NOW HEALTH INTERNATIONAL | AXA redefining / standards

Insuright WorldCare
保宜《全球保》

individuals and families 個人與家庭

For loyal customers of Insuright Employee Benefits Ltd.
唯保宜福利顧問有限公司客戶尊享

2011年12月31日
前成功申請可獲
22.5%
保費折扣優惠

Insuright Brokers 保宜保險經紀集團

Hotline 客戶熱線:
+852 2541 1300
www.insuright.com.hk

www.now-health.com

Special Plan Features 計劃特點

- Full Refund **Benefits** up to HKD 23 million.
- Lifetime Renewal regardless of your health status and claims experience.
- Enrolment Age up to age 79.
- Congenital Disorder.
- Full Refund Surgical Fees & **Hospital** Services Fees after **Excess** exhausted.
- Oncology **Treatment Benefit** (**Day-Patient** and **Out-Patient** covered)
- Organ Transplant and Donor medical costs.
- **Out-Patient** charges for pre and post-hospitalisation consultation.
- **Out-Patient** Surgery.
- Policy excess can be fulfilled by benefits paid from other insurer. **Excess** can be reduced upon policy renewal without re-underwriting.

- 全年住院保障高達港幣2,300萬。
- 自動終身續保, 不受往後索償紀錄及健康狀況影響。
- 申請投保年齡高至79歲。
- 先天性疾病保障。
- 當扣除墊底費後，外科手術費，醫院費用全數賠償。
- 腫瘤治療全數賠償(包括日間住院及門診治療)。
- 器官移殖及捐贈者治療住院保障。
- 手術前後之門診治療。
- 非住院門診手術保障。
- 墊底費可於其他保單賠償扣除。在續保時，可要求自動增保，把墊底費減低。

Major Benefit Schedule 主要保障

Benefit 主要保障	Private room 私家房
Overall Annual Limit 全年保障限額	**USD3m 300萬美元**
1. Hospitalisation & Surgical Benefit (include organ transplant) 住院及手術 (包括器官移植)	Full cover after excess* 當扣除墊底費後，可獲全面保障
2. Pre & Post Operation **Out-Patient Treatment** – Per year limit 手術前後之門診治療 – 全年限額	USD2,000 after excess* 當扣除墊底費後，最高賠償為美元2,000
3. Oncology Treatment 腫瘤治療	Full cover after excess 當扣除墊底費後，可獲全面保障
4. Congenital Disorder 先天性疾病	USD100,000 after excess* 當扣除墊底費後，最高賠償為美元100,000

*Per condition per year 每年每宗病症

Premiums (USD) 保費 (以美元計算)

Private room 私家房

	Standard Nil Excess 無墊底費		USD 5,000 Excess 墊底費為5,000美元		USD 15,000 Excess 墊底費為15,000美元	
Age Band 申請人年歲	**Monthly (USD) 美元/ 月繳**	**Annual (USD) 美元/ 年繳**	**Monthly (USD) 美元/ 月繳**	**Annual (USD) 美元/ 年繳**	**Monthly (USD) 美元/ 月繳**	**Annual (USD) 美元/ 年繳**
0-17	98.96	1,131.00	74.29	849.00	54.51	623.00
18-25	121.01	1,383.00	90.83	1,038.00	66.59	761.00
26-30	139.13	1,590.00	104.39	1,193.00	76.56	875.00
31-35	153.13	1,750.00	114.89	1,313.00	84.26	963.00
36-40	166.60	1,904.00	124.95	1,428.00	91.70	1,048.00
41-45	195.91	2,239.00	147.00	1,680.00	107.80	1,232.00
46-50	229.16	2,619.00	171.94	1,965.00	126.09	1,441.00
51-55	307.21	3,511.00	230.48	2,634.00	169.05	1,932.00
56-60	373.63	4,270.00	280.26	3,203.00	205.54	2,349.00
61-65	508.46	5,811.00	381.41	4,359.00	279.74	3,197.00

Private room 私家房

	Standard Nil Excess 無墊底費		USD 5,000 Excess 墊底費為5,000美元		USD 15,000 Excess 墊底費為15,000美元	
Age Band 申請人年歲	**Monthly (USD) 美元/ 月繳**	**Annual (USD) 美元/ 年繳**	**Monthly (USD) 美元/ 月繳**	**Annual (USD) 美元/ 年繳**	**Monthly (USD) 美元/ 月繳**	**Annual (USD) 美元/ 年繳**
66-70	702.36	8,027.00	526.84	6,021.00	386.31	4,415.00
71-75	868.53	9,926.00	651.44	7,445.00	477.75	5,460.00
76-79	1,072.84	12,261.00	804.65	9,196.00	590.10	6,744.00
80+ (renewals only 只適用於續保客戶)	1,181.43	13,502.00	886.11	10,127.00	649.86	7,427.00

Please contact **Insuright Employee Benefits Ltd.** for other excess options or benefit plans.
尚有其他墊底費及保障計劃可供選擇，請與**保宜福利顧問有限公司**聯絡。

Applications accepted on or **before 31 December 2011** would enjoy a premium discount of **22.5%**.
For applications accepted **after 31 December 2011** would enjoy a premium discount of **10%**.
2011年12月31日前成功投保可獲**22.5%**保費折扣優惠。如於**2011年12月31日後**投保，保費折扣優惠將為**10%**。

Application Form 申請表格

Please complete this form in English. 請使用英文填寫。

Please send Your completed application form to Insuright Employee Benefits Ltd., Room 503–6, 5/F Alliance Building, 130–136 Connaught Road Central, Hong Kong. You can also fax it to +852 3443 9889. 請填妥的申請表格及支票/信用卡付款授權書寄送至香港干諾道中130–136號,誠信大廈 5樓, 503–6 室”保宜福利顧問有限公司”。您亦可將其或傳真至+852 3443 9889。

Previous Medical Insurance/Existing Medical Insurance (if any) 已屆滿/現有醫療保險計劃詳情 (如適用)

Policy no 計劃號碼:	Date cover expires/expired (dd/mm/yyyy) 計劃將/已屆滿日期（日/月/年）:
Name of Insurer 保險公司名稱:	

Planholder Details 計劃持有人詳情

Name of **Planholder** 姓名:	
Address 地址:	
Home Telephone 家庭電話:	Mobile Telephone 手機電話:
Email Address: 電郵地址:	Fax No. 傳真號碼:
Nationality: 國籍:	Occupation/Business Nature: 職業/行業:

Insured and Dependant's Details 計劃持有人及家屬詳情

Surname/ Other name 姓名:					
Gender (M/F) 性別 (男性/女性):					
Date of birth (dd/mm/yyyy) 出生日期（日/月/年）:					
Height (cm/ft) 身高（釐米/英尺）:					
Weight (kg/lbs) 體重（公斤/磅）:					
Relationship to **Planholder** 與計劃持有人的關係:					
Occupation (ages 18+) 職業（18歲以上者）:					

Private room Excess choice 私家房墊底費選擇

Please tick the **Excess You** choose. 請指明您的選擇，並於 ☐ 內加上✓

Standard Nil Excess **無墊底費房**	☐	**USD5,000 Excess** **墊底費為5,000美元**	☐	**USD15,000 Excess** **墊底費為15,000美元**	☐

Health declaration 健康聲明

	1. Have **You** in the last five years ever undergone any Surgical Procedure, been a patient or been treated in a **Hospital**, clinic, sanatorium, nursing home or other medical institution where **You** were off work for more than one week, and/or received more than 10 days' **Treatment**? 1. 在近五年來您是否曾經接受任何外科手術或在醫院、診所、療養院、護理院或其他醫療機構看病或接受治療，而因此停止工作超過一周，及/ 或接受超過10 天的治療？	2. Are **You** currently taking any kind of medication (other than oral contraceptives), or are any **Treatment** or tests currently being performed or planned, or any day or **In-Patient** hospitalization scheduled? 2. 您目前是否正在接受任何類型的藥物（除口服避孕藥外）或接受或計劃接受任何治療或測試，或預先安排任何日間留院或住院治療？	3. Have **You** ever suffered from, or been diagnosed with, hospitalised for, received **Treatment**, tests or investigations for any type of disease, physical impairment, congenital or hereditary disorder, disability, recurrent illness, major injury or **Medical Condition** not already noted above? 3. 您曾否罹患過以下疾病，或接受過以下疾病的治療、測試或調查，或被診斷為患有以下疾病或因以下疾病而住院：以上未提及的任何類型的疾病、身體障礙、先天性或遺傳性障礙、殘疾、復發性疾病、重大損傷或疾病？
Planholder 計劃持有人	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐
Dependant(Spouse) 家屬 (配偶)	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐
Dependant 1 家屬 1	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐
Dependant 2 家屬 2	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐
Dependant 3 家屬 3	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐	Yes 是 ☐ No 否 ☐

Additional information 附加資料

If **You** answered 'Yes' to any of the questions above, please provide details in the box below. Please add a separate paper for additional declaration. 如您在以上的任何一條問題的回答為「是」，請在以下方框內提供詳情。如有額外資料可附加紙張填寫 。

Name 姓名	Question Number 問題編號	Please provide as much detail as possible, including the date and nature of diagnosis, frequency and severity of symptoms, date of last episode as well as details of any past, current or known future Treatment. 請盡量提供最詳盡細節，包括診斷日期及性質、症狀出現頻率及嚴重程度、最近發作日期以及任何過往、目前或已知的日後治療的詳情。

We reserve the right to accept or declare any application. We may also counter offer non-standard terms according to our underwriting decision. 我們保留接受或拒絕閣下投保的權利。此外,我們可能根據核保結果向閣下提出附加承保的條件。

Data Protection 資料保障

We and the **Underwriters** will collect certain information about **You** in the course of considering **Your** application and, if a **Plan** is issued to **You**, conducting Our relationship with **You**. This information will be processed for the purposes of underwriting Your insurance coverage, managing any **Plan** issued and administering claims. **Your** information may be passed to **Underwriters**, **Medical Practitioners**, Medical Assistance Companies and Claims Administrators for these purposes, including those located outside the HKSAR. The same duty of confidentiality is required of any third parties to whom the administration of **Your Plan** may be subcontracted, including those based outside the HKSAR. **Your** name and contact details will not be disclosed to other organisations (except as stated above).

Now Health International may contact **You** with details of **Our** other products and services which may be of interest to **You**. **You** may be contacted by post, telephone or email if appropriate. If **You** do not wish **Us** to do this please tick this box. ☐

我們以及承保人將在審核您的申請及（如向您發出保險計劃）與您來往的過程中，收集有關您的若干資料。該等資料將用以承保您的保險、管理任何發出的保險計劃及處理理賠申請。您的資料可能為上述用途交給承保人、醫生、醫療支援公司及理賠管理人，包括在香港特別行政區外的該等人士。任何分包管理您的保險計劃的第三方亦需承擔相同的保密責任，包括在香港特別行政區外的該等人士。除上述者外，您的姓名及聯系資料將不會向其他組織披露。

時康國際也許會就您可能有興趣的其他產品及服務與您聯絡。如果適當，時康國際可能透過郵件、電話或電郵與您聯絡。 如您不希望我們如此行事，請勾選本方框。☐

Personal Data (Privacy) Ordinance 個人資料（私隱）條例

You have a right of access to, and correction of, information that **We** hold about **You**. Please contact **Us** if **You** would like to exercise either of these rights.

Some of the information **We** collect about **You** may be classified as "sensitive" – that is information about racial or ethnic origin and physical or mental health.

By signing this Application Form **You** consent to the processing and transfer of information (including sensitive information) described in this notice. Without this consent **We** will not be able to consider **Your** application.

您有權查閱及修改我們持有與您有關的資料。如您意欲行使上述任何一種權利，請與我們聯絡。我們收集有關您的若干資料可能構成敏感資料,亦即指有關種族或民族及身體或精神健康的資料。

透過簽署本申請書，您同意根據本通知所述處理及轉移資料（包括敏感資料在內）。在未獲得此同意前，我們將無法審核您的申請。

Declaration and authorization 聲明及授權

I hereby apply for cover on behalf of all the persons named in this application form for a Now Health International **Plan** as specified above.

I have received and read the **Benefit Schedule**, Terms and Conditions, Definitions, **Benefits** and exclusions of this **Plan**. I understand that the Application Form, **Benefit Schedule** and the Members' Handbook incorporating the **Plan** terms and conditions make up the contract between **Us** and all form part of the **Plan** Agreement. I am aware that cover shall be provided in accordance with the Agreement.

- I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me or my **Dependants** to knowingly provide false, incomplete or misleading facts or information to Now Health International for the purpose of defrauding or attempting to defraud Now Health International. Penalties may include imprisonment, fines, denial of coverage, rescission of **Benefits** and legal damages.
- I understand that I must notify Now Health International (Asia Pacific) Limited of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the **Start Date/Entry Date**.
- For the purpose of this application I authorise any doctor who has ever treated or advised any of the persons named in this application to provide Now Health International with any information they may require in connection with Treatment related to any claim under this **Plan**. I have discussed the terms of this authorisation with my partner and competent adult **Dependants**, and I have obtained their consent to the release of their healthcare information pursuant to this authorisation.
- I declare that I have read and understood the following from the members' handbook*:
  - cancellation and termination rights – section 9.1.7
  - complaints procedures – section 8
  - law and jurisdiction of the **Plan** – section 9.1.9
  - language of the **Plan** and **Our** service – 9.2.10
  - compensation arrangements – section 8.2.2
  - Now Health International (Asia Pacific) Limited is acting on behalf of AXA General Insurance Hong Kong Limited for the purposes of issuing and administering **Plans**, receiving premiums and paying claims.
- If I have indicated that I wish to pay by credit card, I authorise Now Health International to debit my account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by Now Health International until I give written notice that I wish to terminate this Agreement.
- I understand that Now Health International cannot be liable and therefore will not pay claims if my **Plan** is lapsed should Now Health International be unable to collect my premium for whatever reason and I do not provide Now Health International with an alternate method of payment within seven days of Now Health International requests for alternative methods of payment.
- I agree that where medical **Treatment** is received within the provider network by me or any of my **Dependants** and, except where previously agreed by Now Health International, it is determined that the **Treatment** or **Medical Condition** is not refundable within the terms and conditions of the **Plan**,I agree that I am liable to Now Health International for all claims settled for such medical **Treatment** in connection with any non-covered claim.

- I understand and confirm that where I have not repaid funds disbursed in good faith by Now Health International in respect of non-covered medical **Treatment**, valid claims may be offset against outstanding funds due to Now Health International and/or my **Plan** may be suspended until the outstanding amounts have been settled in full.
- I acknowledge that if it is determined by Now Health International that a claim was fraudulent my **Plan** may be terminated with immediate effect.
- I have read the important notes.
- I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Now Health International **Plan**.

*Members' handbook will be provided upon request or downloaded from www.insuright.com.hk.

在本人特此代表本申請表格中列名的所有人士就上文指明的時康國際計劃申請保險。

本人已收取並閱讀本計劃的賠償一覽表、條款及條件、定義、賠償和不保事項。本人明白投保申請表格、保險證明書、賠償一覽表以及附有本計劃條款和條件的會員手冊，將構成我們雙方之間的合同以及本計劃協議的所有部分。本人知道投保覆蓋範圍將根據協議提供。

- 本人聲明本申請表格格內所提供的資料乃屬真實，就本申請表格的各名人士作出的披露乃屬完整，即便所提供的若干資料並非本人親筆書寫。
- 本人明白，本人或本人的受養人為欺詐或企圖欺詐時康國際而向時康國際提供錯誤、不完整或有誤導性的事實或資料屬違法。懲罰包括監禁、罰款、拒絕承保、取消賠償及法定損害賠償。
- 本人明白本人須在書面接受日期、支付保費日期或開始日期/ 登記日期（以最遲者為準）前，通知時康國際（亞太）有限公司關於本申請表格格內所載事實的任何變動，包括表格內指明的任何人士的健康狀況的變化。
- 就本申請而言，本人授權曾經對申請表格內指明的任何人士進行治療或作出咨詢的任何醫生，向時康國際提供他們可能需要的有關本計劃下索賠的任何關於治療的資料。本人已與本人的配偶及有足夠能力的成年受養人討論本授權書的條款，且本人已獲取該等人士的同意以根據 本授權書提供其醫療資料。
- 本人聲明，本人已閱讀並明白會員手冊的以下章節*：
  - 取消和終止權利 – 第9.1.7節
  - 投訴程序 – 第8節
  - 有關計劃的法律及司法管轄區 – 第9.1.9節
  - 計劃的語言及我們的服務 – 第9.2.10節
  - 賠償安排 – 第8.2.2節
  - 時康國際（亞太）有限公司代表安盛保險有限公司發行及管理計劃、收取保費及支付索賠。
- 如本人表明本人希望透過信用卡付款，本人授權時康國際在保費到期日或之前從本人的賬戶中扣取根據 時康國際的發票的適當保費及所有應付的續保保費，直至本人發出書面通知意欲終止本合同。
- 本人明白，如時康國際因任何原因無法收取本人的保費，且本人無在時康國際提出使用其他支付方法的要求後的七天內，向時康國際提供其他支付方法，因而令本人的保險計劃失效，時康國際對此不承擔責任亦因此無需支付理賠。
- 本人同意如本人或受養人在指定醫療網絡內接受治療，但該項治療或疾病根據所保計劃的條款與條件已被確定為不予賠償，除非本人與時康國際事先約定，否則本人同意對時康國際就涉及任何承保範圍外所支付的治療款項負責。
- 本人理解並確認，如本人未能償還時康國際善意地為承保範圍外的治療而支付的款項，則本人主張的理賠會用於抵付時康國際的未結清款項/或本人的計劃可能被終止直至未償還款項全部結清。
- 本人承認，如時康國際確定一項理賠申請為欺詐，本人的保險計劃可能被終止，且該終止將立即生效。
- 本人已閱讀重要備注。
- 本人同意上述聲明並明白保險乃根據時康國際保險計劃的條款及條件提供。

*如本人要求時康國際可提供會員手冊，或經www.insuright.com.hk下載。

Signature (Insured/main applicant for individual Plans): 簽署（受保人/主要申請人）：	Date (dd/mm/yyyy): 日期（日/月/年）：
	/ /

Note:
Please sign and return this insurance application form together with a crossed cheque or completed Credit Card Authority to **Your** insurance agent/broker or directly to "Now Health International (Asia Pacific) Limited, 33 B, 169 Electric Road, North Point, Hong Kong."

This leaflet serves as a general guideline. Please refer to the members' handbook for details.

Cover cannot start until You have accepted all of **Our** terms and conditions following **Our** receipt of this application form and **We** have received the correct premium.

注意事項：
請將已簽署之的申請表格連同劃線支票或信用卡付款授權書一併寄回您的經紀或直接寄回香港北角電器道169號33樓B室時康國際（亞太）有限公司辦理。

本申請表格的中文譯本僅供參考，如有爭議，應以英文版本會員手冊為準。

在我們收到本申請表格及正確保費，且您接受我們的全部條款及條件後，保險方可生效。

Payment Details 支付保費的方法

Please select the frequency and payment type **You** would like to pay **Your** premiums in. Please note that monthly premiums have a 5% surcharge. 請選擇您支付保費的頻率及付款方式。請注意月繳保費需支付5%的附加費。

Cheque: Please make **Your** cheque payable to Now Health International (Asia Pacific) Limited and attach it to this application form. **支票**：請於支票抬頭上填寫"時康國際（亞太）有限公司"並將支票隨附於本申請表格。

Credit card: **We** accept Visa, MasterCard and American Express. Please complete the Credit Card Authority at the end of this application form. **信用卡**：我們接受威士卡（Visa）、萬事達卡（MasterCard）及美國運通卡（American Express）。請在本申請表格的結尾處填寫信用卡附款授權書。

Bank transfer: Please make sure **You** tell **Us Your** family name in the transfer details and send it to the bank account below. **銀行匯款**：請確保您在匯款詳情中告知我們您的姓氏，並將匯款匯至以下銀行賬戶。

Please tick the payment method you choose. 請指明您的選擇，並於☐內加上✓

Payment method 支付保費的方法	Annually 年繳	Monthly 月繳
Cheque 支票	☐	N/A 不適用
Credit Card 信用卡	☐	☐
Bank Transfer 銀行匯款	☐	N/A 不適用

Bank Transfer Details 銀行匯款資料	USD 美元賬戶
Bank 銀行	Citibank N.A. 花旗銀行
Bank account name 銀行賬戶名稱	Now Health International (Asia Pacific) Ltd – Premiums
Address 地址	39/F, Citibank Tower, Citibank Plaza, 3 Garden Road, Central, Hong Kong. 香港中環花園道3號花旗銀行廣場花旗銀行大廈39樓
Account no. 賬號	1171804015
Swift code SW代碼	CITIHKHX

Credit Card Authority 信用卡附款授權書

威士卡（Visa）☐ 萬事達卡（MasterCard）☐ 美國運通（American Express）☐

Card number as it appears on your card 您的卡號:		
Cardholder's name 持卡人姓名:		
Expiry date 失效日期:	Start date 開始日期:	CCV code 代碼:

Once your payment details have been processed, your credit card details will be destroyed by us. Please charge the above card. 當您的支付資料被處理後，我們將銷毀您的信用卡資料。請使用上述信用卡按以下頻率支付：

Annually 每年一次 ☐ Monthly 每月一次 ☐

I hereby authorise that the card account specified above may be debited with the current premium due and all subsequent renewal premiums due as notified by Now Health International until I give notice in writing that I wish to terminate this agreement. I understand that Now Health International will give at least six weeks' notice of renewal and that the premiums may vary each year. I understand that Now Health International cannot be held liable if my Plan is lapsed should the credit card be declined and I do not respond to requests for alternative methods of payment.

本人特此授權時康國際從上述信用卡賬戶中扣取根據時康國際所通知的應付的現行保費及所有期後的續保保費，直至本人以書面形式通知本人意欲終止 本合同。本人明白時康國際將提前最少六周發出續保通知，且保費每年可能會有所不同。本人明白，如因信用卡被拒且本人未對使用其他支付方式的要求作出回應，而令本人的保險計劃失效，時康國際不承擔責任。

Signature (Insured/main applicant for individual Plans): 簽署（受保人/主要申請人）：	Date (dd/mm/yyyy): 日期（日/月/年）：
	/ /

Major Exclusions 主要不保事項

- Pre-existing conditions, except for those declared and accepted by Now Health.
- Any medical services associated with pregnancy/fertility/contraceptive technique/sterilization.
- Dental treatment or oral surgery; eye refraction and ear examinations.
- Cosmetic treatment.
- Treatment or disability directly or indirectly resulting from radioactive contamination.
- Morbid obesity.
- Sleep disorders.
- Chemical and biological exposure.
- Hospitalization primarily for diagnosis or X-ray examinations or physical therapy or routine medical examinations unless recommended by a registered physician.
- Self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse.
- Sexually transmitted or Venereal diseases, AIDS, ARC and their sequelae.
- Long term care facility, spa, hydro-clinic, rest cures & sanatorium.
- Treatment in USA (except for accident and emergency).
- Non-Hong Kong residents unless otherwise agreed.

For details of cover and exclusions, please refer to the Members' Handbook.

- 已存在疾病, 已申報及被時康國際接納的除外。
- 所有與懷孕/ 生育/ 節育/ 絕育有關治療或醫療服務。
- 牙科治療/ 配眼鏡及聽力測試。
- 整容手術。
- 直接或間接由放射性污染引致的治療或傷病。
- 肥胖治療。
- 睡眠失調。
- 化學或生物感染。
- 非經由註冊西醫推薦及証實之入院治療/ X光檢查/ 物理治療/ 例行體格檢查。
- 一切因自己蓄意引起之損傷、自殺、酗酒、吸毒或濫用藥物。
- 性病、愛滋病、後天免疫力缺乏症及其併發症。
- 長期康護用品、溫泉、水療、休養之治理。
- 美國境內治療費用 (意外及緊急情況除外)。
- 非香港居民，除非經特別同意。

有關保障及不保事項, 請參閱會員手冊。

About the Company 公司簡介

Now Health International is a specialist international health insurance provider founded in 2010. At the heart of our offer are benefit-rich products combined with our aim to provide unparalleled service to our customers. With offices in Hong Kong, Dubai and the UK, we are strategically placed to serve the main expat hubs and global emerging markets.

Our underwriting partner is **AXA General Insurance Hong Kong Limited**, a well-known name in health insurance. With over 170 years' experience in Asia, AXA General is one of the top general insurers in Hong Kong.

時康國際專注於國際醫療保險業務。成立於 2010 年，我們竭誠為客戶提供最全面的保障和最專業及誠信的服務。我們將辦事處策略性的設立於香港、英國和迪拜三地，力求為旅居在全球主要經濟體和新興市場國家的高端客戶提供卓越的服務。

我們的承保伙伴是保險業界久負盛名的**安盛保險有限公司**。安盛保險在亞洲擁有170 多年的豐富經驗，是香港最大的一般保險公司之一。

Plans issued in Hong Kong are underwritten by **AXA General Insurance Hong Kong Limited** and arranged by Now Health International (Asia Pacific) Limited.

Registered address: Suite B, 33/F, 169 Electric Road, North Point, Hong Kong.
Insurance Agent Registration Number: 10974559.

在香港發佈的保險計劃由**安盛保險有限公司**承保，
並由時康國際（亞太）有限公司予以安排管理。

註冊地址：香港北角電氣道169號33樓B室，保險代理注冊編號：10974559

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