

# 高端医疗保险合同终止申请书

## Application for the Termination 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 “√”)

### 保险合同终止声明:

#### Policy Termination Declaration

本人声明:本保险合同并无任何转让、质押之事实;本人未有涉及与本保险合同有关的诉讼或仲裁事项。如果依据本合同条款约定,由应付本人之相关款项,请贵公司转入本人授权的账户中。应本人申请而解除合同后,贵公司所负之保险责任同时终止,投保人/被保险人/受益人亦不再享有相应的保障和利益,且保险合同效力不可恢复。

I declare hereby that, this policy does not have the fact of any transfer or mortgage; and I have not involved in any lawsuit or arbitration in relation to this policy. If, according to the terms and conditions of this policy, there are some payables from you to me, please transfer the same to the account authorized by me. Upon termination of this policy, your insurance responsibility for any claims incurred after the termination date will be terminated immediately. The policyholder/insured/beneficiary will not be entitled to related guarantees and benefits any longer and the effect of this policy will be unrecoverable.

### 本人申请解除本合同的主要原因是(请勾选)

Main reasons for my application to terminate this policy are(Please tick the options you think proper with “√”):

- 已有同类产品 Already having the same product  未能继续负担保险费 Unable to continue paying premiums
- 购买时理解有误 Misleading sales
- 产品未能满足个人需要 Product unable to meet personal demand
- 服务未能满足个人需要 Service unable to meet personal demand
- 产品不适合,希望购买其他类型的保险产品 As the product is not suitable, hoping to buy the insurance products of other types
- 其他原因,请说明 Such as other reasons, please specify \_\_\_\_\_

### 应备文件说明:

#### Description of the documents to be prepared

- 投保人本人亲笔填写并签署的《保险合同终止申请书》;  
The policy Termination Application completed and signed by the policy-holder in person;
- 投保人的有效身份证复印件(为了维护您的权益,请注明“仅供招商信诺人寿保险有限公司办理退保手续用”并签名);  
Copy of the policy holder's valid ID (in order to protect your right and benefit, please mark with "Only for Cigna & CMB Life Insurance Co., Ltd. to handle the surrender procedures" and sign);
- 请投保人在申请解除保险合同的同时退还保险合同原件及会员卡,如未退还,则视同保险合同及会员卡已遗失或已损毁;  
While applying for the termination of the policy, the policy holder shall return the original policy and membership card. If the policy holder fails to do so, it will be deemed that the policy and membership card has been lost or damaged.
- 犹豫期内解除保险合同需要退还全部保险费发票,犹豫期后解除保险合同需要退还最近一期保险费发票;如未退还,则视同保险费发票已遗失或已损毁。  
If the policy is to be terminated within the cooling-off period, all premium invoices shall be returned; if after the cooling-off period, the latest issue of premium invoice shall be returned. If not so, it will be deemed that the premium invoices have been lost or damaged.

### 个人信息授权

#### Personal Information Authorization

- 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(以下统称“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.
- 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 inquire and collect 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.
- 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.
- 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.

#### 基本信息填写栏(必填项) :

##### Basic information(Compulsory)

投保人有效证件类型:

Policy holder's valid certificate type  居民身份证 ID card  护照 Passport  其他 Others: \_\_\_\_\_

投保人有效证件号码

Policy holder's valid certificate No.:

投保人联系电话

Tel of policy holder: \_\_\_\_\_

#### 投保人声明 Policy holder's declaration:

1、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，真实无误，并由本人亲自提供。

After careful reading, I acknowledge that all contents completed herein are true, and all related materials hereto are complete, true and correct and provided by myself.

2、本申请书由本人亲笔签名确认，同时本人知晓本申请须经贵公司审核后生效，合同终止日以贵公司通知书所载的日期为准。

This Application is certified by my own handwritten signature, and I am aware that this Application shall take effect after you agree to it and that the termination date of this policy is subject to the date written in your notice.

投保人签名: \_\_\_\_\_

Signature of policy holder

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。

Note: The above signatures must be written in person by the policy holder in handwriting, and must be consistent with the signature specimen filed at this Company.

