

自願醫保計劃（自願醫保）現有認可產品再認可申請
Application for re-certification of an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan

Please tick as appropriate. Please read “Part Five – Important Notes” carefully before submitting application.
 請於適用地方加「✓」號。在遞交表格前，請細閱「第五部 – 重要事項」。

第一部 – 產品資料	
Part One – Product Information	
保險公司(「公司」)名稱	(中文)
Name of insurance company (“the Company”)	(English)
申請再認可保險產品(「產品」)名稱	(中文)
Name of product for re-certification (“the Product”)	(English)
建議產品發布日期(日日/月月/年年) Proposed Product launch date (DD/MM/YY)	現有認可產品編號 Existing certification number (請提供產品下所有計劃的認可產品編號) (Please provide the certification numbers of all plans under the Product)
第二部 – 產品更改內容	
Part Two – Changes of Product	
請提供更改資料 Please provide information of the changes accordingly :	
<input type="checkbox"/> 按照醫務衛生局(「局方」)的新合規要求作出改動 Changes according to the new complying requirements announced by the Health Bureau	
<input type="checkbox"/> 更改標準保費 ¹ Changes of Standard Premium ¹	
<input type="checkbox"/> 其他更改，請列明更改內容並指出在附件中的參考資料 Other changes, please specify the changes and references to the attached documents clearly –	
<p>¹ 如只更改標準保費 (即未有就條款及保障進行任何改動)，請填寫「現有認可產品標準保費或保單資料頁更改通知表格」，無需進行再認可程序。 For changes of Standard Premium only (i.e. no changes have been made to the terms and benefits), please fill in the “Notification Form of Standard Premium or Policy Schedule Changes for an Existing Certified Plan” and re-certification is not required.</p>	

第三部 – 聲明

Part Three – Declaration

簽署此表格，即代表 –

產品專員就其深知及確信，作出以下聲明：

- 1) 在本申請表格所載有的資料均屬正確及完整；
- 2) 除本表格第二部所列明的更改內容外，本產品未有其他內容改動；
- 3) 本產品已合乎下列由局方公布的自願醫保計劃(「自願醫保」)文件所載有的合規要求(以申請產品認可時所適用的最新版本為準)：
 - a) 自願醫保計劃認可產品保單範本；
 - b) 自願醫保計劃下保險公司的實務守則；
 - c) 自願醫保計劃下產品的合規規則；及
 - d) 自願醫保計劃下保險公司的註冊規則；
- 4) 當
 - a) 本產品的條款及保障；與
 - b) 局方公布的標準計劃條款及保障(以申請產品認可時適用的最新版本為準)有任何互相抵觸或不相符之處時，只要涉及標準計劃條款及保障的範圍，將以對保單持有人或受保人較有利的條款及保障為準，而對保單持有人或受保人加設額外約束或限制的條款及保障應被視為無效(個別不保項目、訂明診斷成像檢測的共同保險、產品的共同保險或自付費(如適用)及政府可能不時批准的其他豁免事項除外)；

合資格精算師就其深知及確信，作出以下聲明：

- 5) 本產品內所包括的「其他保障項目」(如適用)，其精算公平價值(即保險及服務成本)並不超過整體的百分之十(按所有年齡及性別以平均值計算)。

By signing this form,

the Product Officer declares to the best of his/her knowledge, information and belief as follows –

- 1) the information contained in this application form is true and complete;
- 2) other than the changes stated in Part Two of this form, no further changes have been made to the Product;
- 3) the Product has met the complying requirements of the prevailing versions of the following Voluntary Health Insurance Scheme (“VHIS”) Scheme Documents published by the Health Bureau at the time of submitting application for product certification –
 - a) Voluntary Health Insurance Scheme Certified Plan Policy Template;
 - b) Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
 - c) Product Compliance Rules under the Ambit of the Voluntary Health Insurance Scheme; and
 - d) Registration Rules for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
- 4) in the event of any inconsistency between –
 - a) the terms and benefits of the Product; and
 - b) the prevailing version of the Standard Plan Terms and Benefits published by the Health Bureau at the time of submitting application for product certification,then so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person will prevail to the extent of such inconsistency and the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person will become ineffective, save for the exceptions of Case-based Exclusions, the Coinsurance of Prescribed Diagnostic Imaging Tests, the Coinsurance or Deductible on a plan level (if any) and any other exception as may be approved by the Government from time to time; and

the Qualified Actuary declares to the best of his/her knowledge, information and belief as follows –

- 5) the inclusion of all Other Benefit items of the Product, if any, constitutes no more than 10% of the actuarially fair value (i.e. cost of insurance and services) on average terms across all ages and gender.

接續第三部 – 聲明
Cont'd Part Three – Declaration

代表公司簽署 Signed on behalf of the Company

	產品專員 Product Officer	合資格精算師 Qualified Actuary
姓名 Name		
職位 Position		
聯絡電話 Telephone		
電郵 Email		
簽署 Signature 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.

第四部 – 所需文件
Part Four – Required Documents

為了更迅速完成產品的再認可程序，請確保已附上下列文件：
 To process the product re-certification 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）現有認可產品再認可申請」表格 The completed “Application for re-certification of an existing Voluntary Health Insurance Scheme (VHIS) Certified Plan” form	不適用 NA
<input type="checkbox"/> 條款及細則 Terms and Conditions	
<input type="checkbox"/> 保障表（包括手術表） Benefit Schedule (including the Schedule of Surgical Procedures)	
<input type="checkbox"/> 標準保費表 Standard Premium schedule	
<input type="checkbox"/> 保單資料頁 Policy Schedule	
<input type="checkbox"/> 條款及細則的補充文件(如適用) Supplements of terms and conditions (if any)	

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.

第五部 – 重要事項

Part Five – Important Notes

- 1) 本表格只供公司就現有自願醫保認可產品再認可申請使用。
- 2) 本表格必須與第四部列明的所需文件一同遞交，否則將未能進行產品再認可程序。
- 3) 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，局方均會按本表格所示資料向產品專員發出通知電郵或郵件以確認收悉。如產品專員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。產品專員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。

- 4) 本表格內所列明的個人資料，將被保密並只作進行產品認可程序的用途。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 use by the Company applying for product re-certification of an existing VHIS Certified Plan.
- 2) This form must be submitted with all the required documents as listed in Part Four of this form. Otherwise, product re-certification will not be proceeded.
- 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-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 Product Officer according to the details provided in this form. If the Product Officer 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 Product Officer 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.

- 4) The personal information collected in this form will be kept confidential and will be used for the purpose of product certification only. The parties concerned have a right of access to and correction of their personal data as provided for in Section 18 and Section 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.