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Hong Kong Student Health Care

您關懷愛護子女無微不至，必然想給予他們最妥善的保障。但意外和疾病卻無從預計，嚴重的受傷或疾病更能導致昂貴的醫療費用。因此，安盛保險為您特別設計香港學生保健計劃，無論何時何地都能給您的子女提供周全的意外及疾病保障，令您和家人可以安枕無憂。

承保範圍及保費表

承保計劃	銅計劃 全年限額	銀計劃 全年限額	金計劃 全年限額
住院費用#			
■ 因疾病引致	\$30,000	\$40,000	\$50,000
■ 因意外引致	\$60,000	\$80,000	\$100,000
■ 全年總額	\$60,000	\$80,000	\$100,000
■ 住房類別	大房	雙人房	私家房
門診及化驗費用	\$2,000	\$2,000	\$2,000
住院按金	\$10,000	\$10,000	\$10,000
輔助康復醫療器材	\$5,000	\$5,000	\$5,000
父母休假津貼	\$5,000	\$5,000	\$5,000
意外傷亡及 完全及局部永久傷殘	\$100,000	\$200,000	\$300,000
	請參照賠償表		
意外失蹤保障	\$100,000	\$200,000	\$300,000
撫恤金	\$100,000	\$100,000	\$100,000
全年保費表			
一名學生	\$540	\$660	\$780
二名學生或以上	\$1,080	\$1,320	\$1,560

香港醫管局轄下醫院(普通房)費用可獲全數賠償。
香港醫管局轄下醫院(普通房除外)、其他政府或私家醫院除每年首\$1,000為自負金額，其餘費用百分之八十將獲賠償。所有賠償額以受保期每年最高限額為限。
如入住房間類別高於指定類別，費用將按此例補償。
註：所有賠償及保費金額均以港幣計算。

承保機構



查詢熱線 2887 0010

由香港學生保健提供

金、銀、銅計劃

三款計劃適合不同需要供您選擇。每款計劃都能提供最切身的保障，令您安枕無憂。此外，如同家庭選擇投保兩名子女，更可享受保費優惠。第三名及其他附加投保子女完全免收費。

■ 住院費用#

若您的子女因意外受傷或疾病而需住院治療，本計劃將補償住院所需費用，每年最高賠償額可達\$100,000。

■ 門診及化驗費用

如您的子女因意外受傷需往醫院或診所接受門診治療，所支付之診金、X光、化驗及骨神經治療等費用均可獲補償，全年最高賠償額為\$2,000。您亦可替子女選擇接受跌打或針灸治療，每年最多五次，每次不超過\$100。

■ 住院按金

如採用列於本保單內之醫院診治您的子女，可免除住院按金，最高免除額為\$10,000，只須致電安盛國際救援中心熱線2861 9285安排便可。

■ 輔助康復醫療器材

如因意外導致受傷，經註冊醫生證實及推薦需使用醫療器材輔助康復，所需費用可獲補償，最高賠償額為\$5,000。

■ 父母休假津貼

任職父母如需請假照顧因受傷或患病住院的子女，如獲僱主書面批准，每日可申請最多\$500津貼，全年最高津貼額為\$5,000。

■ 意外傷亡及永久傷殘

假若您的子女不幸因意外身亡或完全性永久傷殘，本計劃為您提供即時現金保障，最高賠償額可達\$300,000。此外，局部傷殘者亦可按賠償表獲得賠償。

■ 意外失蹤保障

如您的子女遇意外失蹤滿一年，本計劃會提供現金保障，最高賠償額達\$300,000。

■ 撫恤金

若您的子女在受保期間不幸自殺身亡，您和家人可獲\$100,000撫恤金稍作支援，惟有子女必須已受保超過一年。

香港學生保健
簡便回郵二十號
Hong Kong Student Health Care
Freepost no.20

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香港學生保健 投保書

請用英文正楷填寫本表各欄，並提供詳盡完整的答案
請在適當的空格內填上✓

投保人資料			
姓名	先生 <input type="checkbox"/> 女士 <input type="checkbox"/>	出生日期	身份證號碼
與投保學生關係 (任擇其一)			
父母 <input type="checkbox"/>		法定監護人 <input type="checkbox"/>	18歲或以上學生為自己投保 <input type="checkbox"/>
通訊地址		住宅電話	
		辦公室電話	

投保細則			
保障計劃	金計劃 <input type="checkbox"/>	銀計劃 <input type="checkbox"/>	銅計劃 <input type="checkbox"/>
投保學生人數	一名 <input type="checkbox"/>	兩名或以上 <input type="checkbox"/>	

投保學生資料				
學生姓名	性別	身份證號碼	出生日期 (日/月/年)	學校名稱
1				
2				
3				

投保人聲明	
請細閱下列各項條文，然後在指定空格內簽署。	
本人聲明	
<ul style="list-style-type: none"> 受保學生身體健康，無任何身體上之缺陷。 本人/受保學生從未遭受任何保險公司拒絕受理投保、續保或取消本人之保單或要求提高保費及附加特別條件始允承保。 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約之根據，並以保單上各條款為準則。 	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
投保人簽署 (請勿於空白投保書上簽署)	日期 (日/月/年)

PSH - B - 0700T - ASA (7th Edition 8/2007 25k)

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付款方法

支票抬頭填「香港學生保健」

VISA Card Master Card American Express

信用卡號口資料

信用卡號碼

信用卡有效期至 月 年 年 年

信用卡持有人姓名

本人授權香港學生保健從本人上述之信用卡賬戶支取有關保險保單之保費。

持咭人簽署 _____ 日期 _____ (日/月/年)

保險生效日期 (保險公司專用)

投保人須知

- 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保險條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保險將可能無法提供閣下所需的保障，甚至可能會導致此保險無效。
- 收集個人資料聲明
閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的
 - 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期
 - 任何索償或索償分析
 及可能移轉予現存或不時成立的任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。
閣下有權查閱及要求更正由安盛保險有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條件監察主任提出。
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上之需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務之最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。
 - 此保單提供的保障，必須在本公司確定接納投保後，及收受保費後，才能正式生效。

代理印章

「註：本中文簡譯，擬以英文原文為準」

投保條件及辦法

凡年齡介乎三至二十五歲之學生，已註冊或現就讀於教育統籌局註冊之學校即可投保。只須填妥附上之投保書，連同支票或信用卡資料，寄回本公司便可。本公司在收妥投保書及接納投保後，將寄發一張證書予閣下以作證明。十八歲或以上之學生可自行投保；十八歲或以下之學童，投保人必須為其家長或合法監護人。

主要不受保項目

- 受保前已存在之殘疾、遺傳病
- 例行身體檢查
- 懷孕或分娩、整容及矯形手術(意外引致除外)、吸毒、酗酒
- 戰爭、內戰、恐怖分子、蓄意自殘或參與非法活動

賠償

所有賠償將以支票發給投保學生之家長、合法監護人或十八歲以上的投保人。

退保

在保單生效日期起十四天內，如要申請退保，請以書面通知本公司並退回發之證書，所有已繳付之保費將獲全數退還。如在保單生效超過十四天後退保，本公司將不會退還任何款項。

查詢

如有查詢或需要服務，請於下列時間致電我們的服務熱線

- 一般查詢 (由香港學生保健提供)
2887 0010 星期一至五 上午九時至下午五時
- 理賠服務 (由安盛保險提供)
2830 1678 星期一至五 上午九時至下午五時
- 住院按金 (由安盛國際救援中心提供)
2861 9285 星期一至日 二十四小時

本小冊子為撮要只供參考，欲如詳情，可到下列地址參閱本計劃之保單：

- 香港學生保健：
- 香港鰂魚涌海澤街28號東港中心1007室
 - 互聯網 www.studentcare.com.hk

安盛保險：

- 香港鰂魚涌英皇道979號太古坊電訊盈科中心30樓
- 或傳真至2804 1730索取副本

安盛保險有限公司

香港學生保健計劃由安盛保險有限公司承保，總保單號碼為10900002。安盛集團為全球最大之保險及資產管理集團，業務遍及全球，重點發展地區包括歐洲、北美洲及亞太區。集團聘用14萬名員工及營業員，竭誠為全球5,000多萬名客戶提供完善的財富保障及管理之產品及服務。融匯安盛集團的世界性前瞻及雄厚財力，加上我們的專長及對本地市場的了解，安盛保險具備環球網絡、經驗及創意為客戶提供最佳的保險服務。

For English pamphlet, please call hotline 2887 0010



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Hong Kong Student Health Care

You care about your child and you certainly want to give him or her the best protection you can. However, accidents and illnesses are unexpected and inevitable. Serious injury and illness often incur expensive medical expenses. The **Hong Kong Student Health Care Insurance Plan** is designed to provide a wide range of cover to protect your child against accident or illness any time and anywhere in the world.

Schedule of benefits and premium table

Policy benefits	Bronze Plan annual limits	Silver Plan annual limits	Gold Plan annual limits
Hospital Expense#			
■ Due to sickness	\$30,000	\$40,000	\$50,000
■ Due to accidents	\$60,000	\$80,000	\$100,000
■ Over annual max.	\$60,000	\$80,000	\$100,000
■ Limit of room type	Ward	Semi-private	Private
Accident Outpatient Service & Laboratory Test	\$2,000	\$2,000	\$2,000
Hospital Deposit	\$10,000	\$10,000	\$10,000
Rehabilitation Equipment	\$5,000	\$5,000	\$5,000
Parent's Allowance	\$5,000	\$5,000	\$5,000
Accident Death and Permanent Disablement (Total & Partial)	\$100,000	\$200,000	\$300,000
	as per scale		
Disappearance	\$100,000	\$200,000	\$300,000
Condolence Payment	\$100,000	\$100,000	\$100,000
Annual premium for			
1 Student only	\$540	\$660	\$780
2 or more students	\$1,080	\$1,320	\$1,560

Expenses in Hospital Authority Hospitals (public ward only) will be fully reimbursed subject to the maximum limits.
For Hong Kong Hospital Authority Hospitals (except public ward), and other government or private hospitals, 80% of the expenses will be reimbursed except \$1,000 excess per policy year.
All reimbursements will be subject to specified annual maximum limits.
For room type higher than those specified, expenses will be reimbursed on pro-rata basis.
N.B. All benefits and premiums are in Hong Kong Dollars.

Underwritten by



ENQUIRY HOTLINE 2887 0010

Provided by Hong Kong Student Health Care

Bronze, Silver and Gold Plans

We offer your a choice of three levels of coverage. Each plan is packaged comprehensively in order to provide you a total peace of mind. In addition, you will enjoy saving of premiums if you choose to cover more than two children in the same family as free coverage will be provided for the third child and other additional children.

■ Hospital expenses

If your child is confined in hospital for medical treatment as a result of an accident or illness, this Plan will reimburse hospital expenses incurred up to a maximum of \$100,000.

■ Outpatient service and laboratory tests

In the event that your child requires outpatient treatment from a hospital or clinic for injury resulting from an accident this Plan pays for the clinical changes, X-ray, laboratory tests and chiropractic incurred up to \$2,000. You can also choose to use Chinese bonesetter or acupuncturist, payment will be up to 5 visits per year at \$100 for each visit.

■ Hospital deposit

If you use the service of hospitals named in the policy for your child's medical treatment, this Plan can arrange to exempt deposit up to \$10,000 at your request to AXA Assistance Hotline on 2861 9285.

■ Rehabilitation equipment

In the event that rehabilitation equipment is necessary and recommended by registered medical practitioner for your child as a result of an accident, the expenses incurred for the equipment will be reimbursed up to \$5,000.

■ Parent's allowance

If you have to take leave from work approved by your employer to take care of your child who is confined to hospital due to an accident or illness, a daily allowance of \$500 will be payable up to a maximum of \$5,000.

■ Accidental death and disablement

In the event of permanent total disablement or death of your child as a result of an accident, maximum cash benefits up to \$300,000 will be payable. In case of partial disablement due to an accident, benefits will be payable according to the specified scale in the master policy.

■ Disappearance

In the event of your child's disappearance during an accident, a maximum of \$300,000 will be payable after one full year.

■ Condolence payment

If your child commits suicide during the policy period an immediate cash relief of \$100,000 will be given provided the child has been covered under the policy for at least one year.



Hong Kong Student Health Care Proposal Form

Please complete the form in block capitals, giving full and complete answers and ticking (3) the appropriate boxes.

Proposer details			
Full name	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	Date of birth	I.D. Card no.
Relationship with Insured Student(s) (Select One Only) Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Insured student age 18 or above <input type="checkbox"/>			
Correspondence address			
Home tel		Office tel	

Insurance cover			
Plan selected	Gold <input type="checkbox"/>	Silver <input type="checkbox"/>	Bronze <input type="checkbox"/>
No. of students	1 only <input type="checkbox"/>	2 or More <input type="checkbox"/>	

Insured student(s) details				
Name of student(s)	Sex	I.D. Card no.	Date of birth (d/m/y)	Name of school
1				
2				
3				

Declaration	
Please read the following statements carefully and sign in the space provided I declare that	
<ul style="list-style-type: none"> The student(s) to be insured is/are in good health and free from physical impairment or deformity. No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself/the student(s) to be insured I have not withheld any material information and accept that this proposal form and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself. 	
Proposer's Signature (Do not sign on a blank form)	Date (d/m/y)

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Payment method

Cheque payable to **Hong Kong Student Health Care**
 VISA Card
 Master Card
 American Express

Credit card account details

Credit card no. Credit card expiry date

Cardholder's name

I hereby authorize **Hong Kong Student health Care** to charge my above credit card for the insurance premiums of this insurance policy.

Cardholder's Signature _____ Date _____ (d/m/y)

Policy effected from (For Office Use Only)

Important Notes to Proposer

- Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your insurance will not provide you with the cover you require and may even invalidate the insurance altogether.
- Personal Information Collection Statement
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of
 - any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them such product or service;
 - any claim or investigation or analysis of such claim; and
 - exercising any right of subrogation
 and may be transferred to
 - any related company or any 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 for any of the above or related purposes;
 - any association, federation of similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above of related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the federation; and
 - any members of the "Federation" by the "Federation" for any of the above or related purposes.
 Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.
You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.
- Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.
- Hong Kong Student Health Care Insurance Plan is arranged by Hong Kong Student Health Care and underwritten by AXA General Insurance.
- The liability of the company does not commence until this proposal has been accepted by the company and the premium paid.

Agent's stamp

Eligibility and proposal

All full time students aged between 3 and 25, enrolled in or attending any school registered with the Hong Kong Education Department are eligible. Simply complete the attached proposal form and return it to us with cheque or credit card information. Upon receipt and acceptance of your proposal, we shall send you a certificate for retention. Students over 18 can be the proposer otherwise the proposer must be a parent or legal guardian.

Major exclusions

- Pre-existing illness and disablement, congenital disease
- General medical examinations
- Pregnancy, cosmetic and plastic surgery (other than those arising out of accident) drug addiction, alcoholism
- War, civil war, terrorism, wilful act, and unlawful act

Claim payment

All payment of claims will be made by cheque payable to parents, legal guardian, or the proposer if aged over 18.

Withdrawal

If you cancel the insurance within 14 days from the effective date, all premiums paid will be refunded upon our receipt of your written notice and the issued certificate. No refund will be payable after the insurance has been effected for over 14 days.

Enquiries

For inquiries and service, please call

- General inquiries (provided by Hong Kong Student Health Care)
2887 0010 Mon-Fri 9am-5pm
- Claim service (provided by AXA General Insurance)
2830 1678 Mon-Fri 9am-5pm
- Hospital Deposit (provided by AXA Assistance)
2861 9285 24-hours

This brochure is a summary for reference only. For complete details, please refer to the master policy which is available for viewing at Hong Kong Student Health Care

- Room 1007 Eastern Harbour Centre, 28 Hoi Chak Street Quarry Bay Hong Kong
- Web-site www.studentcare.com.hk

AXA General Insurance

- 30/F PCCW Tower Taikoo Place 979 King's Road Quarry Bay Hong Kong
- Or Fax 2804 1730 for copy

AXA General Insurance Hong Kong Limited

The Hong Kong Student Health Care Insurance Plan is arranged under a Master Policy no.10900002 underwritten by AXA General Insurance Hong Kong Limited (AXA General Insurance). AXA General Insurance is a member of the global AXA Group and one of the top four general insurers in Hong Kong. AXA is the world's largest insurance and asset management group with a world-wide presence, focusing on all major developed markets, in particular Europe, North America and selected countries in Asia Pacific. The Group employs 140,000 staff and sales associates to provide financial protection and wealth management products and services to more than 50 million customers. Combining AXA's global innovation and financial strengths with local knowledge and expertise, AXA General Insurance has the international reach, experience and imagination it takes to create the best solutions for all insurance needs.