

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

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A. General informatio	n			
Policy No.		Policyholder		

*□Addition of Insured	Applicable to H201	□Premium for added insureds	paid from company account	
	Please attach the list of the memb	pers to be added and provide heal	th declaration as requested.	
	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.			
□Removal of Insured	Applicable to H201	□Transfer of refund into company account		
□Full policy surrender	Please attach the list of the memb backdated more than the stipulate	bers. Explanatory materials should be provided if the requested effective date of surrender is ed days.		
□Surrender during cooling-off period	Policyholder's declaration: we understand that the insurance liabilities will be terminated upon insurance surrender and have notified all the insureds involved.			
*□Change of benefit plan	Please attach the list of the members and the supplementary agreements (if any), and provide health declaration as requested.			
□Renewal payment	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: Renewal p	remium paid from company account	
☐H201 medical account management	Payment	□Amount paid into company account: () □Paid into personal account, please attach the list of the members.		
	Withdrawal	Payment option: □Paid from company account into personal account □Amount withdrawn from company account: () □Withdrawn from personal account, please attach the list of the members.) The surrender fee is waived for withdrawal upon expiry.)		
*□Change of Policyholder	Employer address			
(or information of policyholder)	Zip code		Contact person	
	E-mail		Phone No.	
	New Policyholder		· · · ·	
	Reason for change	□Change of company name	Change of Policyholder Other ()	
	Certificate type	□Business License □Organization Code Certificate □Tax Registration Certificate		
	Certificate No.			
*□Change of Insured	Please attach the list of the memb	1		

information	
□Change of beneficiary	Please attach the list of the members. The Policyholder must obtain consent of the Insureds when designating the beneficiaries of death benefits. Where the Policyholder purchases insurance for its employees, it shall not designate anyone other than the close relatives of the Insureds as the beneficiaries.
□Change of personal claims account No.	Please attach the list of the members.
□Policy loss report & reissuance	□Loss report □Cancellation of loss report □Reissuance When a new policy is issued, the original policy will automatically become invalid and the loss report will be canceled. A printing fee of RMB10 will be charged for the new policy.
*□Special agreement	□Policy agreement, please attach the supplementary agreement or other requested documents. □Agreement on Insureds, please attach the list of the members.
□Advance premium refund	
□Other	

C. Notes on application



1. The application will not take effect if any or all of the alteration applied for conflicts with relevant laws, regulations, or the insurance contract.

2. The seal/signature on the application form has to be the same as the seal/signature sample left with the Insurer. To protect your rights and interest, please do not sign a blank application form.

3.Individual or group declaration materials should be provided if the item that you apply for is marked with "*".

D. Authorization and application confirmation

Method	l of settlement

Direc

Direct settlement Dank transfer (only applicable to refunds)

If the refund is paid through bank transfer, please provide the Application for Authorization for Payment for Group Insurance.

Declaration of authorizer	r (qualified applicant)
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We/I (the qualified applicant) understand and agree to the "Notes on application", and hereby authorize(the assignee) to handle our/my application. We/I will be responsible for any legal disputes arising from this application.		
Signature (seal) of Policyholder	Signature (seal) of new Policyholder	
Handling person: ()	(Handling person:) (
Signature(s) of Insured(s)	Signature of assignee	
Phone No. of assignee	Date of application	



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Service hotline:95511-7(Chinese); 4008833663-2(English)