Kong, Macao and Taiwan) ☐ 国际保障(保障地域：美国和加拿大以外的所有国家和地区) International (ex. US.CA) ☐ 国际增强保障(保障地域同国际保障，以及在美国和加拿大发生的紧急医疗费用) International Plus(Emergency Coverage in the U.S. and Canada) ☐ 全球保障(保障地域：全球) Worldwide(No Area Exclusions)	保障，以及在中国大陆，香港，澳门和台湾地区以外地区发生的紧急医疗费用) Greater China Plus(Emergency Coverage outside Mainland China, Hong Kong, Macao and Taiwan) ☐ 国际保障(保障地域：美国和加拿大以外的所有国家和地区) International (ex. US.CA) ☐ 国际增强保障(保障地域同国际保障，以及在美国和加拿大发生的紧急医疗费用) International Plus(Emergency Coverage in the U.S. and Canada) ☐ 全球保障(保障地域：全球) Worldwide(No Area Exclusions)
14) 保险计划等待期 Insurance Plan Waiting Period	☐ 无 N ☐ 30 天 30 Days	☐ 无 N ☐ 30 天 30 Days	☐ 无 N ☐ 30 天 30 Days	☐ 无 N ☐ 30 天 30 Days
15)是否包含昂贵医院 HCP	☐ 有 Y 自付比例 Co-payment: ☐0% ☐20% ☐40% ☐其他 ☐ 无 N	☐ 有 Y 自付比例 Co-payment: ☐0% ☐20% ☐40% ☐其他 ☐ 无 N	☐ 有 Y 自付比例 Co-payment: ☐0% ☐20% ☐40% ☐其他 ☐ 无 N	☐ 有 Y 自付比例 Co-payment: ☐0% ☐20% ☐40% ☐其他 ☐ 无 N
16) 可选附加利益 Additional Benefit	牙科 Dental ☐ RMB 2,000 ☐ RMB 5,000 ☐ RMB 10,000 体检 Physical Examination ☐ RMB 3,200 ☐ RMB 5,000	牙科 Dental ☐ RMB 2,000 ☐ RMB 5,000 ☐ RMB 10,000 体检 Physical Examination ☐ RMB 3,200 ☐ RMB 5,000	牙科 Dental ☐ RMB 2,000 ☐ RMB 5,000 ☐ RMB 10,000 体检 Physical Examination ☐ RMB 3,200 ☐ RMB 5,000	牙科 Dental ☐ RMB 2,000 ☐ RMB 5,000 ☐ RMB 10,000 体检 Physical Examination ☐ RMB 3,200 ☐ RMB 5,000
17) 可选附加利益 Additional Benefit	生育 Maternity ☐ 大陆保障 RMB 40.000 ☐大陆增强保障 RMB 40.000 ☐ 大陆及港澳台保障 RMB 68.000 ☐ 大陆及港澳台增强保障 RMB 68.000 ☐ 国际保障 RMB 68.000 ☐国际增强保障 RMB 68.000 ☐ 全球保障 RMB 80,000	生育 Maternity ☐ 大陆保障 RMB 40.000 ☐大陆增强保障 RMB 40.000 ☐ 大陆及港澳台保障 RMB 68.000 ☐ 大陆及港澳台增强保障 RMB 68.000 ☐ 国际保障 RMB 68.000 ☐国际增强保障 RMB 68.000 ☐ 全球保障 RMB 80,000	生育 Maternity ☐ 大陆保障 RMB 40.000 ☐大陆增强保障 RMB 40.000 ☐ 大陆及港澳台保障 RMB 68.000 ☐ 大陆及港澳台增强保障 RMB 68.000 ☐ 国际保障 RMB 68.000 ☐国际增强保障 RMB 68.000 ☐ 全球保障 RMB 80,000	生育 Maternity ☐ 大陆保障 RMB 40.000 ☐大陆增强保障 RMB 40.000 ☐ 大陆及港澳台保障 RMB 68.000 ☐ 大陆及港澳台增强保障 RMB 68.000 ☐ 国际保障 RMB 68.000 ☐国际增强保障 RMB 68.000 ☐ 全球保障 RMB 80,000

注 Note：
1. 未成年子女必须跟随父亲或母亲一起投保，且附属被保险人的保障不得超过主被保险人的保障。（如有需要请另附纸张）Application for children must include at least one parent. Insured Persons’ coverage should not be higher than Main Insured’s. (If more space is required, please continue on a separate sheet of paper.)
2. 首次投保的年龄为出生后 15 天至 70 周岁，续保最高可至 99 周岁。Entry age is from 15 days to 70 years old, and can renew up to 99 years old.

第三部分 – 医疗问卷 Part 3 – Medical Questionnaire

Part A -请务必如实声明您的个人健康状况。如有遗漏，则该问题被视为回答"否"。
You must declare your medical history fully and faithfully. Any question not answered on this form will be taken as an answer in the negative.

请每位被保险人根据下列问题选择"是/否"中的一项。 Please consider the following questions as they apply to each of the insured persons. Answer each question by clearly ticking one of the corresponding Yes/No boxes and completing the details where required.	主被保险人 Main Insured		附属被保险人1 Insured Person 1		附属被保险人2 Insured Person 2		附属被保险人3 Insured Person 3	
1.任何被保险人是否曾被诊断为以下疾病、或因以下疾病正在进行就诊、或正在接受治疗： 脑瘤、癌症/恶性肿瘤、心脏病、中风、 糖尿病、乙肝、丙肝、丁肝、肝硬化、肝衰竭、高血压、慢性阻塞性肺病、系统性红斑狼疮、多发性硬化、 精神疾病、 肾衰竭以及肾透析？ Has the proposed insured ever had or been diagnosed with,or am/are currently under investigation for brain tumour, cancer, heart disease, stroke,diabetes mellitus, hepatitis B, hepatitis C, hepatitis D, liver cirrhosis, liver failure, high blood pressure, chronic obstructive pulmonary disease, systemic lupus erythematosus, multiple sclerosis, psychiatric condition, kidney failure or undergoing kidney dialysis?	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐
2.在过去的十二（12）个月中，不论是否为处方药，您是否接受过医生的建议，一周 3 次至少连续 3 周重复服用或正在服用某药物（包括注射） ？（不包括维生素、保健品和抗氧化剂。） In the last 12 months has any Insured Person been advised by a doctor or a health professional or an alternative practitioner to take, or taking, any repeat medication or injections, whether prescribed or not, for at least 3 times a week and for a minimum period of 3 weeks? (This would exclude vitamins, food and health supplements, anti-oxidants.)	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐
3..在过去的十二（12）个月中， 任何被保险人是否曾接受过医生的建议， 或住院、手术，或目前仍在接受后续治疗*？ For the past twelve (12) months, has the proposed insured ever been advised or been hospitalised, or undergone any surgery, or the proposed insured is still on *follow-up for the condition? *后续治疗指就某一病症正在服用药物或定期复诊。*Follow-up means the proposed insured is still taking medication relating to the condition or he/she is recommended for regular surveillance for the condition.	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐
4.医生是否建议过任何被保险人：(i) 接受任何进一步检查、 检测或手术？(ii) 就既往病症接受后续治疗或定期复诊？Has the proposed insured ever been advised by a medical practitioner or health professional or alternative practitioner to (i) undergo any further investigations, test or scheduled surgery; or (ii) follow-up or have regular surveillance for a pre-existing condition?	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐

Part B - (如有需要请另附纸张 If more space is required, please continue on a separate sheet of paper.)
如在上一部分回答"是"的项目，请在下列表格中列明具体的健康状况（或未经诊断的症状）。
This part applies if you have indicated "yes" replies in Part A. Please disclose all medical conditions (or undiagnosed symptoms) to which these replies are intended to apply.

被保险人姓名 Name of the Insured Person	partA中的问题序号 Question no. in partA	疾病/伤残名称以及接受过何种治疗Name of illness/disability and treatment received	病症发生的日期及持续时间Date and duration of the disability	治疗/手术的类型及结果 Type and Result of treatment/surgery	就诊医院名称/医生姓名 Name and address of the Doctor/hospital visited

Part C - 请列明被保险人在过去 5 年中最常用的医生/医院。如果不适用，请填写 "无"。
Doctors/Hospitals most frequently used in the last 5 years. Please fill in "N/A" if not applicable.

	主被保险人 Main Insured	附属被保险人1 Insured Person 1	附属被保险人2 Insured Person 2	附属被保险人3 Insured Person 3
最常用医生/医院 Doctors/Hospitals				
地址 Address				

Part D - 请回答以下问题：Please answer each of the questions below:	主被保险人 Main Insured		附属被保险人1 Insured Person 1		附属被保险人2 Insured Person 2		附属被保险人3 Insured Person 3	
1.被保险人是否曾经由于受伤或疾病而获得任何保险公司的理赔？Has any one of the applicants ever made a claim against any Insurer in respect of bodily injury or sickness?	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐
2.被保险人是否曾经在投保人寿、意外或医疗保险时被保险公司拒绝、延期，在特别条款的情况下被接受，或拒绝续保? Has any person to be insured ever had a Life, Accident or Health insurance Policy cancelled, renewal refused, declined, postponed, withdrawn, subject to special terms and conditions?	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐	是 Yes ☐	否 No ☐

如以上任何问题回答“是”，请在下方列明详细资料（包括保险公司名称、险种名称、疾病或意外名称）。
If the answer to any of the above questions “YES”, please provide details below (including Name of the Insurance Company, Name of the product, Name of illness/ bodily injury).

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第四部分 – 争议解决方式
Part 4 – Dispute Resolution

请选择一种争议解决方式：
Please choose one of the ways below for dispute resolution:
☐ 1. 提交中国国际经济贸易仲裁委员会
China International Economic and Trade Arbitration Commission, Shanghai Commission
☐ 2. 有管辖权的人民法院裁决
Courts having jurisdiction for judgment.
若您不做选择，则保险合同争议方式默认为第二种。
If you do not make the choice, the second one shall be the implied dispute resolution.

第五部分 – 投保人声明
Part 5 – Declaration

1. 本人（我们）同意此投保单为本人（我们）与天安财产保险股份有限公司订立保险合同的依据。本人（我们）特此申明，投保单内所投保之资料，根据本人（我们）所知并确定全部正确无误。
I/We agree that this Application form shall be the basis of the contract between me/us and Tianan Property Insurance Co.,. I/We declare that the statements made in this Application are true, correct and complete to the best of my/our knowledge and belief.
2. **本人（我们）已经仔细阅读保险条款《天安财产保险股份有限公司个人全球医疗保险 A 款（2020 版）》，尤其是黑体字部分的条款内容，并对保险公司就保险条款内容的说明和提示完全理解，没有异议，申请投保。**
I/We have carefully read the clause, especially for those content highlighted in bold. I/We totally understand the clause and documents provided to me/us, and apply for this insurance.
3. 在填写本投保单后而在保险公司出具保险合同之前，如果任何被保险人的身体状况发生变化，本人（我们）同意立即通知保险公司。
I/We agree that if the health status of the above intended insured person changes after this application is signed and before insurance company issues a policy, I/We shall immediately notify the insurance company of the changes.
4. 本人（我们）理解并同意保险公司对本投保书有拒绝或者接受的权利。如果保险公司对本投保申请书没有提出异议，本人（我们）同意保险公司直接安排出具正式保单。本人（我们）愿意按照保单条款的规定或者付费通知支付保险费。
I/We understand and agree that the insurance company has right to accept or decline. If the insurance company does not object, I/we agree to let the insurance company issue the formal policy, and will pay the premium according to the clause or debit note.
5. 本人（我们）同意保险合同将在支付了全额保险费和获得天安财产保险股份有限公司核准后自保单所注明的生效日期起生效。
I/We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by Tianan Insurance Co.，
6. **本人（我们）理解并接受” MediLink”高端医疗计划的条款、扩展条款、除外条款及免赔额，自付比率的规定。本人明白在收到本保险合同之后享有 14 个工作日的犹豫期以审阅本保险合同。若我在犹豫期内决定本保险合同不适合我的需求，我可以以书面形式明确告知并将该保险合同取消。**
I/We understand and accept the policy wording, extension clauses, endorsements, exclusions, co-payment and deductible, if any, of Medilink EXCLUSIVE Health Insurance. I /We understand I/we have a free-look period of 14 working days from the date that I/we receive this Policy to review it. If I/we decide that this Policy does not suit my/our needs, I/we could request to cancel it by giving Tianan Insurance Co.， clear, written instructions.
7. 本人（我们）同意，授权天安财产保险股份有限公司在理赔过程中要求为我/我们治疗、或检查的任何医院、医生或其他专业人士向天安财产保险股份有限公司提供相关疾病或受伤治疗或检查的记录。任何本授权的复印件被视为等同于原件。
I/We also agree that in case of any claims, I/we authorize any hospital, physician or other person who has attended to us, or examined us or is authorized to maintain medical records to disclose when requested to do so by Tianan Property Insurance Co.，any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.
8. 本人（我们）理解附属于保险合同的医疗卡仅限于在保险合同项的承保范围内使用。如果由于计算错误或不属保障范围的项目而产生的医疗或其他费用，我/我们同意将此费用在 30 天内归还给天安财产保险股份有限公司。我/我们同意一旦保险合同结束，附属于保险合同的医疗卡将归还给天安财产保险股份有限公司。
I/We also understand that membership cards issued for the policy are to be used only for admissions to hospitals for treatments falling under the scope of the policy and in the event that charges incurred are not claimable from the policy for any reason, I/we shall undertake to pay Tianan Insurance Co.，within 30 days from the receipt of all expenses that are not claimable under the policy. I/We further agree to return the membership card upon request from Tianan Insurance Co.， or on termination of the policy.
9. 本人（我们）理解天安财产保险股份有限公司有权向我/我们索取最新的医疗报告，我/我们将承担由此而产生的费用。
I/We understand that Tianan Insurance Co.， reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information be required.
10. **本人同意天安和其因服务必要而委托的第三方，基于为本人提供服务的用途可以收集、整理、保存、加工、使用本人及保险服务信息，法律禁止的除外。天安及其委托的第三方对上述信息负有保密义务。**
I/We also agree that Tianan Insurance Co.， collect, storage, process, use and disclose the policy information to third party administration, except the limits of national laws and regulations, in order to ensure the interests of us. Tianan Insurance and the third party have the obligation of confidentiality for those information.

投保人签字 Signature of Policyholder: 日期 Date :	主被保险人签字 Signature of Main insured: 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date:

附属被保险人小于 18 周岁的，由其法定监护人代签名。Legal guardian to sign on behalf of the Insured Person if he/she is below 18 years old.

附属被保险人 1 签字 Signature of Insured Person 1 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date :	附属被保险人 2 签字 Signature of Insured Person 2 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date :	附属被保险人 3 签字 Signature of Insured Person 3 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date :