

团体投保人告知书  
Declaration for a group application

□条形码/Barcode _____		投保单位名称/Name of group _____	
告知事项/ Declaration		是/Yes 否/No	
1 本次提供的被保险人清单上列示的“主被保险人/员工”，是否有非贵单位的全职在职员工，是否有未与贵单位签订劳动合同的主被保险人/员工？若“是”，请在“说明栏”具体说明就职状况。 Among people listed as the “Primary insured employees”, is there anyone who is not a full-time employee of your company or does not have an employment contract with your company? If "Yes", please specify the employment status in the space beneath question 4, or include the details when submitting this form.		<input type="checkbox"/> <input type="checkbox"/>	
2 本次参保的所有被保险人中，保险期间内是否有计划长期居住或逗留在中国大陆以外的国家或地区累计超过 6 个月的？若“是”，请告知①计划去的国家或地区；②计划的目的地；③计划居住时间（几个月）。 Is there any insured person who plans to stay in a country or area outside mainland China for longer than six months at a time? If “Yes”, please provide ① the country or region they plan to go to; ② the city; ③ the duration of the stay (in months)?		<input type="checkbox"/> <input type="checkbox"/> ① _____ ② _____ ③ ____个月/Months	
3 本次参保的所有“主被保险人/员工”中，①有无曾住院或连续病假 2 周中的员工？②有无身体残障的员工？③近一年内有因患病而不能全勤工作或减轻劳动量的员工？若“有”，请在“说明栏”具体说明。 Among people listed as the “Primary insured employees”, is there any employee ① who was hospitalized or took sick leave for two weeks in a row; ②with any physical disability; ③ who was unable to make full attendance or whose workload has reduced due to illness in the past year? If "Yes", for any question, please specify the details in the space beneath question 4, or include the details when submitting this form.		① <input type="checkbox"/> <input type="checkbox"/> ② <input type="checkbox"/> <input type="checkbox"/> ③ <input type="checkbox"/> <input type="checkbox"/>	
4 本次参保人员中是否存在患有各种恶性肿瘤、脑部的良性肿瘤、再生障碍性贫血、白血病、淋巴瘤、脑卒中、心肌梗塞、肝硬化、精神疾病、系统性红斑狼疮的人员？若“是”，请在“说明栏”具体说明，并请相应人员填写个人的告知声明书。 Do any of the insured employees have cancer, a benign tumor in the brain, plastic anemia, leukemia, lymphadenoma, apoplexy, myocardial infarction, liver cirrhosis, mental illnesses or systemic lupus erythematosus? If "Yes", please summarize the details and ask the relevant employees to fill in the personal declaration and include these documents when submitting this form.		<input type="checkbox"/> <input type="checkbox"/>	
说明栏/Description 若有任何被保险人（含连带被保险人）存在上述情况，请在“□是/yes”打√；并请在以下空白处详细描述： If you answered "Yes" to any of the questions above, please include the relevant information for the insured people or dependents below or include the details when submitting this form.			
号/No.	说 明 内 容/Description		
投保人声明栏/Declaration 我单位：（1）对上述各项内容均已理解，并同意将此声明书作为保险合同的组成部分，与保险合同具有同等法律效力；（2）在征询被保险人的相关情况时，对所有被保险人有关情况已经明确知悉，我单位所提供的健康、财务、被保险人清单及其它各项告知内容均属实且无重大遗漏；（3）根据上述第二条有义务对保险标的或者被保险人有关情况向保险人进行如实告知，如因故意或重大过失有隐瞒或不实告知情况发生，平安健康保险股份有限公司有权依法解除保险合同，对合同解除前发生的保险事故不承担保险责任；（4）有义务及责任通知被保险人有上述如实告知义务，并应对保险条款及投保信息对被保险人做相应宣导和培训，被保险人有权利从我单位处知悉其保险责任等相关信息。如因我单位未履行本条告知义务所引起的纠纷均由我单位承担；（5）授权贵公司可以从任何单位、组织和个人就有关保险事宜查询、索取相关的资料或证明，贵公司对个人资料承担保密义务。 如果本告知书的中英文表述不一致，以中文表述为准。 Our unit: (1) understands all the above clauses and agrees that this Declaration is one of the components of the Insurance Contract. This Declaration shall have the same effect as the Insurance Contract; (2) is definitely clear about the Insured's conditions after interviewing the insured. All materials such as health conditions, financial situation and the list of Insured provided by our unit are authentic and have no major omissions; (3) will fulfill the second obligation to inform the Insurer of the situation of the Subject Matter Insured or the Insured. If misrepresentation or non-disclosure occurs due to deliberate or gross negligence, Ping An Health Insurance Company Limited has the right to terminate the Insurance Contract and shall assume no liability for the insurance accidents occurred before the Insurance Contract has been terminated; (4) has the duty to notify the Insured of fulfilling the non-disclosure obligation and to educate and train the Insured about the insurance clauses and information on application. The Insured has the right to learn his/her insurance liabilities from our unit. Our unit will assume the responsibility for any disputes arising from the failure of fulfilling this duty of giving notification; (5) authorizes your company to inquiry about and ask for the related materials and certification on insurance-related issues from any units, organizations and individuals. You shall undertake the obligation of confidentiality for the individual materials. In case of any inconsistencies between the English version and Chinese version of this Declaration, the Chinese version shall prevail.			
经办人签名/Signature of the company contact person:		日期	
投保单位签章/Seal and signature of the company:		Date:	