



<b>1. 僱員資料 Employee's Details</b>	
姓名 Name	身份證號碼 I.D. No.
出生地 Place of Birth	出生日期 Date of Birth (日 D / 月 M / 年 Y)
	性別 Gender <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F

<b>2. 被保人健康聲明 Insured's Health Declaration</b>	
1. 身高 Height 厘米 cm	3. 在過去 12 個月內體重有否明顯增加或減少? Any significant weight gain or loss over the past 12 months? <input type="checkbox"/> 有 Yes 增加 Gain / 減少 Loss <input type="checkbox"/> 沒有 No
2. 體重 Weight 磅 lb / 千克 kg	磅 lb / 千克 kg

如以下的任何答案為「是」或對您的答案存有疑問，請在「備註」欄內列明詳細資料 If any answer below is "YES" or in doubt, please provide full details in the "Remarks" field	是 Yes	否 No	備註 Remarks
4. 閣下有否於澳門保險、澳門人壽保險或其他公司申請或購買了任何人壽或醫療保險？如有請註明保險類別。 Do you currently have any life or medical insurance pending acceptance or in force with Macau Insurance Company, Macau Life Insurance Company or other companies? If YES, please specify the type of insurance.			
5. 閣下曾否被保險公司拒絕承保、推遲受保或在非一般條件下被接受投保？ Has any insurance held or applied for by you ever been declined, postponed or accepted at other than normal terms?			
6. 閣下是否吸煙或在過去 12 個月內曾經吸煙？若「是」，請註明牌子及平均每天的抽煙量。 Do you smoke cigarettes or have you smoked any cigarette during the last 12 months? If YES, please state the brand and average daily consumption. 備註：若閣下在填寫本申請書時就吸煙習慣作出誤導或隱瞞，則在索償時不論最終引起索償之疾病是否因吸煙而引致，均會導致保單失效。 Note: Any misrepresentation or non-disclosure of smoking habit will render the policy void in case of claims, whether the claim pertains to smoking or not.			
7. 閣下是否有飲酒或服用藥物的習慣？若「是」，請註明類別、份量及飲用或服用的頻密程度。 Do you take, or have you at any time been in the habit of taking alcohol, drugs or medication of any kind? If YES, please state type, quantity and consumption frequency.			
8. 閣下曾否患有或獲悉患有下列疾病，或曾因而接受治療 Have you ever had, or been told you had or been treated for: a 與心臟、血液或循環系統有關的疾病，如風濕熱、高血壓、血友病或貧血？(如患有高血壓，請註明血壓) Disease of the heart, blood or circulatory system such as rheumatic fever, hypertension, hamophilia or anaemia? (If suffering from hypertension, please state the blood pressure.) b 呼吸系統疾病，如哮喘、支氣管炎或肺結核？ Diseases of the respiratory system such as asthma, bronchitis, or tuberculosis? c 與肌肉或骨骼有關的毛病，如關節炎、癱瘓、痛風、背部疾病、畸形、肢體被切或嚴重受傷？ Diseases of the musculo-skeletal system such as arthritis, paralysis, gout, back disorder, deformity, amputation or severe injury? d 神經系統疾病如精神病、中風、多發性硬化、顫抖、暈眩、或其他精神失調？ Diseases of the nervous system such as mental disease, stroke, multiple sclerosis, tremor, giddiness or other mental impairments? e 癌症、腫瘤、任何透過性接觸傳染的疾病、後天免疫力缺乏症(愛滋病)或愛滋病併發症？ Cancers, tumor or any sexually transmitted disease, Acquired Immunodeficiency Syndrome (AIDS) or AIDS-related complications? f 與眼睛、腺體、消化系統或泌尿系統有關的疾病，如潰瘍、糖尿病、膀胱疾病、腎病、肝病或甲狀腺疾病？ (若為乙型肝炎帶菌者，請註明) Diseases of the eye, gland, digestive or renal systems such as ulcer, diabetes, bladder, kidneys or liver diseases or diseases of the thyroid gland? (Hepatitis B carriers, please specify.) g 任何其他以上並沒有提及的疾病或不正常？ Any other diseases or disorder not mentioned above?			
9. 閣下曾否 Have you ever: a 接受或被建議進行任何檢查、診治、手術或檢驗(如心電圖、X光、鋇餐或驗血)或接受輸血或有意捐血而不獲接納？ Had any check-up, consultation, treatment, operation or diagnostic test (such as ECG, X-Ray, Barium Meal or Blood Test) been so recommended; had a blood transfusion; or been refused as a blood donor? b 接受任何愛滋病檢驗或愛滋病抗體測試？ Have any test to detect the presence of AIDS or AIDS antibodies?			
10. 閣下是否打算尋求、或正在等待醫生或專業醫護人員之建議、檢查、治療或手術？ Do you contemplate seeking, or are you currently awaiting any advice, examination, treatment or surgery?			
11. 閣下之父母、兄弟或姊妹在 65 歲前曾否患上心臟病、中風、高血壓、腎病、糖尿病、癌症、愛滋病、癱瘓；或任何遺傳性/家族性疾病(如亨廷頓氏症、失明、青光眼或白內障)？ Have any of your parents, brothers or sisters ever suffered from diseases of the heart, stroke, hypertension, diseases of the kidneys, diabetes, cancer, AIDS, paralysis or any hereditary / familial disorder (such as Huntington's chorea, blindness, glaucoma or cataracts) before age 65?			
12. 只適用於女性投保人 For female applicant only: a 閣下現在是否懷孕？若「是」請註明預產日期。 Are you currently pregnant? If "YES" please state the expected delivery date. b 閣下曾否患有乳房或婦科疾病？ Have you ever had any disorder of the breast or female organs? c 閣下曾否於懷孕期間患有妊娠併發症(如妊娠糖尿病或妊娠高血壓)？ Have you ever had any complications during pregnancy (such as gestational diabetes or hypertension)? d 閣下曾否接受乳房 X 光、乳房超聲波、子宮頸抹片檢驗、錐形切片檢查或陰道鏡檢查？ Have you ever had any mammogram, ultrasound of breast, pap smear, cone biopsy or colposcopy?			

<b>3 聲明 Declaration</b>		
本人謹此聲明並同意：以上的健康聲明乃保險申請書的必需部份。錯誤、失實、不完整或對事實有所隱瞞會使申請書無效或作廢。在此保險的審批過程期間，澳門人壽保險股份有限公司(以下簡稱「澳門人壽」)將不負責任任何賠償。本人授權任何人或任何公司將本人的健康紀錄給與澳門人壽作必需資料。本人明白此投保申請在澳門人壽式批核後方會生效。 I hereby declare and agree that: The above Health Declaration is an integral part of the insurance proposal. False, inaccurate or incomplete statements as well as omissions of facts will render the present application null and void or, during the period in which the insurance is in force, Macau Life Insurance Company Limited (refer to hereafter to "Macau Life") will be released from the obligation of paying any indemnity. I authorize any person or company having any record or knowledge of my health to give Macau Life such information as it requires. I understand that the insurance applied for herein shall not take effect until the zero hours of the policy effective date.		
簽署地 Place: <b>MACAU</b>	Date 日期 (日 D / 月 M / 年 Y)	被保人簽署 Signature of Life to be Insured