

**Medical Insurance Needs Assessment Form****客戶醫療保障需求分析表**

Please provide the personal information in this Needs Assessment Form for us to analyze your medical, financial, and coverage needs and provide suitable medical coverage recommendations to you. By providing the information below, you understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Phillip Financial Advisors (HK) Limited, which is printed on the insurance application form or made available to you upon request.

請根據此需求分析表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據輝立理財顧問(香港)有限公司之個人資料收集聲明處理，有關個人資料收集聲明已載於申請表上，或可根據您的要求向閣下提供。

**Applicant must complete a separate Needs Assessment Form for each proposed insured/existing insured.**

**申請人必須為每位準受保人/現有受保人填寫一份獨立的需求分析表。**

Please complete this form and tick as appropriate. 請填妥本表格，並於適用地方加「✓」號。

**Section I CLIENT INFORMATION 客戶資料****Applicant's Name 申請人姓名 (same as HKID Card / Passport 與香港身份證/護照相同)**

Name of Applicant (English)	
申請人姓名 (中文)	
Title 稱謂	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Other 其他

**Proposed Insured/Existing Insured's Medical Insurance Needs Assessment 準受保人/現有受保人之醫療保障需求分析**

Name of Proposed Insured/Existing Insured (English) (same as HKID Card / Passport)			
準受保人/現有受保人姓名 (中文) (與香港身份證/護照相同)			
Age 年齡		Weight 體重	kg 公斤/ lb 磅
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/> Other 其他	Height 身高	m 米 cm 厘米/ ft 尺 in 吋
Smoker 吸煙者	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
Drinking Habit 飲酒習慣	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
	If 'Yes', please state details of weekly consumption below: 如“是”，請於下列註明每星期飲用量：		
	Type 種類	Amount (Per week) 數量 (每星期)	Remarks 備註
	<input type="checkbox"/> Beer 啤酒	_____ can(s) 罐	1can 罐 = 330ml 毫升
	<input type="checkbox"/> Wine 餐酒	_____ glass(es) 杯	1 glass 杯 = 100ml 毫升
<input type="checkbox"/> Spirit 烈酒	_____ measure(s) 單位	1 measure 單位 = 30ml 毫升	

**Health Condition 健康狀況**

1. In the last 3 years, have you had: 在過去三年內，您是否曾：		
(i.) consultation or medical investigations (e.g. scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more, and/or occurred more than once during the period; or 因任何持續兩星期或以上，以及 / 或因任何出現多於一次的病症或症狀而就診或接受醫療檢查 (如掃描及血液檢驗)；或	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
(ii.) consultation or medical investigations as a result of abnormal findings from medical investigations; or 因醫療檢查結果異常而就診或接受醫療檢查；	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
(iii.) consultation by a specialist for two times or more for the same medical condition(s)? 因同一病症接受兩次或以上的專科醫生診治？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2. In the last 5 years, have you ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month? 在過去五年內，您是否曾定期服用 / 曾被建議定期服用為期超過一個月的醫生處方藥物？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
3. In the last 7 years, have you been admitted to hospital, had an operation or a procedure? 在過去七年內，您是否曾住院，接受手術或治療程序？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

4. <b>In the last 6 months, have you had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms?</b> 在過去六個月內，您是否曾有任何未被診斷的症狀，或現正因有關症狀進行醫療檢查或等待檢查結果？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
5. <b>Have you had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body?</b> 您是否曾有癌症、心臟病、中風或關節置換的病史；或現在體內有任何醫療儀器(如導引腦積水的分流器，及固定骨折的骨釘和骨板等)？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
6. <b>Are you currently covered by any individual medical insurance?</b> 您目前是否持有任何已生效之個人醫療保險？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
7. <b>Are you currently covered by any group medical insurance?</b> 您目前是否持有任何已生效之團體醫療保險？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
8. <b>What is your annual budget for medical protection?</b> 您的每年醫療保障費用預算為？	HK\$ 港幣	_____元
9. <b>Plan coverage preference 保障涵蓋範圍意向</b>		
(i.) Do you want to enjoy tax deduction? 您是否希望享有稅項扣減？	<input type="checkbox"/> Optional 不一定	<input type="checkbox"/> No 否
(ii.) What is your preferred room level? 您希望入住的住房等級為？	<input type="checkbox"/> Standard Private 標準私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 大房	
(iii.) Do you prefer a plan with a deductible option? 您是否希望計劃可提供墊底費選擇？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
(iv.) Do you need any optional benefits? (e.g. Clinical, Dental, Hospital Cash) 您是否需要自選保障？(如門診、牙科、住院現金)	<input type="checkbox"/> Optional 不一定	<input type="checkbox"/> No 否

## Section II PRODUCT SUITABILITY ASSESSMENT AND SELECTION 產品適合性評估及選擇

According to the information provided above, your licensed technical representative (broker) has introduced the relevant medical insurance plan(s) to you.  
根據以上提供的資料，您的持牌業務代表(經紀)已為您介紹相應之醫療保障計劃

Product recommendation 產品建議 \_\_\_\_\_

### Customer's Selected Product 客戶所選產品

Medical insurance plan 醫療保障計劃 \_\_\_\_\_

Deductible selection (if applicable) 墊底費選擇(如有) \_\_\_\_\_

HK\$  
港幣

\_\_\_\_\_元

Optional benefit (if applicable) 自選保障(如有) \_\_\_\_\_

## Section III PRODUCT SUITABILITY ASSESSMENT AND SELECTION (CON'T) 產品適合性評估及選擇(續)

### Product Suitability Assessment 產品適合性評估

Match 適合

Mismatch 不適合

A "Mismatch" indicates that the medical coverage, budget and affordability of the selected product may not match with your needs, and that it may not fully fulfil your required protection.  
若所選之產品顯示為「不適合」，即代表您的醫療保障範圍、個人預算及保費承受能力等準則與所選產品有所出入。有關產品可能未能滿足您所需之保障。

If you decide to enroll in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  
(Please tick whenever suitable)  
如您決定投保產品適合性評估為「不適合」之計劃，請提供投保原因。(請選擇合適的原因)

Prefer better coverage 需要更佳的保障

Prefer tax-deductible products 需要投保可扣稅的產品

Affordable premiums 保費合乎預算

Others (please specify): 其他(請註明): \_\_\_\_\_

**Section IV CUSTOMER DECLARATION 客戶聲明**

- I confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own independent decision in applying for the insurance plan and determining premium amount.  
本人確認已細閱及明瞭有關保險計劃之銷售文件內容，而就所選之保險計劃及保費金額乃本人之獨立決定。
- I acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able to fulfil my current medical protection needs, financial situation and premium affordability.  
本人確認本人所選之保險計劃乃按照本人之獨立意願而決定。本人確認有關保險計劃的產品內容及特色符合本人現時的醫療保障需求、財務狀況及保費承擔能力。
- The licensed technical representative (broker) has reminded me that a "Mismatch" in product suitability assessment indicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may not fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.  
持牌業務代表(經紀)已提醒本人若所選之產品於產品適合性評估顯示為「不適合」，即代表本人的醫療保障範圍、個人預算及保費承受能力等準則與所選產品有所出入。而縱使有關產品可能未能滿足本人所需之保障，本人仍然決定繼續投保有關保險計劃。
- I understand the information contained in this form was used to analyze my medical insurance needs and provided as reference only for my choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Phillip Financial Advisors (HK) Limited.  
本人明白此表格內所提供之資料乃用作分析本人的醫療保險需求，並為本人在選擇保險計劃及保費金額時作參考。本人亦明白此表格內之資料會根據輝立理財顧問(香港)有限公司的收集個人資料聲明處理。
- I understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Phillip Financial Advisors (HK) Limited.  
本人明白此表格之分析及選擇乃根據本人所提供之資料，並不構成輝立理財顧問(香港)有限公司之任何責任。
- I understand that I am required to inform Phillip Financial Advisors (HK) Limited promptly if there is any substantial change of information provided in this form before the policy is issued.  
本人明白在保單簽發前如本人就此表格內資料有任何重要更改，本人需立刻通知輝立理財顧問(香港)有限公司。
- I, as the Applicant, confirm that I have read and understand the contents in this form and already provided correct information for the above on behalf of the proposed insured/existing insured listed in this application.  
本人作為申請人確認已細閱及明瞭此表格之內容，並代表此計劃所有準受保人/現有受保人就以上問題提供正確無誤之資料。

**Applicant's Signature 申請人簽署**

<b>Name 姓名:</b>

**Date 日期:** \_\_\_\_\_ **(DD/MM/YYYY)**

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Policy Number (if applicable):		IA License No. of Phillip Financial Advisors (HK) Limited	FB1149
IA License No. of Licensed Technical Representative (Broker)		Name of Phillip Financial Advisors (HK) Limited's Authorized Person	
Name of Licensed Technical Representative (Broker)		Signature of Phillip Financial Advisors (HK) Limited's Authorized Person	
Signature of Licensed Technical Representative (Broker)		Date	(DD/MM/YYYY)
Date	(DD/MM/YYYY)	Date	(DD/MM/YYYY)