天安财险 TIANAN PROPERTY INSURANCE

天安财产保险股份有限公司
: 95505
: www.95505.com.cn

个人全球医疗保险B款 投保书
Individual Global Health Insurance Plan B Application Form

重要注释 Important Notes：

1.在填写本投保申请前，您可以要求业务人员向您提供保险条款。请仔细阅读条款，尤其是除外责任、赔偿限额、免赔额、犹豫期、保险责任终止等黑体字标注的条款内容，并听取业务人员的说明，如对业务人员的说明有不明白或有异议的，请在填写本投保单之前向业务人员进行询问，如未询问，视同已经对条款内容完全理解并无异议。

Please ask your personal consultant for the insurance clause before fill in this application form. Please carefully read the clause, especially for policy exclusions, annual limit, deductible, free-look period, cancellation/termination of cover, and the others which are all highlighted in bold. You can enquire of your consultant if need any clarification before fill in this application form, otherwise you are deemed to fully understand the clause and have no objection.

2.请如实填写本表内容并确定所填写的内容全部正确无误，根据保险法和相关规定，如您未履行如实告知义务，则可能会导致保险合同被解除或者本公司不承担相关保险责任。

Under Insurance Law or any subsequent amendment, you are to disclose in the Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.

3.投保人对被保险人应当具有保险利益，否则依据保险法合同无效。

A policyholder shall own the insurable interest in the objects of insurance, otherwise the insurance contract shall be invalid.

4.本投保单为保险合同的重要组成部分。请用蓝色或黑色墨水笔以中文或英文正楷填写，不得涂改，并由投保人、被保险人（或其法定监护人）亲笔签字。

This application form is an important part of the insurance contract. Please fill in it in Chinese or English block letters with blue or black ink, and shall not alter. There must be handwritten signature of the policyholder and the insured person(s) (or legal guardian).

5.请完整填写下列所有问题，并在适当的空格内填上"√"，如有遗漏，则该问题被视为回答"否"。

Please complete this form by answering carefully all questions and "√" the boxes where appropriate. Any question not answered on this form will be taken as an answer in the negative.

6.退保时，若保险期间内无理赔记录，则按条款列明的退费比例退还保费。若已有理赔记录，则退还保费为零。

For cancellation, premium will be refund according to "premium refund table" stated in the clause provided that no claims have been made during the insurance period. No premium refund if any claim has been made.

7.对于直接付费服务，如有任何计算错误或不属保障范围的项目，您有义务接受理赔款的最终调整。

For direct billing service, you are obligated to accept the final adjustment in charges and actions if there is any miscalculation or uncovered item according to the terms and conditions of the Policy.

8.投保时请提供投保人及所有被保险人的有效的护照或身份证件复印件。Please provide valid passport / ID copy of policyholder and all the insureds.

9.请您了解本公司的偿付能力充足率已达到了监管要求，若需进一步了解本公司最新季度的偿付能力信息及风险综合评级结果，请登录天安财产保险股份有限公司官网 www.95505.com.cn 查询，该信息可以作为您决定是否投保的参考信息。

Please be aware that the insurer's solvency ratio is well matched with regulatory requirements. For detailed information if needed in the insurer's solvency report and comprehensive risk rating report in the latest quarter, please access to the insurer's official website www.95505.com.cn The solvency related information can be taken as significant reference when applying for the insurance

10.我司指定第三方服务商中间带（北京）技术服务有限公司为您在医院就诊及健康维护等提供服务，服务商官方客服电话 400-114-9606。具体服务内容详见保单后附服务手册。

We authorize MediLink-Global Technology Services Co., Ltd is our third party service provider to offer direct billing service and health management. Official customer service hotline is 400-114-9606 . The detailed services procedure can be found in attached Member guide.

11.若英文译本与中文有异，以中文版本为准。

Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

第一部分 – 投保人信息（如您的通讯地址有所更改，请及时通知我们）

Part 1 – Particulars of Policyholder (please keep us informed of any change of your address.)

姓名 (必须与身份证或护照相同)： Name (as on ID or passport):	国籍： Nationality:
性别Gender: ☐ 男M ☐ 女F	婚姻状况Marital Status：☐单身Single ☐已婚Married
通讯地址： Address:	邮政编码： Post Code:
身份证件或护照号码： Passport or ID #:	出生日期（日/月/年） Date of Birth (dd/mm/yyyy)
行业及职业/职位： Industry and Occupation/ Job Position:	您目前在中国是：☐工作 ☐生活 ☐学习 Currently you are in China for: ☐Working ☐Living ☐Studying
移动电话Mobile No：	电子邮箱Email：
生效日期选择: 1) ☐付款日后30天内 _____年_____月_____日 2) ☐ 付款日次日 最终承保日期为指定生效日或付款次日中较晚者为准 Effective date : 1) ☐ within 30 days after payment date _____Year_____ Month_____Day 2)☐ next day of payment date The final effective date is the later of the designated effective date or the next day of payment	

第二部分 – 被保险人信息（投保人应当对下列被保险人具有保险利益）

Part 2 – Particulars of Insured Persons (The policyholder shall own the insurable interest in the objects of insurance）

	被保险人1 Insured Person 1	被保险人2 Insured Person 2	被保险人3 Insured Person 3	被保险人4 Insured Person 4
姓名Name				
性别Gender				
身份证或护照号码 ID or Passport NO.				
出生日期（日/月/年） Date of Birth(dd/mm/yyyy)				
国籍Nationality				
身高/体重 Height (cm) / Weight (kg)				
您目前在中国是? Currently you are in China for:	☐工作 Working ☐生活 Living ☐学习 Studying	☐工作 Working ☐生活 Living ☐学习 Studying	☐工作 Working ☐生活 Living ☐学习 Studying	☐工作 Working ☐生活 Living ☐学习 Studying
您是否拥有公费医疗或基本医疗保险? Do you have Free medical care or Social basic medical insurance?	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No
您是否拥有其他费用补偿型医疗保险?（选填） Do you have any other expenses compensation medical insurance? (Optional)	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No	☐是 Yes ☐否 No
与投保人关系说明 Relationship to policyholder	☐子女 Child	☐子女 Child	☐子女 Child	☐子女 Child
所选保障计划 Plan Choice	☐计划1 Plan1 ☐计划2 Plan2	☐计划1 Plan1 ☐计划2 Plan2	☐计划1 Plan1 ☐计划2 Plan2	☐计划1 Plan1 ☐计划2 Plan2
可选福利Optional benefits: 升级方案套餐Upgrade Package	☐ 是	☐ 是	☐ 是	☐ 是
可选福利Optional benefits: 牙科福利Dental benefits	☐ 是	☐ 是	☐ 是	☐ 是

	计划1 **Plan 1**	**计划2** **Plan 2**
保障区域 Cover Area	大陆保障 (保障地域：中国大陆，不含港澳台地区) China Mainland (excl. HK, Taiwan, Macau)	大陆保障 (保障地域：中国大陆，不含港澳台地区) China Mainland (excl. HK, Taiwan, Macau)
医院范围 Hospital Coverage	二级及以上公立医院普通部、特需部及指定私立医疗机构 Public II, II and above General and VIP Departments and designated private hospital	二级及以上公立医院普通部、特需部及指定私立医疗机构 Public II, II and above General and VIP Departments and designated private hospital
特别约定利益 Special Conditions	本保单项下住院医疗责任累计限额300,000元，公立特需80%赔付，其他100%赔付；门诊医疗累计责任限额50,000元，其中门诊累计次数限制为: 门诊前5 次公立特需80%赔付，其他100%赔付，5次之后50%赔付。住院免赔额10,000。 Plan 1: The cumulative limit of hospitalization liability under this policy is ¥300,000, Public VIP 80% compensation, other 100% compensation ; The accumulative liability limit of outpatient medical treatment is ¥50,000, and the accumulative number of outpatient medical treatment is limited to 80% compensation for the first 5 times of outpatient service, 100% compensation for the other 5 times, and 50% compensation after 5 times. 10,000 Inpatient deductibles.	本保单项下住院医疗责任累计限额为500,000元，公立特需及新世纪集团医疗机构80%赔付，其他100%赔付；门诊医疗累计责任限额为50,000元，其中门诊累计次数限制为:门诊前5次公立特需80%赔付，其他100%赔付，5次之后50%赔付。住院免赔额10,000。 Plan 2: The cumulative limit of hospitalization liability under this policy is ¥500,000 , Public VIP and New Century Healthcare 80% compensation, other 100% compensation; The accumulative liability limit of outpatient medical treatment is ¥50,000, and the accumulative number of outpatient medical treatment is limited to 80% compensation for the first 5 times of outpatient service, 100% compensation for the other 5 times, and 50% compensation after 5 times. 10,000 Inpatient deductibles.

可选福利 Optional benefits: 升级方案套餐 Upgrade Package	**门诊医疗责任累计限额增加至50,000元**, 门诊累计次数限制不限; 门诊手术室和恢复室费限1次; 门诊手术医师费和麻醉师费限1次 住院无免赔。 There is no limit on the accumulative amount of medical liability for outpatient service of ¥50,000 and the accumulative number of outpatient service; Outpatient operating room and recovery room fee is limited to 1 time; Outpatient surgeon's fee and anesthesiologist's fee are limited to one time. 0 deductible for inpatient.	**门诊医疗责任累计限额增加至100,000元**, 门诊累计次数限制不限; 门诊手术室和恢复室费限1次; 门诊手术医师费和麻醉师费限1次 住院无免赔。 There is no limit on the cumulative number of outpatient medical liability of ¥100,000 and the cumulative number of outpatient medical liability; Outpatient operating room and recovery room fee is limited to 1 time; Outpatient surgeon's fee and anesthesiologist's fee are limited to one time. 0 deductible for inpatient.
可选福利 Optional benefits: 牙科福利 Dental benefits	（限禾新、沃德、和睦家）可选累计给付限额4,000元； 预防治疗费给付比例：100%； 基础治疗费给付比例：80%； 重大治疗费给付比例：50%。 (only available for Hexin, Worldpath and United Family), the Max. payment limit is ¥ 4,000; Preventive treatment fee: 100%; Basic treatment fee: 80%; Major treatment expenses: 50%	

注 Note：首次投保的年龄为出后30 天至17 周岁，续保最高可至17周岁。
First application entry age is from 30 days to 17 years old, and renew up to 17 years old.

第三部分 – 医疗问卷　　Part 3 – Medical Questionnaire

Part A -请务必如实声明您的个人健康状况。如有遗漏，则该问题被视为回答“否”。
You must declare your medical history fully and faithfully. Any question not answered on this form will be taken as an answer in the negative.

1.最近 5 年中，被保险人在申请如人寿保险、意外伤害保险，重大疾病保险、其它医疗健康保险等任何保险计划时，曾被延迟、被拒保、被撤销或附加任何特别条件（如增加保险费或特别免责条款）？	□ 是 Y □ 否 N	2. 被保险人在过去一年内是否出现过以下症状：不明原因的持续出血点、咯血、便血、血尿、蛋白尿、吞咽困难、浮肿、黄疸（新生儿黄疸已治愈除外）、抽搐、反复呕吐、异常消瘦（6 个月内不明原因所致体重减轻 5 公斤以上或低于标准体重 25%）、智力障碍、耳鸣、听力或视力障碍，肌肉萎缩、任何不明性质的肿块、结节、息肉、囊肿、赘生物等。	□ 是 Y □ 否 N
In the past five years, when the insured applies for any insurance plan such as life insurance, accident insurance, major illness insurance, other medical and health insurance, has the insured been delayed, refused, cancelled or attached any special conditions (such as increased insurance premium or special exemption clauses)?		Did the insured have the following symptoms in the past year: unexplained persistent recurrent fever, repeated headache, dizziness, asthma, abdominal pain, chest pain, unexplained subcutaneous bleeding points, hemoptysis, hematochezia, hematuria, proteinuria, dysphagia, edema, jaundice (except neonatal jaundice has been cured), convulsion, repeated vomiting, abnormal weight loss (unexplained within 6 months) Weight loss of more than 5 kg or less than 25% of the standard weight), mental retardation, tinnitus, hearing or visual impairment, muscle atrophy, any mass, nodule, polyp, cyst, vegetation, etc.	
3.被保险人目前或过往是否曾患有以下疾病：①心血管系统：心肌炎、风湿性心脏病、心功能不全二级或二级以上、心肌损害、心电图异常、川崎病、先天性心脏病；②呼吸系统疾病：慢性支气管炎、哮喘、咳嗽变异性哮喘、慢性肺炎、肺结节、肺结核、肺栓塞、支气管扩张、肺纤维化、胸膜炎、气胸；③脑、神经及精神系统：惊厥、抽搐、癫痫、脑炎、脑膜炎、脑血管瘤、脑血管畸形、运动神经元病、脊髓疾病、重症肌无力、多发性硬化、抑郁症、精神病、多动症、智力障碍、脑部手术史。④消化系统疾病：肝炎、乙肝或丙肝病毒携带、胆石症、慢性胆囊炎、溃疡性结肠炎、克罗恩病（节段性肠炎）、胃和/或十二指肠溃疡、胰腺炎、多囊肝、肝内胆管炎、胆石症、腹部手术史。⑤血液、内分泌系统疾病：糖尿病、痛风、甲状腺或甲状旁腺疾病、白血病、血友病、再生障碍性贫血、地中海贫血、紫癜。⑥泌尿系统疾病： 血尿、蛋白尿、尿路畸形、慢性肾炎、肾病综合征、尿毒症、肾移植、肾积水、泌尿系统结石、泌尿系统手术史、肾萎缩、肾功能衰竭、多囊肾。⑦免疫性及骨骼肌肉组织疾病：类风湿性关节炎、系统性红斑狼疮、肌营养不良症、强直性脊柱炎、椎管狭窄、脊柱裂、股骨头坏死、骨性关节炎、骨髓炎、皮肌炎、干燥综合症、免疫缺陷病（艾滋病或艾滋病毒携带）。⑧五官、四肢疾病：失聪、失明、语言及咀嚼或吞咽器官功能障碍、视神经或视网膜病变、青光眼、白内障、五官手术史、鼻中隔偏曲、鼻息肉、过敏性鼻炎、呼吸睡眠暂停综合征、扁桃体或腺样体肥大、五官及肢体（包括手指、足趾）缺失、畸形或功能障碍；⑨以上未提及的疾病：肿瘤（包括：肉瘤、癌、良性肿瘤、息肉、囊肿）、先天性疾病、遗传性疾病、法定传染病甲类或乙类。 Whether the insured has suffered from the following diseases: ① cardiovascular system: myocarditis, rheumatic heart disease, cardiac insufficiency grade 2 or above, myocardial damage, ECG abnormality, Kawasaki disease, congenital heart disease; ② respiratory system diseases: chronic bronchitis, asthma, cough variant asthma, chronic pneumonia, pulmonary nodules, pulmonary tuberculosis, pulmonary embolism, bronchitis Tracheectasis, pulmonary fibrosis, pleurisy, pneumothorax; ③ brain, nervous and mental system: convulsion, convulsion, epilepsy, encephalitis, meningitis, cerebral hemangioma, cerebrovascular malformation, motor neuron disease, spinal cord disease, myasthenia gravis, multiple sclerosis, depression, psychosis, hyperactivity disorder, mental disorder, brain surgery history. ④ Digestive system diseases: hepatitis, hepatitis B or hepatitis C virus carrier, cholelithiasis, chronic cholecystitis, ulcerative colitis, Crohn's disease (segmental enteritis), gastric and / or duodenal ulcer, pancreatitis, polycystic liver, intrahepatic cholangitis, cholelithiasis, and history of abdominal surgery. ⑤ Blood and endocrine system diseases: diabetes, gout, thyroid or parathyroid disease, leukemia, hemophilia, aplastic anemia, thalassemia, purpura. ⑥ Urinary system diseases: hematuria, proteinuria, urinary tract malformation, chronic nephritis, nephrotic syndrome, uremia, kidney transplantation, hydronephrosis, urolithiasis, history of urinary surgery, renal atrophy, renal failure, polycystic kidney disease.⑦ Immune and musculoskeletal diseases: rheumatoid arthritis, systemic lupus erythematosus, muscular dystrophy, ankylosing spondylitis, spinal stenosis, spina bifida, necrosis of femoral head, osteoarthritis, osteomyelitis, dermatomyositis, Sjogren's syndrome, and or immunodeficiency (AIDS or HIV carriers). ⑧ Diseases of five senses and limbs: deafness, blindness, dysfunction of speech and chewing swallowing organs, optic nerve or retinopathy, glaucoma, cataract, history of surgery on five senses, deviation of nasal septum, nasal polyps, allergic rhinitis, sleep apnea syndrome, tonsil or adenoid hypertrophy, absence, deformity or dysfunction of facial features and limbs (including fingers and toes); and			□ 是 Y □ 否 N

Diseases not mentioned above: tumors (including sarcomas, cancers, benign tumors, polyps, cysts), congenital diseases, hereditary diseases, and legal infectious diseases (Class A or B).			
4.任何被保险人投保前是否存在已知或应该知道的有关疾病或症状，虽然未经医疗机构诊断，根据普通人医学常识，属于需要告知的既往症？ Does any insured person have a known or should have known relevant disease or symptom before insurance, although it has not been diagnosed by a medical institution, according to the common medical knowledge of ordinary people, it is a past disease that needs to be informed?	□ 是 Y □ 否 N	5. 2 周岁以下（含 2 周岁）被保险人是否存在：出生未满 30 天或未健康出院；出生时体重低于 2.5 公斤（双胞胎低于 2 公斤）；出生时有早产、产伤、窒息、发育迟缓、脑瘫等异常情况？Does the insured under 2 years old (including 2 years old) exist: less than 30 days of birth or not discharged from hospital in a healthy way; the weight at birth is less than 2.5 kg (twins are less than 2 kg); there are premature birth, birth injury, asphyxia, growth retardation, cerebral palsy and other abnormal conditions at birth?	□ 是 Y □ 否 N
6.被保险人在过去一年内是否存在体检结果异常（如超声、影像、内窥镜、病理活检、眼底检查、血液检查等）且被体检医师或医生建议复查、转诊、住院治疗或手术；长期服药（有规律服药超过 1个月）;过去两年曾住院（不包括急性鼻炎/ 急性肠胃炎/急性肺炎/急性上呼吸道感染住院/意外引起的软组织损伤等）或手术，或有医生提出进一步复查、治疗或手术建议的? Whether the insured has abnormal physical examination results (such as ultrasound, imaging, endoscopy, pathological biopsy, fundus examination, blood examination, etc.) in the past year, and the examined doctor or doctor suggests reexamination, referral, hospitalization or surgery; long term medication (regular medication for more than 1 month); Have you ever been hospitalized (excluding acute rhinitis / acute gastroenteritis / acute pneumonia / acute upper respiratory tract infection hospitalization / accidental soft tissue injury, etc.) or surgery in the past two years, or have doctors put forward further review, treatment or operation suggestions?			□ 是 Y □ 否 N

Part B - (如有需要请另附纸张 If more space is required, please continue on a separate sheet of paper.)
如在上一部分回答“是”的项目，请在下列表格中列明具体的健康状况（或未经诊断的症状）。
This part applies if you have indicated “yes” replies in Part A. Please disclose all medical conditions (or undiagnosed symptoms) to which these replies are intended to apply.

被保险人姓名 Name of the Insured Person	PartA 中的问题序号 Question No. in Part A	疾病/伤残名称以及接受过何种治疗 Name of illness/disability and treatment received	病症发生的日期及持续时间 Date and duration of the disability	治疗/手术的类型及结果 Type and Result of treatment/surgery	就诊医院名称/医生姓名 Name and address of the Doctor/hospital visited

Part C - 请列明被保险人在过去 5 年中最常用的医生/医院。如果不适用，请填写“无”。Doctors/Hospitals most frequently used in the last 5 years. Please fill in “N/A” if not applicable.

	被保险人1 Insured Person 1	被保险人2 Insured Person 2	被保险人3 Insured Person 3	被保险人4 Insured Person 4
最常用医生/医院 Doctors/Hospitals				
地址 Address				

2 如以上任何问题回答“是”，请在下方列明详细资料（包括保险公司名称、险种名称、疾病或意外名称）。If the answer to any of the above questions “YES”, please provide details below (including Name of the Insurance Company, Name of the product, Name of illness/ bodily injury).

_____

_____

第四部分 – 争议解决方式
Part 4 – Dispute Resolution
请选择一种争议解决方式：
Please choose one of the ways below for dispute resolution:
☐ 1. 提交中国国际经济贸易仲裁委员会 China International Economic and Trade Arbitration Commission, Shanghai Commission
☐ 2. 有管辖权的人民法院裁决Courts having jurisdiction for judgment.
若您不做选择，则保险合同争议方式默认为第二种。
If you do not make the choice, the second one shall be the implied dispute resolution.

第五部分 – 投保人声明
Part 5 – Declaration
1. 本人（我们）同意此投保单为本人（我们）与天安财产保险股份有限公司订立保险合同的依据。本人（我们）特此申明，投保单内所投保之资料，根据本人（我们）所知并确定全部正确无误。
I/We agree that this Application form shall be the basis of the contract between me/us and Tianan Property Insurance Co.,Ltd, I/We declare that the statements made in this Application are true, correct and complete to the best of my/our knowledge and belief.

2. **本人（我们）已经仔细阅读保险条款《天安财产保险股份有限公司个人全球医疗保险 B 款（2020 版）》，尤其是黑体字部分的条款内容，并对保险公司就保险条款内容的说明和提示完全理解，没有异议，申请投保。**
I/We have carefully read the《Tianan Property Insurance Co.,Ltd Individual Global Health Insurance Plan B (2020 Edition)》, especially for those content highlighted in bold. I/We totally understand the clause and documents provided to me/us, and apply for this insurance.
3. 在填写本投保单后而在保险公司出具保险合同之前，如果任何被保险人的身体状况发生变化，本人（我们）同意立即通知保险公司。
I/We agree that if the health status of the above intended insured person changes after this application is signed and before insurance company issues a policy, I/We shall immediately notify the insurance company of the changes.
4. 本人（我们）理解并同意保险公司对本投保书有拒绝或者接受的权利。如果保险公司对本投保申请书没有提出异议，本人（我们）同意保险公司直接安排出具正式保单。本人（我们）愿意按照保单条款的规定或者付费通知支付保险费。
I/We understand and agree that the insurance company has right to accept or decline. If the insurance company does not object, I/we agree to let the insurance company issue the formal policy, and will pay the premium according to the clause or debit note.
5. 本人（我们）同意保险合同将在支付了全额保险费和获得天安财产保险股份有限公司核准后自保单所注明的生效日期起生效。
I/We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by Tianan Property Insurance Co.,Ltd，
6. **本人（我们）理解并接受"MediLink"新燕宝2020计划的条款、扩展条款、除外条款及免赔额，自付比率的规定。本人明白在收到本保险合同之后享有14 个工作日的犹豫期以审阅本保险合同。若我在犹豫期内决定本保险合同不适合我的需求，我可以以书面形式明确告知并将该保险合同取消。**
I/We understand and accept the policy wording, extension clauses, endorsements, exclusions, co-payment and deductible, if any, of MediLink Xin Yan Bao 2020. I /We understand I/we have a free-look period of 14 working days from the date that I/we receive this Policy to review it. If I/we decide that this Policy does not suit my/our needs, I/we could request to cancel it by giving Tianan Property Insurance Co.,Ltd， clear, written instructions.
7. 本人（我们）同意，授权天安财产保险股份有限公司在理赔过程中要求为我/我们治疗、或检查的任何医院、医生或其他专业人士向天安财产保险股份有限公司提供相关疾病或受伤治疗或检查的记录。任何本授权的复印件被视为等同于原件。
I/We also agree that in case of any claims, I/we authorize any hospital, physician or other person who has attended to us, or examined us or is authorized to maintain medical records to disclose when requested to do so by Tianan Property Insurance Co.,Ltd, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.
8. 本人（我们）理解附属于保险合同的医疗卡仅限于在保险合同项的承保范围内使用。如果由于计算错误或不属保障范围的项目而产生的医疗或其他费用，我/我们同意将此费用在 30 天内归还给天安财产保险股份有限公司。我/我们同意一旦保险合同结束，附属于保险合同的医疗卡将归还给天安财产保险股份有限公司。
I/We also understand that membership cards issued for the policy are to be used only for admissions to hospitals for treatments falling under the scope of the policy and in the event that charges incurred are not claimable from the policy for any reason, I/we shall undertake to pay Tianan Property Insurance Co.,Ltd， within 30 days from the receipt of all expenses that are not claimable under the policy. I/We further agree to return the membership card upon request from Tianan Property Insurance Co.,Ltd, or on termination of the policy.
9. 本人（我们）理解天安财产保险股份有限公司有权向我/我们索取最新的医疗报告，我/我们将承担由此而产生的费用。
I/We understand that Tianan Property Insurance Co.,Ltd, reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information be required.
10. **本人同意天安和其因服务必要而委托的第三方，包括中间带（北京）技术服务有限公司基于为本人提供服务的用途可以收集、整理、保存、加工、使用本人及保险服务相关的所有信息包括但不限于个人信息和理赔信息，并授权中间带（北京）技术服务有限公司代为本人处理理赔相关的服务包括但不限于代为发放理赔款等。法律禁止的除外。天安及其委托的第三方对上述信息负有保密义务。**
I/We also agree that Tianan Property Insurance Co.,Ltd, and its appointed third party administrator including MediLink (Beijing) TPA Services Co.,Ltd collect, storage, process, use and disclose the policy information as well as all the claim related information within the national laws and regulations, I/We also authorize MediLink (Beijing) TPA Services Co.,Ltd process my/our claims including but not limited to settle claims payments. In order to ensure the interests of us. Tianan Insurance and the third party administrator have the obligation of keeping confidentiality for those information.

投保人签字 Signature of Policyholder: 日期 Date :	被保险人1签字 Signature of Insured Person 1 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date:

未成年人，由其法定监护人代签名。Legal guardian to sign on behalf of the Insured Person if he/she is below 18 years old.

被保险人2 签字 Signature of Insured Person 2 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date :	被保险人3 签字 Signature of Insured Person 3 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date :	被保险人4签字 Signature of Insured Person 4 本人同意投保人为本人投保。I agree with the application made by Policyholder. 日期 Date :