

Group Insurance - Actively at Work Declaration Form
團體保險 - 正常在職工作僱員申報聲明

Please complete this form with English Block, sign and return this declaration form.

請以英文正楷填妥並簽署本聲明書寄交本公司。

Name of Policyholder:

保單持有人名稱

All eligible employees are actively at work

所有合資格僱員均正常上班

Employees who are now on sick leave or have critical illness as declared below:

申報正在病假中或患上嚴重疾病之僱員如下:

Name of Employee 僱員姓名	Date of Birth 出生日期	Gender 性別	Plan no./ Sum assured 計劃編號/ 保障額	Condition/Reason of Leave 狀況/休假原因	Date of Leave Commenced 開始休假日期	Expected Date of Return 預計復工日期

Declarations Statements 聲明

We hereby declare to our best knowledge on any employees who are now on sick leave or have critical illness.

本人及保單持有人就僱員正在病假中或患上嚴重疾病之申報如上所列。

 Authorised Signature with Company
 Stamp

授權人簽署及公司蓋印

 Name of Authorised Person

授權人姓名

 Date

日期

 Authorised Person's Title

授權人職級

Internal Use Only 內部使用:

Source:

中介人 _____

Received and Checked by:

收件人及檢查人 _____

Underwriter:

核保員 _____

Endorsement Issued by:

保單承證發行人 _____

Date:

日期 _____

Date:

日期 _____

Date:

日期 _____

