

团体被保险人个人告知书
Individual declaration of the group insured

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|--|---|------------------------------|--|----------------------------------|--------------------------|
| 保单号、申请号 /Policy No. _____ | | 证件号/ID or Passport No. _____ | | 被保险人姓名/Name of the Insured _____ | |
| 被保险人目前的身高和体重/Current body height and weight of the Insured _____ | | 厘米/cm _____ | | 公斤/kg _____ | |
| 健康告知询问事项/Health Declaration | | | | 是/Yes 否/No | |
| 1 | 您是否目前吸烟或曾经吸烟？若“是”，请告知每日吸烟量和吸烟年限。是否戒烟，若“是”，请在说明栏告知戒烟时间及原因。 /Do you smoke or were you once a smoker? If “yes”, please state the history (in years) and the number of cigarettes you smoke per day. Have you quit smoking? If “yes”, please state when you quit smoking and the reason(s) for quitting smoking. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 您是否目前饮酒或曾经饮酒？若“是”，请告知每周饮酒量和饮酒年限。酒的种类有：①啤酒 ②葡萄酒 ③黄酒 ④白酒或洋酒等。是否现已停止饮酒，若“是”，请在说明栏中告知时间及原因。/Do you drink alcohol or were you once a drinker? If “yes”, please state the history (in years) and the quantity you drink per week. Type of alcohol: ①Beer ②Wine ③Yellow wine ④Rice wine or western alcohol. Have you quit drinking? If “yes”, please state when you quit drinking and the reason(s) for quitting drinking. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 您是否曾有药物滥用或服用毒品？若“是”，请在说明栏中告知连续使用的时间及使用品种。/Have you ever abused drugs or taken any narcotics (drugs)? If “yes”, please state the type of drugs and for how long they were used. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 您目前或过去进行过以下检查或治疗？/Are you currently having or have you ever had an examination or treatment listed below？ 一年内去医院进行过门诊的检查、服药、手术或其他治疗。过去三年内曾有医学检查（包括健康体检）结果异常。过去五年曾住院治疗检查或治疗（包括入住疗养院、康复医院等医疗机构）。/In the past year, did you have any outpatient examination, drug, surgery or other treatment? In the past three years, did you have any abnormal result of medical examination (including a health check-up)? Were you admitted to hospital (including sanatorium, rehabilitation hospital, etc) for an examination or treatment in the past 5 years? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 您是否目前或过去患有下列疾病、症候？若“是”，请在说明栏告知。/Do/did you suffer from any symptom(s) or illness(es) listed below? If “yes”, please provide details. 脑、神经系统及精神方面疾病，心血管疾病，呼吸系统疾病，消化系统疾病，泌尿系统疾病，骨骼、肌肉、结缔组织的疾病，内分泌、血液系统疾病，五官科疾病，以上未提及的肿瘤和癌症，原因不明的发热、消瘦（体重一年内下降超过 5 公斤）、肥胖等，有无职业病、酒精中毒、其他药品中毒。/Brain, nervous system and mental illnesses, cardiovascular diseases, respiratory diseases, digestive diseases, urinary system diseases, bones, muscles, connective tissue diseases, endocrine, blood system diseases, ENT diseases, tumors and cancers not mentioned above, unexplained fever, weight loss (weight loss of more than 5 kg within a year), obesity, etc.; occupational diseases, alcoholism, other drug intoxication. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 身体残障：您是否有智能障碍？是否有五官、脊柱、胸廓、四肢、手指、足趾缺损、畸形或功能障碍？若“是”请在说明栏说明智能障碍等级；残疾部位（哪侧）、原因、有无功能障碍、是否使用辅助器械。/Disability: Do you suffer from mental retardation? Is there defect, deformity or dysfunction of facial features, spine, thorax, limbs, fingers or toes? If "yes", please state the following in the Description column: the level of mental retardation, which part(s) of the body is (are) disabled, what is (are) the cause(s), whether you suffer from dysfunction, whether auxiliary equipment is used. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 女性告知项（未满 18 周岁免告知）/For females only (This section does not apply to those under 18) 您目前是否怀孕？若“是”，请告知怀孕的孕周？您目前或既往怀孕及生产期间是否有合并症？例如：蛋白尿、血尿、高血压、糖尿病等。您是否曾有阴道不规则流血、乳房肿块、溢乳、腋下淋巴结肿大、乳腺增生或纤维瘤、其他乳腺疾病？您是否曾有子宫肌瘤、内膜异位症、宫颈上皮不典型增生、卵巢囊肿、畸胎瘤等？/Are you pregnant at present? If “yes”, please state how many weeks you have been pregnant for? Do/did you have any complication(s) during your current or past pregnancy and delivery? For example: albuminuria, hematuria, hypertension, diabetes, etc. Have you ever suffered from irregular vaginal bleeding, breast lumps, galactorrhea, enlargement of axillary lymph nodes, breast hyperplasia or fibroadenoma, or any other breast diseases? Have you ever suffered from hysteromyoma, endometriosis, cervical dysplasia, ovarian cysts, teratoma, etc.? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 您是否有参加赛车、赛马、搏击类运动、蹦极、滑雪、攀岩、潜水、探险或特技活动及其他高风险活动的爱好？若“是”，请在说明栏中告知参加的项目以及每年大约的次数。/Do you have any avocation of automobile/motorcycle racing, horse racing, fighting sports, bungee jumping, skiing, rock climbing, scuba diving, exploration, stunts and other high-risk activities? If “yes”, please state the frequency per year and name(s) of the item(s).? ? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 被保险人的父母、子女、兄弟姐妹是否患有癌症、白血病、血友病、心脑血管疾病、糖尿病、病毒性肝炎或病毒携带、多囊肝肾、肠息肉、其他遗传性疾病等？若“是”，请在下表中告知。/Do the Insured's parent(s), child (children), brother(s) or sister(s) suffer from cancer, leukemia, hemophilia, cardiovascular and cerebrovascular diseases, diabetes, viral hepatitis, virus carrying, polycystic liver and kidney, intestinal polyps, or other genetic diseases, etc? If “yes”, please provide details in the section below. | | | <input type="checkbox"/> | <input type="checkbox"/> |

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| 患者与被保险人关系 Relationship between the Insured and the patient | 所患疾病名称 Name of the disease | 患病时年龄 Age when contracting the disease | 生存情况 Survival situation | 身故时年龄 Age at the time of death | 目前情况 Current situation |
| | | 周岁/Years old | <input type="checkbox"/> 健在/Alive <input type="checkbox"/> 身故/Dead | | |
| | | 周岁/Years old | <input type="checkbox"/> 健在/Alive <input type="checkbox"/> 身故/Dead | | |
| 其他告知询问事项/Declaration of Financial and Other Situations | | | | | 是/Yes 否/No |
| 10 | 您在保险期间内是否有计划长期居住或逗留在中国大陆以外的国家或地区累计超过 6 个月的？若“是”，请告知①计划去的国家或地区；②计划的目的地；③计划居住时间（几个月） Are you planning to live or stay in the country or region outside Mainland China for more than an accumulative period of 6 months during the insurance period? If “yes”, please state ①the country or region where you plan to go; ②the destination; ③the duration of stay (in months) | | | | <input type="checkbox"/> <input type="checkbox"/> ①_____ ②_____ ③___个月/Months |
| 11 | 您是否在投保其他保险公司的下列产品时，被非标准承保或申请过理赔？/When you buy insurance products listed below from other insurer(s), has your application been accepted subject to special conditions or have you applied for claims? 产品：①人寿保险 ②重大疾病险 ③住院医疗险 ④意外险 ⑤其他保险 Type of insurance: ①Life insurance ②Critical illness insurance ③Hospitalization insurance ④Accident insurance ⑤Others 其结果为①拒保 ②延期 ③附加条件或加费承保 ④提出或已经得到理赔 Result: ①Rejected ②Postponed ③Provisional underwriting or with extra loading ④Applied for claims or have already been reimbursed | | | | <input type="checkbox"/> <input type="checkbox"/> 序号/ Serial number _____ 序号/ Serial number _____ |
| 说明栏/Description column （若上述健康告知及其他告知为“是”时，请详细说明。/For any above questions with an answer of “Yes”, please provide details.） | | | | | |
| 序号/No. | 说明内容/Description Content | | | | |
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| 声明栏/Declaration column | | | | | |
| <p>本人对上述各项内容均已理解，并同意将此告知书作为保险合同的一部分，本人上述健康及其他告知内容均属实且无重大遗漏，与此告知书有关的问卷、体检报告书及对身体医生的各项陈述均确实无误且无重大遗漏，如有不实告知，平安健康保险股份有限公司（以下简称“贵公司”）有权依法解除保险合同，并对合同解除前发生的保险事故不承担保险责任。所有告知事项以书面告知为准，口头告知无效。本人授权贵公司可以从任何单位、组织和个人就有关保险事宜查询、索取与本人相关的资料或证明，贵公司对个人资料承担保密义务。如果本投保单的中英文表述不一致，以中文表述为准。</p> <p>I have understood the content of the above and agreed that this declaration is a part of the insurance contract. I confirm that all my statements in the above Declaration of Health, Finance and Other Situations (the "Declaration") are true and without significant omission. All the statements and representations regarding relevant questionnaire(s), health check up report(s), and information of health check up physician(s) are correct. Ping An Health Insurance Company, Ltd. (hereinafter referred to as "Ping An Health") is entitled to terminate the insurance contract if there is any untruth in the Declaration. And Ping An Health will not be responsible for any insured accidents occurring before such contract termination. All the declarations must be made in writing. Any verbal declaration is void. I hereby authorize Ping An Health to inquire access and obtain any document(s) and certificate(s) related to me for the purpose of insurance matters from any units, organizations and individuals. Ping An Health has the obligation to keep my personal data confidential. In case of any discrepancies between the Chinese and English versions hereof, the Chinese version shall prevail.</p> <p>本人授权平安集团，除法律另有规定之外，将本人提供给平安集团的信息、享受平安集团服务产生的信息（包括本（单证）签署之前提供和产生的信息）以及平安集团根据本条约定查询、收集的信息，用于平安集团及其因服务必要委托的合作伙伴为本人提供服务、推荐产品、开展市场调查与信息数据分析。</p> <p>本人授权平安集团，除法律另有规定之外，基于为本人提供更优质服务和产品的目的，向平安集团因服务必要开展合作的伙伴提供、查询、收集本人的信息。为确保本人信息的安全，平安集团及其合作伙伴对上述信息负有保密义务，并采取各种措施保证信息安全。</p> <p>本条款自本（单证）签署时生效，具有独立法律效力，不受合同成立与否及效力状态变化的影响。</p> <p>本条所称“平安集团”是指中国平安保险（集团）股份有限公司及其直接或间接控股的公司，以及中国平安保险（集团）股份有限公司直接或间接作为其单一最大股东的公司。</p> <p>I. Clause on Information-related Authorization by Individual Customers of Ping An Group</p> <p>(I) Clause on Information-related Standard Authorization by Individual Customers of Ping An Group (the authorization tier as senior as the Clause on Tiered Authorization)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | | | | | |
| 被保险人/监护人签名： Signature of the Insured/Guardian to the Insured: | | | | 日期： Date: | |

如您不同意上述授权条款的部分或全部，可【致电客服热线（95511）】取消或变更授权。

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