

自願醫保計劃（自願醫保）的產品提供者的註冊申請
Application for Registration as a
Voluntary Health Insurance Scheme (VHIS) Provider

Please tick as appropriate. Please read “Part Six – Important Notes” carefully before submission.

請於適用地方加「✓」號。在遞交表格前，請細閱「第六部 – 重要事項」。

第一部 – 公司資料 Part One – Company Information			
<p>在成功註冊後，第(1) – (6)項的資料會在自願醫保計劃(「自願醫保」)的網站公開。 Items (1) – (6) under this section may be publicised on the Voluntary Health Insurance Scheme (“VHIS”) website upon successful registration.</p>			
1) 保險公司(「公司」)名稱 Name of insurance company (“the Company”)	(中文)		(English)
2) 主要營業地址 Main business address 請同時填寫中文及英文資料 Please complete in both Chinese and English			
房/室/單位		樓層	
座數		大廈	
街道號碼		街道/道路名稱	
地區		地域	<input type="checkbox"/> 香港 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界
Room/Flat/Unit		Floor	
Block		Building	
Street No		Street/Road Name	
District		Region	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories
3) 電話 Telephone		4) 傳真 Fax	
5) 電郵 Email		6) 公司網站 Company Website	
7) <input type="checkbox"/> 公司已獲保險業監管局授權： a) 根據《保險業條例》(第41章)附表1第3部類別2(「疾病」)執行業務；及 / 或 b) 根據《保險業條例》(第41章)附表1第1部第3段執行併合長期業務及上述(a)性質的額外業務的保險合約 The Company is authorised by the Insurance Authority to – a) conduct business under Class 2 (sickness) of Part 3 of Schedule 1 to the Insurance Ordinance (Chapter 41); and/or b) carry out a contract of insurance which combines long term business and additional business of the nature in relation to (a) above following paragraph 3 of Part 1 of Schedule 1 to the Insurance Ordinance (Chapter 41).			
8) 公司註冊證書編號 No. of Certificate of Incorporation		9) 商業登記證號碼 Business Registration Certificate No.	
第二部 – 聯絡資料 Part Two – Contact Information			
請提供以下聯絡資料 Please provide the contact information of the following parties			
1) 授權代表 Authorised Person (代表公司並遞交本申請的人士) (The party who represents and submits the application on behalf of the Company)			
姓名 Name		職位 Position	
電話 Telephone		電郵 Email	

2) 合資格精算師 Qualified Actuary

(根據「自願醫保計劃下產品的合規規則」所述，在申請認可時為產品的精算公平價值作出背書及聲明的代表。)

(The party who endorses and declares the actuarially fair value of the product submitted for certification as specified under the "Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme")

姓名 Name		職位 Position	
電話 Telephone		電郵 Email	
公司 ¹ Company ¹			

資格 Qualification:

- 英國精算師協會會員 Fellow of the Institute and Faculty of Actuaries of the United Kingdom
- 澳洲精算師學會會員 Fellow of the Institute of Actuaries of Australia
- 美國精算師公會會員 Fellow of the Society of Actuaries of the United States of America
- 美國意外損失精算協會會員 Fellow of the Casualty Actuarial Society of the United States of America
- 其他，請列明 Others, please specify: _____

¹ 如合資格精算師並非申請註冊公司的僱員，請提供本項資料。

Please provide information if the Qualified Actuary is not an employee of the Company applying for registration.

3) 產品專員 Product Officer

(根據「自願醫保計劃下產品的合規規則」所述，遞交認可產品申請的代表。)

(The party who submits the application of product certification as specified under the "Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme")

姓名 Name		職位 Position	
電話 Telephone		電郵 Email	

4) 投訴專員 Complaint Officer

(負責處理與自願醫保相關投訴的代表)

(The party who handles complaints related to the VHIS)

姓名 Name		職位 Position	
電話 Telephone		電郵 Email	

第三部 - 補充資料 Part Three – Supplementary Information

如第一部及第二部不敷填寫，請在此提供補充資料。請清楚列明相關內容。

Please provide the supplementary information of Part One to Part Two here. Please specify the reference clearly.

第四部 – 授權代表的聲明 Part Four – Declaration of the Authorised Person

就本人深知及確信，現簽署本表格以作出以下聲明：

1. 本人獲授權代表公司遞交是次申請；
2. 在本申請表格所載有的資料均屬正確及完整；及
3. 本公司同意遵守所有自願醫保計劃文件所載的要求。

By signing this form, I declare to the best of my knowledge, information and belief as follows –

- 1) I have the authority to submit the application on behalf of the Company;
- 2) The information contained in this application is true and complete; and
- 3) The Company agrees to comply with **all** requirements as stipulated in the VHIS Scheme Documents.

代表公司簽署 Sign on behalf of the Company

授權代表姓名 Name of Authorised Person:			
授權代表簽署 Signature of Authorised Person ²		公司印章 Company Chop ³	
日期 Date			

² 以電子方式（即香港政府一站通或加密電子郵件）提交的資料，必須以有效的證書進行數碼簽署，包括香港郵政發出的香港郵政電子證書（機構）或由電子核證服務有限公司發出的機構認可證書（只限於類別二或類別五）。

Submission by electronic means (i.e. via GovHK or by encrypted email) requires digital signatures by a valid Hongkong Post e-Cert (Organisational) certificate issued by Hongkong Post or Organisational ID-Cert (Class 2 and Class 5 only) issued by the Digi-Sign Certification Services Limited.

³ 公司印章僅適用於遞交列印表格的公司。

Company Chop is only required for submission by hardcopy.

第五部 – 所需文件 Part Five – Required Documents

為了更迅速完成註冊程序，請確保已附上下列文件：

To process the registration promptly, please ensure that the following documents have been enclosed:

所需文件 Required Documents	請在下列位置附上相關文件 ⁴ Please insert the corresponding file(s) here ⁴
<input type="checkbox"/> 已填妥的「自願醫保計劃（自願醫保）的產品提供者的註冊申請」表格 The completed form “Application for Registration as a Voluntary Health Insurance Scheme (VHIS) Provider”	不適用 NA
<input type="checkbox"/> 由律師認可的公司註冊證書副本 A copy of the Certificate of Incorporation certified by a solicitor	
<input type="checkbox"/> 已填妥的「自願醫保計劃（自願醫保）標準計劃產品認可申請」表格及相關所需文件 The completed form “Application for Certification of a Voluntary Health Insurance Scheme (VHIS) Standard Plan” and the relevant required documents	請另行遞交 Please submit separately

⁴ 只適用於透過電子方式遞交申請表格使用

For the use of submission by electronic means only.

第六部 – 重要事項 Part Six – Important Notes

1. 本表格只供公司向醫務衛生局(「局方」)申請註冊成為自願醫保計劃的產品提供者使用。
 2. 在成功註冊後，第一部 (1) - (6) 項的資料會在自願醫保網站公開。
 3. 本表格必須與第五部列明的所需文件一同遞交，否則將未能進行註冊程序；
 4. 本表格可透過下列形式遞交至局方：
 - a) 香港政府一站通，請按[此](#)；
 - b) 以電子證書⁵加密的郵件將所需文件電郵至: vhis_esubmit@healthbureau.gov.hk；或
 - c) 郵寄或親身遞交至: 香港九龍觀塘道 392 號創紀之城 6 期 2902 及 2907 室
自願醫保計劃辦事處 (致:「合規組」)在收到本表格及相關資料後，局方會按本表格所示資料向授權代表發出通知電郵或郵件以確認收悉。如授權代表未有收到相關通知電郵或郵件，則本表格及相關資料不會被視為已成功遞交予局方。授權代表應向局方重新遞交本表格及相關資料。
⁵請到香港郵政下載我們的電子證書(保密)，以向我們發送加密電子郵件。就電子證書的使用詳情，請參閱香港郵政電子證書用戶指南。
 5. 本表格內所列明的個人資料，將被保密並只作進行申請註冊的用途。根據《個人資料(私隱)條例》第 18 及 22 條，以及附表 1 第 6 原則，有關人士有權查閱及修改其個人資料。查閱的權利包括索取在本表格內所提供的個人資料副本。
 6. 自願醫保計劃下保險公司的註冊規則可因應要求提供。
1. This form is for use by the Company in applying for the registration under the Health Bureau to be a VHIS Provider.
 2. The information of items (1) – (6) of Part One may be publicised on the VHIS website upon successful registration.
 3. This form must be submitted with all the required documents as listed in Part Five of this form. Otherwise, company registration will not be proceeded.
 4. This form can be submitted to the Health Bureau –
 - a) via GovHK, please click [here](#);
 - b) by email containing the required documents encrypted with e-Cert⁵ and sent to: vhis_esubmit@healthbureau.gov.hk; or
 - c) by post or in person to: Voluntary Health Insurance Scheme Office,
Units 2902 & 2907, Millennium City 6,
392 Kwun Tong Road, Kowloon, Hong Kong
(Attn: Compliance Team)Upon receipt of the form and any relevant information, the Health Bureau will send out an acknowledgement email or mail to the Authorised Person according to the details provided in this form. If the Authorised Person does not receive such acknowledgement email or mail, the form and any relevant information will not be regarded as delivered to the Health Bureau and the Company must resend the form and any relevant information to the Health Bureau.
⁵ Should you send us an encrypted email, please download our e-Cert (Encipherment) certificate from the Hongkong Post. For detailed information on the use of e-Cert, please browse the e-Cert user guide of the Hongkong Post.
 5. The personal information collected in this form will be kept confidential and will be used for the purpose of registration only. The parties concerned have a right of access to and correction of their personal data as provided for in sections 18 and 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data provided in this form.
 6. The Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme are available upon request.