QBE Hongkong & Shanghai Insurance Limited
昆士蘭聯保保險（香港）有限公司
A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

Corporate Medical Scheme 團體醫療計劃
Member Termination Form 會員終止保險申請表

Important Note 重要事項：

☆ When a member is no longer be an employee, please collect the medical card(s) issued to the member (including his/her dependant(s), if any) and destroy it immediately to avoid the Employer responsible for any unnecessary ineligible medical expenses incurred.
當會員不繼續是員工時，請把所屬之醫療咭（包括其附屬會員，如有）收回及註銷，以免貴公司需要負責不必要的醫療支出。

☆ Please complete the relevant Member Termination Form and submit to us within 30 days of the effective date.
請填妥有關會員終止保險申請表，並於生效日期起計30天內遞交本公司。

☆ Please ensure that you have read and understood the Personal Information Collection Statement of QBE Hongkong & Shanghai Insurance Limited.
請確保閣下已知悉及明白昆士蘭聯保保險（香港）有限公司之收集個人資料聲明內容。

Employer: 僱主：	

Policy No.: 保單號碼：		**Date:** 日期：	

Membership No. 會員編號	**Name of members** 會員姓名		**Last date of employment (DD/MM/YYYY)** 受僱之最後日期（日/月/年）
	Surname 姓	**Name 名**	

Declaration:
I/We confirm that I/We have read the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

聲明：
本人/吾等確認本人/吾等已細閱昆士蘭聯保保險（香港）有限公司的收集個人資料聲明（「通知」），並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以用作「通知」上所載的用途上。

Signed by the authorized person of the Employer (with company chop) 僱主授權簽署（連公司印鑑） Date 日期	For Official Use Only 公司專用 QBEHKSI.GMD.TERM.2015.1(30 days) Input 資料輸入 Date 日期

33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
Email : medical@qbe.com