

自願醫保計劃（自願醫保）的產品提供者的資料更改
Information Update
for
Voluntary Health Insurance Scheme (VHIS) Provider

Please tick as appropriate. Please read “Part 7 – Important Notes” carefully before submission.

請於適用地方加「✓」號。在遞交表格前，請細閱「第七部 – 重要事項」。

第一部 – 公司資料 Part One – Company Information			
自願醫保的產品提供者註冊編號 VHIS Provider Registration No.			
保險公司(「公司」)名稱 Name of insurance company (“the Company”)		(中文)	
		(English)	
第二部 – 公司資料更改 Part Two – Company Information Updates			
請在所需更改資料填上剔號並提供資料。 Please tick the change(s) and fill in the details accordingly.			
<input type="checkbox"/> 保險公司名稱(「公司」)更改 Change of name of insurance company (“the Company”)		(中文)	
		(English)	
<input type="checkbox"/> 主要營業地址更改 Change of 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
<input type="checkbox"/> 電話 Telephone		<input type="checkbox"/> 傳真 Fax	
<input type="checkbox"/> 電郵 Email		<input type="checkbox"/> 公司網站 Company Website	
第三部 – 聯絡資料更改 Part Three – Contact Information Updates			
<input type="checkbox"/> 授權代表資料更改 Change of Authorised Person’s information (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	

接續第三部 – 聯絡資料更改 Cont'd Part Three – Contact Information Updates

- 合資格精算師資料更改 Change of Qualified Actuary's information**
 (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 certifications 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 registrations.

- 產品專員資料更改 Change of Product Officer's information**
 (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 certifications 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	

- 投訴專員資料更改 Change of Complaint Officer's information**

(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	

第四部 – 其他更改 Part Four – Other changes

請提供資料 Please specify the details

第五部 – 授權代表的聲明 Part Five – 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更改；
- 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 update on behalf of the Company;
- 2) The information contained in this form 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			
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.

第六部 – 所需文件 Part Six – Required Documents

為了更迅速完成註冊程序，請確保已附上所需文件：

To process the registration promptly, please ensure that the required document has been enclosed:

所需文件 Required Documents
<input type="checkbox"/> 已填妥的「自願醫保計劃的產品提供者的資料更改」表格 The completed “Information Update for Voluntary Health Insurance Scheme (VHIS) Provider” form

第七部 – 重要事項 Part Seven – Important Notes

1) 本表格只供自願醫保計劃的產品提供者更改公司及聯絡代表資料使用。

2) 在更改資料後，第二及第三部的資料會在自願醫保網站公開（如適用）。

3) 本表格可透過下列形式遞交至醫務衛生局（「局方」）：

- a) 香港政府一站通，請按[此](#)；
- b) 以電子證書⁴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。

⁴ 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。

4) 本表格內所列明的個人資料，將被保密並只作註冊記錄的用途。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。

1) This form is for the use of company and contact information updates for VHIS Providers.

2) The updated information of Part 2 and Part 3 may be publicised on the VHIS website (if applicable).

3) 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-Cert⁴ 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 Authorised Person must resend the form and any relevant information to the Health Bureau.

⁴ *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.*

4) The personal information collected in this form will be kept confidential and will be used for the purpose of registration record 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.