

平安健康保险股份有限公司
PING AN HEALTH INSURANCE COMPANY OF CHINA, LTD.
Application for Alteration of Individual Insurance Policy
Fees-related Items

A. General information

Policy No.		Policyholder		Insured	
------------	--	--------------	--	---------	--

B. Items to be altered

* <input type="checkbox"/> Addition of Insured You should provide the	Name of Insured		Certificate type	
	Certificate No.			
	Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital status		Occupation and Code	
	Relationship to policyholder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: ()	Relationship to the first insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: ()
<input type="checkbox"/> Removal of Insured/Surrender	<input type="checkbox"/> Full policy surrender during cooling-off period <input type="checkbox"/> Full policy surrender			
	<input type="checkbox"/> Removal of Insured from family policy Name of Insured to be removed: ()			
	Reason(s) for surrender: <input type="checkbox"/> Financial problem <input type="checkbox"/> Emigration <input type="checkbox"/> Inadequate coverage <input type="checkbox"/> Poor service <input type="checkbox"/> Unsatisfactory claim settlement <input type="checkbox"/> Other: ()			
Note				
* <input type="checkbox"/> Change of benefit plan	Current plan		New plan	
<input type="checkbox"/> Switch between Type A and Type B	<input type="checkbox"/> Switch this policy to Type A of the same product, as the Insured is NOT COVERED by Social Health Insurance or other free public healthcare scheme			
	<input type="checkbox"/> Switch this policy to Type B of the same product, as the Insured is COVERED by Social Health Insurance or other free public healthcare scheme			
<input type="checkbox"/> Policy loss report & reissuance	<input type="checkbox"/> Loss report <input type="checkbox"/> Cancellation of loss report <input type="checkbox"/> Reissuance (A printing fee of RMB 10 will be charged for the new policy.) When a new policy is issued, the original policy will automatically become invalid and the loss report will be canceled.			
<input type="checkbox"/> Change of renewal option	Auto-renewal <input type="checkbox"/> Yes <input type="checkbox"/> No (If you selected No, the policy will be automatically terminated upon expiry)			
<input type="checkbox"/> Change of customer information	Applicable to			
	Change or correction of	<input type="checkbox"/> Certificate type <input type="checkbox"/> Certificate No. <input type="checkbox"/> Gender <input type="checkbox"/> Date of birth <input type="checkbox"/> Occupation <input type="checkbox"/> Other		
	Current information			
	Correct information			
* <input type="checkbox"/> Supplemental disclosure	Details of disclosure			
<input type="checkbox"/> Advance premium refund	Refund amount			

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 signature on the application form has to be the same as the signature sample left with the Insurer. To protect your rights and interest, please do not sign a blank application form.
3. Declaration materials should be provided if the item that you select is marked with “*”.

D. Authorization and declaration

I hereby authorize Ping An Group, unless otherwise stipulated by law, to use any information provided by me to Ping An Group, any information generated by services received by me from Ping An Group (including any information provided and generated prior to signature of this [Document]) as well as any information queried and collected by Ping An Group under this Clause for the purposes of provision of services, recommendation of products, market research, and data analysis for me by Ping An Group and its partners necessary authorized by Ping An Group provision of services.

I hereby authorize Ping An Group, unless otherwise stipulated by law, to provide, query or collect data to/from partners with which Ping An Group needs to cooperate for the purposes of provision of better services and products for me.

In order to ensure security of my information, Ping An Group and its partners shall keep such information confidential and take measures to ensure security of such information.

This Clause shall take effect upon signature of this [Document] and have independent legal force and effect regardless of whether a contract is formed or whether the force and effect of such contract changes.

Ping An Group herein refers to, collectively, Ping An Insurance (Group) Company of China, Ltd. and companies controlled by it directly or indirectly as well as companies in which Ping An Insurance (Group) Company of China, Ltd. acts directly or indirectly as the single largest shareholder.

If you disagree with the aforesaid clause partially or totally, you may [dial our customer service hotline (95511)] to cancel or alter the authorization.

Method of payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Direct debit
	<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Other method: ()

Account details	Bank name		Bank branch	
	Account holder		Account No.	

Account holder's authorization and declaration:

Payment confirmation: I (the account holder) hereby confirm and agree to allow the Policyholder to use my account to pay the premium arising from the application above.

Signature of account holder: _____

Refund confirmation: If the authorizer (qualified applicant) is not the holder of the account provided, the Insurer considers that the authorizer can obtain the refund from the account, and the authorizer shall be responsible for any disputes arising therefrom.

Signature of authorizer: _____

Applied by	<input type="checkbox"/> Self <input type="checkbox"/> Service agent <input type="checkbox"/> Other assignee
------------	--

Declaration of authorizer (qualified applicant)

I (the qualified applicant) understand and agree to the “Notes on application”, and hereby authorize _____ (the assignee) to handle my application. I will be responsible for any legal disputes arising from this application.

Policyholder		(Guardian of) Insured	
(Guardian of) other Insured		Date of application	
Assignee		Phone No. of assignee	



Ping An Health wechat

Scan now

Receive information and apply for more functions

Service hotline:95511-7(Chinese);

4008833663-2(English)