

# 高端医疗保险合同变更申请书

## Application for the Change of Cigna & CMB High-end Medical Insurance Contract



保险合同编号 Policy No.

(请用正楷字和黑色或蓝黑色墨水笔填写申请书, 申请书上所有勾选事项请以“√”表示。)  
(Please print and complete with a black ink pen and tick all relevant options with “√”)

### A类 Category A

#### A1 变更联系资料 Change of Contact Data

变更对象 Change of object:  投保人 Policy holder  被保险人 The Insured (姓名 Name: \_\_\_\_\_ )  
通讯地址 \_\_\_\_\_ 邮编 P.C:   
Full mailing address: \_\_\_\_\_  
住宅电话 Home Tel: \_\_\_\_\_ 办公电话 Office Tel: \_\_\_\_\_ 手机 Mobile: \_\_\_\_\_ 传真 Fax: \_\_\_\_\_ 电子邮箱 Email address: \_\_\_\_\_

#### A2 更正个人信息 Correction of Personal Information

变更对象 Change of object:  投保人 Policy holder  被保险人 The Insured (姓名 Name: \_\_\_\_\_ )  
姓名 Name: \_\_\_\_\_ 出生日期 Date of birth (YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
国籍/地区 Country/Region:  中国内地 Mainland China  其它 Others: \_\_\_\_\_  
证件类型 Type of certificate:  身份证 ID card  护照 Passport  其他证件 Others: \_\_\_\_\_  
证件号码 Certificate Number:   
证件有效期限 Expire Date(YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  长期 Permanent  
其他需要更正的内容 Other information to be corrected: \_\_\_\_\_

如更正姓名, 请提供新的签名样本  
To correct name, please provide the new signature:

#### A3 变更续期交费方式 Change of payment method

主动转账 Bank transfer  银行代收 Bank collection (仅限银保渠道 Only BA channel)  
 自动扣款 Direct debit (需同时填写A4 Need to fill A4 at the same time)

#### A4 变更银行账号 Change of Bank Account

借记卡 Debit card  信用卡 Credit card 信用卡到期日 Expire date (YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
账号所有人姓名 Account Name: \_\_\_\_\_ 授权银行账号 Account Number:   
开户银行 Bank Name: \_\_\_\_\_ 银行 Bank \_\_\_\_\_ 支行 Branch \_\_\_\_\_

#### 账户所有人声明 Declaration of account owner:

本人在此保证上述银行自动转账账户为本人合法独立所有。本人在此授权银行从本人上述银行自动转账账户中直接扣划首期、以后各期包括续期保险费至你公司指定账户内, 本人对银行上述扣款行为无异议。  
I hereby certify that the above bank account is legally and independently owed by myself. I hereby authorize the bank to debit from my bank account above and transfer initial, following and renewal premiums directly to the designated account of your company. I have no objection in regarding the above deductions.

#### A5 补发保险合同/其他资料 (提示: 如果我们补发保险合同或发票, 则原资料作废。)

Reissue of policy/other documents (Tip: If we reissue the policy contract or premium invoice, the original documents shall be deemed to be invalid.)  
 保险合同 Policy Contract  会员卡 Membership Card (被保险人姓名 Name of the insured: \_\_\_\_\_)

**A6 变更投保人** (注意:变更投保人需同时填写A1、A3、A4项提供投保人的联系信息和银行账号。)

**Change of policy holder** (Note: To change policy holder, please provide the contact data and bank account for policy holder in section A1、A3 and A4.)

新投保人姓名 与被保险人关系  
Name of new policy holder: \_\_\_\_\_ Relation with the insured: \_\_\_\_\_

性别 出生日期  
Gender:  男 Male  女 Female Date of birth (YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

国籍/地区  
Country/Region:  中国内地 Mainland China  其他 Others: \_\_\_\_\_

证件类型  
ID Type:  身份证 ID card  护照 Passport  其他证件 Others: \_\_\_\_\_

证件号码  
Certificate Number: 

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证件有效期限  
Expire Date (YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  长期 Permanent

工作单位/学校 年收入  
Company/School: \_\_\_\_\_ Annual income(RMB): \_\_\_\_\_ 万元

行业 职位 职务内容  
Trade: \_\_\_\_\_ Title: \_\_\_\_\_ Description of title: \_\_\_\_\_

**新投保人声明 Declaration of policy holder:**

你公司已对投保险种的各项保险条款内容履行了说明义务,并对保险责任、保险期间、责任免除条款、免赔额、免赔率、比例赔付、退保条款、犹豫期条款、等待期条款、理赔条款等履行了明确说明义务,上述内容本人均已阅读和理解,并同意遵守。

Your company has fulfilled the duty of explaining the product provisions, especially the policy benefits, period of cover, exclusions, deductible, deductible rate, proportion of payment, policy cancellation, free look period, waiting period, and claims etc. I have read and understood the above contents and hereby consent to comply.

新投保人签名 Signature of new policy holder: \_\_\_\_\_

(本签名将作为您留存在我司的签名样本 This signature will be retained as a specimen signature with us)

**A7 变更签名 Change of signature**

变更对象 Change of object:  投保人 Policy holder  被保险人 The Insured (姓名 Name: \_\_\_\_\_)

变更原因 Reason for change:  签名风格变化 Change of signature style

其他原因 Others: \_\_\_\_\_

新签名样本留存 New signature:

**B类  
Category B**

**B1 新增被保险人** (注意:增加被保险人须同时递交最新健康告知书。)

**Adding an insured person** (Note: When the insured is to be added, a new Health Declaration must be submitted at the same time.)

新增原因 Reason for adding:  出生 Birth  结婚 Marriage

新被保险人姓名 与投保人关系  
Name of the new insured: \_\_\_\_\_ Relation with the policy holder: \_\_\_\_\_

性别 出生日期 身高 体重  
Gender:  男 Male  女 Female Date of birth (YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 Height: \_\_\_\_\_ CM Weight: \_\_\_\_\_ Kg

国籍/地区 常住地  
Country/Region:  中国内地 Mainland China  其他 Others: \_\_\_\_\_ Country of residence:  中国内地 Mainland China

证件类型  
ID Type:  身份证 ID card  护照 Passport  其他证件 Others: \_\_\_\_\_

证件号码  
Certificate Number: 

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证件有效期限  
Expire Date(YYYY/MM/DD): \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  长期 Permanent

工作单位/学校 年收入  
Company/School: \_\_\_\_\_ Annual income(RMB): \_\_\_\_\_ 万元

行业 职位 职务内容  
Trade: \_\_\_\_\_ Title: \_\_\_\_\_ Description of title: \_\_\_\_\_

社保状况及参加类型 Social Security Status and Participate Type:

- 无社保 No Social Security Insurance
- 有社保-以社保身份参加本计划 Have Social Security-Participate in this policy as a social security status
- 有社保-不以社保身份参加本计划 Have Social Security Insurance; Participate in the plan as a non social social security insurance member

**B2 减少被保险人 Removing an insured person**

减少原因 Reason for removing:  去世 Death  离异 Divorce

被保险人姓名 证件号码  
Name of the insured: \_\_\_\_\_ Certificate Number:

**B3 变更计划或保障区域(注意:增加保障区域、升级计划须同时递交被保险人的最新健康告知书。)**

**Change of plan or area of cover**(Note: If the plan or area of cover to be upgraded , a new Health Declaration for the insured must be submitted at the same time)

原计划  
Original plan: \_\_\_\_\_

变更为  
Change to: \_\_\_\_\_

**B4 变更责任(注意:增加保障责任须同时递交被保险人的最新健康告知书。)**

**Change of benefit**(Note: If the optional benefits is to be updated , a new Health Declaration for the insured must be submitted at the same time)

原计划  
Original plan: \_\_\_\_\_

变更为  
Change to: \_\_\_\_\_

**B5 变更免赔额、自负比例、限额(注意:减少免赔额、自负比例、限额须同时递交被保险人的最新健康告知书。)**

**Change of deductible**(Note: When the deductible/execss/limit is to be reduced or removed, a new Health Declaration for the insured must be submitted at the same time.)

原计划  
Original plan: \_\_\_\_\_

变更为  
Change to: \_\_\_\_\_

**C类**  
Category C

**Z 其他 Others:** \_\_\_\_\_

**个人信息授权**  
Personal Information Authorization

- 1、本人已知晓并授权招商信诺人寿保险有限公司(以下简称“招商信诺”)为订立、履行保险合同,提供产品和服务,以及为履行法定义务,将处理投保人、被保险人及受益人的个人信息(以下简称“个人信息”)。就本人所提供的其他主体个人信息,本人确认已取得相关主体的授权。  
I acknowledge and authorize Cigna & CMB Life Insurance Company Limited (hereinafter referred to as "Cigna & CMB") to process the personal information of the policyholder, the insured person and the beneficiary (hereinafter collectively referred to as "personal information") for the purpose of concluding and performing insurance contracts, providing products and services, and fulfilling legal obligations. With respect to the personal information of other subjects provided by me, I confirm that I have obtained authorization from these subjects.
- 2、本人同意并授权,为订立和履行保险合同,提供核保、保全、理赔、客户服务等目的,招商信诺可向征信机构、医疗机构、以及其他单位、组织等第三方合作机构查询、收集本人的个人信息。  
I agree and authorize Cigna & CMB to provide my personal information from credit reporting agencies, medical institutions and other third-party cooperative institutions for the purpose of concluding and performing insurance contracts, and providing underwriting, preservation, claim settlement, customer service, etc.
- 3、本人同意并授权,招商信诺可将本人提供的以及根据上述约定查询、收集的个人信息提供给关联公司,以及其他为提供服务所必须的第三方合作机构(如健康管理公司、医疗机构、再保险公司等)。  
I agree and authorize Cigna & CMB to provide the personal information provided by me, or inquired and collected in accordance with the above agreement to the affiliated companies of Cigna & CMB and other third-party cooperative institutions (such as health management companies, medical institutions, reinsurance companies, etc.) necessary for the provision of services.
- 4、本人同意并授权,为履行法定义务,招商信诺可将个人信息提供给司法机关、中国人民银行、中国银保监会及其派出机构等监管机构或其指定的第三方、保险行业协会、同业公会等相关机构组织。  
I agree and authorize Cigna & CMB to provide the personal information to the judicial authorities, the People's Bank of China, China Banking and Insurance Regulatory Commission and its dispatched agencies and other regulatory authorities, or third parties designated by former regulatory authorities, insurance industry associations, trade associations and other relevant organizations for the purpose of fulfilling legal obligations.

- 5、本人同意并授权，在保险合同期间、或订立前、终止后，招商信诺、关联公司及因服务必须委托的合作伙伴可向本人提供、推荐保险产品、理赔服务、及其他客户服务，如市场调查与信息数据分析等。  
I agree and authorize Cigna & CMB, its affiliated companies and partners who shall be necessarily entrusted to offer me such services as insurance products recommendation, claim settlement and other customer services, including market research and information data analysis, during, before and after the term of insurance contract.
- 6、本人知晓并同意，个人信息包括姓名、性别、国籍、职业、联系地址、联系方式、身份证件信息、以及生物识别、医疗健康、金融账户等敏感个人信息，该等信息是招商信诺为订立、履行合同及提供服务所必需；同意招商信诺对个人信息的处理方式包括收集、存储、使用、加工、传输、提供、删除等；同意适用招商信诺隐私政策。  
I acknowledge and agree that personal information including name, gender, nationality, occupation, address, contact information and ID card information, as well as sensitive personal information such as biometric characteristics, medical health and financial accounts, are required for Cigna & CMB to conclude and perform contracts and provide services. I further agree that Cigna & CMB can process personal information by collection, storage, use, processing, transmission, provision and deletion, and that its privacy policy is applicable.
- 7、本人知晓，在符合法律规定的情形下，本人对个人信息拥有合法的查阅、更正、删除、撤回同意权。本人行使上述权利不会与为订立、履行保险合同及获得客户服务相违背，也不会与招商信诺履行法定义务相冲突。  
I acknowledge that I have the legal right to access, correct, delete and withdraw my consent for the processing of my personal information in accordance with the law. My exercise of the above rights will not be in violation of the purpose of concluding and performing insurance contracts and obtaining customer services, nor will it be in conflict with Cigna & CMB's performance of legal obligations.

#### 特别提示 Special Notes:

- 1、招商信诺非常重视个人信息保护，并尽最大努力合理保护个人信息，包括采取权限管理、加密管理、限制访问、与相关机构或人员签署保密协议等方式。如您不同意本授权条款或其中部分条款，可致电招商信诺客服热线【400-820-7553】修改授权。请您妥善保管您的账户、密码及其他个人信息。您账户下的操作行为将视为您本人的操作行为。一旦您泄露该信息，如可能会对您有不利影响，您可立即与我们联系。  
Cigna & CMB attaches great importance to the protection of personal information and will do its best to protect clients' personal information reasonably by means of authority management, encryption management, restricted access, signing of confidentiality agreements with relevant institutions or personnel, etc. If you do not agree with the terms or part of terms of this Authorization Letter, you can call Cigna & CMB's customer service hotline [400-820-7553] to make amendments. Please keep your account, password and other personal information properly. The operation under your account will be regarded as your operation. If you disclose any information that may adversely affect you, you can contact Cigna & CMB immediately.
- 2、招商信诺重视未成年人的信息保护。如被保险人为不满14周岁的未成年人，请监护人仔细阅读本授权书条款，并予以授权。  
Cigna & CMB also attaches great importance to the protection of minors' information. If the insured person is a minor under the age of 14, the guardian shall carefully read the terms of this Authorization Letter before making authorization.
- 3、您的生物识别、医疗健康、金融账户等信息属于敏感个人信息，提请您特别同意。  
For sensitive personal information such as your biometric characteristics, medical health, financial accounts, etc., your special consent is required.
- 4、如本保险计划涉及境外医疗服务、紧急救援服务等情形的，招商信诺将为履行上述服务向境外实体提供您必要的个人信息，提请您特别同意。  
Cigna & CMB will provide your personal information to the overseas entities to perform above-mentioned services if your insurance plan involves overseas medical services, emergency treatment, etc., please give your consent specially.
- 5、招商信诺可能适时修订隐私政策，并于官网(www.cignacmb.com)、APP公布更新，请您及时查阅。  
Cigna & CMB may revise its privacy policy in due course and publish updates through its official website (www.cignacmb.com) and APP, please check such revisions in time.

#### 投保人声明 Declaration of policy holder

本人经仔细阅读后确认本申请各项填写内容均属实，与之有关的资料均完整，确实无误，并由本人亲自提供。

I have read the application form carefully and acknowledge that all contents completed herein are true, and all related materials hereto are complete, true and correct and provided by myself.

本人已知晓本申请书必须由本人亲笔签名确认，同时知晓所申请的变更事项须经贵公司同意批准后生效，其生效日以贵公司批注文件所载的批准变更生效日为准。

I have been aware that this Application must be certified by my own handwritten signature, and I am also aware that the change of this Application shall take effect after you agree to approve it and that the effective date of the change is subject to the date on the

本人知晓，若保障计划升级或新增，升级或新增部分的等待期将重新计算。具体案例包括但不限于：保障区域由全球除美国变更为全球，在美国进行的医疗或者生育的等待期需重新计算；去除或减少核心计划的免赔额，去除或减少部分的等待期需重新计算。

I have been aware that once I submit request to upgrade my plan, the waiting period (including the maternity waiting period) will recalculate for the upgrade part, the detailed examples include but not limited to the following: upgrade the covered area from Worldwide excluding USA to Worldwide, remove or decrease the deductible for the core plan.

投保人签名：\_\_\_\_\_

Signature of policy holder

被保险人签名：\_\_\_\_\_

Signature of the insured

申请日期：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

Date of application (YYYY/MM/DD)

注意：以上签名栏必须由投保人本人亲笔签名，且与留存于本公司的签名样本一致。若被保险人为未成年人，由其法定监护人签名。

Note: The above "Signature of policy holder" must be the handwritten signature of the policy holder and consistent with the signature specimen kept at the Company. If the insured is a minor, his/her legal guardian shall sign the application on and for behalf of him/her.