HSBC Insurance

HSBC Medical Insurance Limited
滙豐醫療保險有限公司
40/F Sun Hung Kai Centre, 30 Harbour Road, Hong Kong

Member Termination Form 會員終止保險申請表

合同編號 Contract No:		僱主 Employer:	

會員編號 Membership No.	會員姓名 Name of members		受僱之最後日期 Last date of employment (日/月/年) DD/MM/YY	附有醫療信用咭 Medical Credit Card Encl.		備註 Remarks
	姓 Surname	名 Name		有 Yes	無* No*	

僱主指定簽署(連公司印鑑)
Employer Authorised Signature (with company chop)

日期
Date

公司專用 For Official Use Only

資料輸入Input

日期Date

* *如果醫療信用卡在會員終止保險後不交還滙豐醫療，則僱主需負責此卡所引致的所有費用。*

* *If Medical Credit Cards are not returned to HSBC Medical after the termination of membership, the Employer is responsible to refund in full all expenses incurred by such cards.*

滙豐集團成員 Member HSBC *Group*

MGEN024/9603(9805)SUN