

平安健康保险股份有限公司

PING AN HEALTH INSURANCE COMPANY OF CHINA,LTD.

Application for Alteration of Group Insurance Policy

A. General information

Policy No.		Policyholder	
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B. Items

<div>*<input type="checkbox"/>Addition of Insured</div>	Applicable to H201	<input type="checkbox"/> Premium for added insureds paid from company account	
	Please attach the list of the members to be added and provide health declaration as requested.		
	Explanatory materials should be provided if the requested effective date is backdated more than the stipulated days.		
<div><input type="checkbox"/>Removal of Insured</div>	Applicable to H201	<input type="checkbox"/> Transfer of refund into company account	
<div><input type="checkbox"/>Full policy surrender</div>	Please attach the list of the members. Explanatory materials should be provided if the requested effective date of surrender is backdated more than the stipulated days.		
<div><input type="checkbox"/>Surrender during cooling-off period</div>	Policyholder's declaration: we understand that the insurance liabilities will be terminated upon insurance surrender and have notified all the insureds involved.		
<div>*<input type="checkbox"/>Change of benefit plan</div>	Please attach the list of the members and the supplementary agreements (if any), and provide health declaration as requested.		
<div><input type="checkbox"/>Renewal payment</div>	The calculation of the renewal premium is based on the aggregate premium for the current valid insureds, and the actual amount is subject to the premium payment notice.		
	Applicable to H201	Payment option: <input type="checkbox"/> Renewal premium paid from company account	
<div><input type="checkbox"/>H201 medical account management</div>	Payment	<input type="checkbox"/> Amount paid into company account: () <input type="checkbox"/> Paid into personal account, please attach the list of the members. Payment option: <input type="checkbox"/> Paid from company account into personal account	
	Withdrawal	<input type="checkbox"/> Amount withdrawn from company account: () <input type="checkbox"/> Withdrawn from personal account, please attach the list of the members.	
	The surrender fee is waived for withdrawal upon expiry.		
<div>*<input type="checkbox"/>Change of Policyholder (or information of policyholder)</div>	Employer address		
	Zip code		Contact person
	E-mail		Phone No.
	New Policyholder		
	Reason for change	<input type="checkbox"/> Change of company name <input type="checkbox"/> Change of Policyholder <input type="checkbox"/> Other ()	
	Certificate type	<input type="checkbox"/> Business License <input type="checkbox"/> Organization Code Certificate <input type="checkbox"/> Tax Registration Certificate	
	Certificate No.		
<div>*<input type="checkbox"/>Change of Insured</div>	Please attach the list of the members.		

