

Policyholder 保單持有人 : \_\_\_\_\_

Policy Number 保單號碼 : \_\_\_\_\_

Member No. 編號	Employee Name 僱員姓名	Sex 性別	HKID/ Passport No 香港身份証/ 護照號碼	Date of Birth 出生日期 (ddmmyy) (日 月 年)	Date Employed 受僱日期 (ddmmyy) (日 月 年)	Effective Date of Coverage 保單生效日 (ddmmyy) (日 月 年)	Benefit Plan 投保計劃	Monthly Salary (HK\$) 月薪 (港幣)

**Declaration 聲明**

The Policyholder agrees as follows: 茲保單持有人同意以下各點:

- The Policyholder is duly authorized by employees to disclose, release or transfer the information to us.  
舉凡所提供, 發放或轉交給本公司之僱員資料均適當地由被保僱員授權。
- The Policyholder will fully indemnify the Company for any losses, damages, or claims that might result from the release of such information  
倘若在發放有關資料時可能導致的損失、損害或要求賠償, 保單持有人將必須負上全部的賠償責任。
- The information collected from you (The Policyholder) for the purpose of this policy shall be used by our company (MetLife Hong Kong) in i) approving and administering the policy or any alterations, cancellation or renewal of it; ii) underwriting and any claims or analysis of it; iii) statistical or actuarial research of our company, our associated companies or the insurance industry; iv) sending you the products' information of our company or our associated companies; AND/OR transferred to i) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time; ii) any person/organization to fulfill any of the above purposes and /or for the purpose of data verification within the insurance industry by way of matching procedures or otherwise; and /or reinsurance of the policy.

所有 (貴保單持有人) 為投保本保單而提供之資料, 本公司 (美商大都會 (香港) 人壽) 將用作以下用途: i) 批核及管理本保單、任何其後作出之修訂、取消保單或續保事宜; ii) 核保、分析及處理賠償申請; iii) 供本公司、相關公司或保險業作統計或精算研究用途; iv) 向閣下郵寄本公司或其他相關公司之產品資料; 及 / 或 轉移予 i) 任何相關公司; 其他從事與保險或再保險有關業務之公司; 或現時已存在日後組成之中介、理賠、調查或其他保險服務之供應商或由保險公司組成之聯會或組織; ii) 任何人任 / 機構作上述任何用途; 及 / 或用於保險業內以配對或其他方法核實資料; 及 / 或安排再保險。

You have the right to or as duly authorized by your employees to obtain access to and to request correction of any information provided by you and held by our company. Request for such access can be made in writing to the Policy Administration Department of MetLife Hong Kong.

貴保單持有人有權或適當地由僱員授權要求改正任何由貴保單持有人提供給本公司持有之資料。有關要求可以以書面向美商大都會 (香港) 人壽保單行政部提出。

Authorized Signature with Company Chop

授權簽署及公司蓋章

Date Signed

簽署日期