中国平安 PING AN
金融 · 科技

平安健康保险股份有限公司
PING AN HEALTH INSURANCE COMPANY LTD.

授权委托书

Authorization letter for third party consent

该授权委托书适用于您授权第三方以您的名义行事。
This document is an application form to authorize a third party to act on or receive information on your behalf.

您需要做的：

步骤一：请您用正楷填写此表格

步骤二：请附上本表格中所填写委托人和受委托人的身份证明

步骤三：您可以使用以下任意一种方式提交此表格和相关文件：
- 理赔申请：和理赔申请表一并提交
- 其他事项：拨打 95511，按 7 号键（中文）

What you should do:

Step 1: Fill in this form using block letters

Step 2: Attach copies of the identity certificates of the person giving consent and the nominated third party

Step 3: Submit this authorization letter and documents in one of the following ways
- For claims application – attach to the Claim Application Form for Medical Expenses
- For any other reason – contact us on 400 8833 663 Option 2 (English)

1. 委托人信息 Details of the person giving consent	
委托人姓名 Name	
证件类型 Certificate Type	☐ 身份证 ID card ☐ 护照 Passport ☐ 其他 Other _____
证件号码 Certificate Number	

2. 受委托单位信息 Details of the third party	
受委托单位名称 Third party name	
受托单位地址 Third party address	
联系电话 Third party contact	
与委托人关系 Relationship of the party to the person giving consent	

3. 授权信息 Details of Authorization	
分单号 Sub-Policy number	请提供您授权的保单分单号 Provide the sub-policy number of the insurance contract to which this authorization applies --
授权权限 Consent granted	本人现委托上述受委托单位就上述分单号保险合同的理赔事宜作为我的代理人，并同意其代理权限如下： I hereby grant the third party mentioned above to be my agent in claim issues related to the insurance contract with the above-mentioned sub-policy number, with the extent of authority is as follows: ☐ 办理理赔申请 Consent to complete a Claim Application Form for Medical Expenses ☐ 接受理赔决定通知 Consent to receive claim notifications ☐代为领取保险赔偿金 Consent to receive claim reimbursements ☐签订理赔协议 Consent to sign a Claim Agreement ☐ 其他事项 Other consent _____
授权时间 Authorization period	授权期限 This authorization is to be in effect from YYYY / MM / DD to YYYY / MM / DD 注：授权期限仅限于现有保单有效期内 Note that, regardless of the stipulated period, this authorization will not extend beyond the end of the current insurance policy period.

4. 声明 Declaration
1、本人保证此授权委托书上所填写的一切内容真实准确，上述授权为本人真实意思表示。 **2、本人同意授权受托人代理此授权委托书列明事项，因本人提供上述授权信息有误所导致的一切后果或受托人未将代领的保险赔偿金交给本人的责任由本人承担，保险公司不承担责任。** 1. I hereby declare that all information provided in this form is true and correct to the best of my knowledge 2. I agree for consent to be granted to the authorized third party as indicated in this form. I shall assume responsibility for any consequences caused by mistakes provided in the authorization, or if the third party does not pay the insurance compensation to me. 委托人签名 Signature of person giving consent _____ 日期 Date YYYY / MM / DD

1、本单位保证本委托书为委托人亲笔签名，如有纠纷，受委托单位自愿承担相应责任；
2、本单位已面晤委托人，并严格遵循委托人的真实意愿，在授权有效期内代为办理委托事宜，如所实施的行为超出授权范围，受托单位自愿承担相应责任。

1. I confirm that this letter of authorization is signed in person by the person giving authorization. If there should be any dispute, I am willing to assume the corresponding responsibility.
2. I have met the person giving consent in person and will conduct the granted issues strictly in accordance with the will of this person during the term of authorization. I am willing to assume responsibility for any conduct I engage in that is beyond authorization.

受委托单位盖章 Company seal of the third party receiving authorization _____ 日期 Date YYYY / MM / DD

如有疑问，请与我们联系

服务热线（中文）：95511 按 7，或+86 4008833663 按 1（大陆地区以外拨打）

服务热线（英文）： +86 4008833663 option 2

网站：www.health.pingan.com

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If you have any queries, please contact us:

Service line (Chinese): 95511 option 7, or+86 4008833663 option 1 (in areas other than mainland China)

Service line (English): +86 4008833663 option 2

Website: www.health.pingan.com

All Ping An Health forms can be obtained from www.health.pingan.com