

Pre-approval Form for Cashless Medical Service 免找數醫療服務預先批核申請表格



16/F, 348 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
Tel: 2539 9215 Fax: 2886 3722
www.cigna.com.hk

- For application for **Hospitalization and Day-Case Surgery**, please submit this form to preauthhk@cigna.com
如需申請住院治療及日間手術，請填妥此表格並以電郵至 preauthhk@cigna.com 交回給我們
- For application for **Advanced Diagnostics Imaging (ADI) Services**, please submit this form to HWC2@cigna.com
如需申請先進診斷成像 (ADI)，請填妥此表格並以電郵至 HWC2@cigna.com 交回給我們

PART A 第一部分 To Be Completed by the Person Insured or Guardian (if the Person Insured is below 18 years old) 由受保人或監護人 (如受保人未滿18歲) 填寫

Person Insured's Name English 受保人姓名 英文	Family Name 姓	Given Name 名	Chinese 中文
Policy Number / Membership Number 保單編號 / 證書號碼	Contact No. (Tel / Fax) 聯絡號碼(電話 / 傳真)		

Declaration & Authorization and Consent 聲明、授權及同意

To Be Signed By the Person Insured or Guardian (if the Person Insured is below 18 years old) 由受保人或監護人(如受保人未滿18歲)簽署

I, the undersigned Person Insured or Guardian (if the Person Insured is below 18 years old), hereby make and give the following declaration, authorization and consent:-

本人，即下方簽署的受保人或監護人(如受保人未滿18歲)，特此作出並給予以下聲明、授權及同意:-

- I declare that all the statements and information given on and / or in relation to this form, whether or not written by my own hand are, to the best of my knowledge and belief, complete, true and accurate.
本人聲明，本申請書內含及 / 或就本表格所提供之一切陳述及資料，不論是否本人親手所信，就本人所知所信，均為完整及正確無訛。
- I authorize any medical practitioner, hospital, pharmacy, insurance company, police station, employer, or other organization or persons that have any medical records, medical history and any knowledge of the Person Insured, to release full particulars of such information to Cigna Worldwide General Insurance Company Limited ("Cigna Healthcare") or its appointed representatives or agents. To avoid any uncertainty, this authorization shall bind all my / the Person Insured's successors, assignees, executors and administrators and shall remain valid notwithstanding my / the Person Insured's death or incapacity. A copy of this Authorization shall be deemed to be valid as the original.
本人授權任何醫生、醫院、藥房、保險公司、警察局、僱主、任何機構或人士，將持有的有關受保人之醫療記錄、病歷及任何資料全部給予信諾環球保險有限公司("信諾環球")或其代表或代理人。為免任何疑問，本授權對本人 / 受保人之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人 / 受保人死亡或無行為能力，本授權仍具有效力。本授權之副本及正本具有同樣效力。
- I acknowledge and agree that neither my submission of this form nor the issuance of any letter to any healthcare Service provider by Cigna Healthcare shall be construed as admission of liability on the part of Cigna Healthcare. The actual eligible or payable amount shall be subject to the final claim decision. All benefits payable are subject to the terms and conditions, including but not limited to the exclusions, in the Policy.
本人確認及同意，本人遞交本表格或由信諾環球簽發予任何醫療服務提供者的任何信函均不應詮釋為信諾環球承擔有關賠償責任。實際應付金額以最終理賠決定為準。所有保障項目只會在符合保單的條款及細則(包括但不限於不保事項)的情況下支付。
- I acknowledge and agree that Cigna Healthcare has the sole and absolute discretion in accepting or declining this application. Cigna Healthcare has the sole and absolute discretion in relation to all matters arising from or in connection with this application, and that in the event of disputes, the decision of Cigna Healthcare shall be final.
本人確認及同意，信諾環球擁有獨有絕對決定權接受或拒絕本申請。信諾環球對本申請引起的或與之相關的一切事項擁有獨有絕對決定權；如有任何爭議，信諾環球保留最終決定權。
- I agree and guarantee that if Cigna Healthcare has settled or is requested to settle any charges which exceed the applicable benefit limit(s) in the Policy or which are not eligible for reimbursement under the Policy, I shall promptly reimburse Cigna Healthcare of the shortfall amounts in full upon receipt of the relevant notice.
本人同意及承諾，若信諾環球已支付或被要求支付超出保單指明的適用保障限額的費用、或不在保單保障範圍內的費用，本人將在收到相關通知後立刻向信諾環球全額償還有關差額。
- I acknowledge and agree that Cigna Healthcare has the sole and absolute right to amend, vary, suspend and / or cancel any Cashless Medical Services from time to time and at any time without prior notice.
本人確認及同意，信諾環球擁有獨有絕對權可不時及隨時修訂、更改、暫停及 / 或取消任何免找數醫療服務，而毋須事先通知。
- I confirm that I have read and understood the Personal Information Collection Statement (the "PICS") under Part [C] herein below. I hereby give my acknowledgement and agree to the use and transfer of my / the Person Insured's personal information by CIGNA Worldwide General Insurance Company Limited in accordance with the PICS.
本人確認，本人已閱讀並明白下方第[C]部份的個人資料收集聲明("該聲明")。本人特此確認並同意信諾環球保險有限公司根據該聲明使用及轉移本人 / 受保人的個人資料。

In case of discrepancies between the English version and the Chinese version of this application form, the English version shall apply and prevail.
如本申請書的中、英文版本內容有異，以英文版本為準。

Signature of the Person Insured or the Guardian
(if the Person Insured is below 18 years old)

受保人或監護人簽署 (如受保人未滿18歲)

Name of the Person Insured or the Guardian

(if the Person Insured is below 18 years old) (in block letters)

受保人或監護人 (如受保人未滿18歲) 姓名 (請以正楷書寫)

HK Identity Card No. of Person Insured 受保人之香港身份證號碼

Date Signed
簽署日期

(DD/MM/YYYY)
日 / 月 / 年

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PART A 第二部分 To Be Completed By the Person Insured or Guardian (if the Person Insured is below 18 years old) 由受保人或監護人 (如受保人未滿18歲) 填寫

Shortfall Collection Credit Card Authorization Form 繳付差額費用之信用卡授權書

In the event that a shortfall may occur if the final costs for treatment exceed the applicable benefit limit(s) in the Policy or the expenses are not eligible for reimbursement under the Policy, this authorization form authorizes Cigna Healthcare to collect any shortfall from the credit card account detailed below. The shortfall collection notice will be sent to the Policy Holder by post or via MyCigna Healthcare portal* 21 days prior to the collection of shortfall.

若最終的治療費用超出保單指明的適用保障限額，或有關費用不在保單保障範圍內，此授權書將授權信諾環球在下列信用卡帳戶收取有關差額。信諾環球將於收取差額費用21天前將差額收取通知書郵寄或透過MyCigna Healthcare網上平台* 通知保單持有人。

* Applicable to Cigna Healthcare individual medical insurance policy only 只適用於信諾環球個人醫療保險計劃

Signature of Cardholder (must be the same as that on the Credit Card) 持卡人簽署 (須與信用卡上簽名相同)	Cardholder's Name 持卡人姓名
Date 日期	Contact No. 聯絡號碼
I hereby authorize and direct Cigna Healthcare to debit the outstanding shortfall due from my credit card account 本人授權及指示信諾環球從本人信用卡戶口扣除到期之差額費用	

Credit Card Account Number 信用卡號碼 (Visa or Mastercard)

Credit Card Expiry Date 信用卡到期日 (MM/YY 月/年)	HK Identity Card No. of Cardholder 持卡人香港身份證號碼
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PART B 第一部分 To Be Completed By The Attending Physician / Surgeon 由主診醫生填寫

Patient Name 病人姓名	HKID Card No. 香港身份證號碼	Age 年齡	Sex 性別	(M / F) (男 / 女)
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Medical History 病歷

Chief Complaints 主要申訴	First onset date 發病日期	(DD/MM/YYYY) (日/月/年)
Sign and Symptoms 病徵及病狀	First onset date 發病日期	(DD/MM/YYYY) (日/月/年)
Diagnosis 診斷	First onset date 發病日期	(DD/MM/YYYY) (日/月/年)
Past Medical History/Co-Morbidities 過往病史/ 合併症	First onset date 發病日期	(DD/MM/YYYY) (日/月/年)

Prior to this consultation, did patient first consult you for the related signs and symptoms? And when was the first consultation?
在是次求診日期時，病人有否在 台端執業之診所診治有關上述病況之紀錄？如有，病人始自何時求診？

NO 否 YES, the first consultation was since 有，第一次求診日期始自 (DD/MM/YYYY)
(日/月/年)

Hospitalization / Day Case Details 住院 / 日間病房詳情

Hospital Name 醫院名稱	Ward Class: 病房級別: <input type="checkbox"/> Day Case 日間病房 <input type="checkbox"/> Ward 普通病房 <input type="checkbox"/> Semi-private 半私家 <input type="checkbox"/> Private 私家 <input type="checkbox"/> Others 其他			
Admission Date 入院日期	Expected Length of Stay 預計住院日數	day(s) 日	Inpatient Physician Fee HKD 住院醫生費 港幣	/day /日

Treatment Details 治療詳情

Surgery / Treatment Required 建議之手術 / 治療	Surgical Fee 手術費	HKD 港幣
Reason for this Hospitalization 住院原因	Anesthetist Fee 麻醉科醫生費	HKD 港幣
Lab Tests / Imaging / Other Diagnostic Investigation Required 建議之化驗 / 影像檢查 / 其他診斷性檢查	Assistant Surgeon Fee 助理外科醫生費	HKD 港幣
Anaesthesia: 麻醉: <input type="checkbox"/> G.A. 全身麻醉 <input type="checkbox"/> L.A. 局部麻醉	Co-Surgeon Fee 副外科醫生費	HKD 港幣
	Estimate Total Cost of Admission 預計住院總費	HKD 港幣

If you have recommended the patient for specialist's opinion (other than attending Physician), please give specialist name and nature of treatment provided:
如有轉介至專科診治，請提供專科醫生之姓名及治療性質：

Name of Physician 醫生姓名

Attending Physician 主診醫生	First Assistant Surgeon 第一助理外科醫生
Surgeon 外科醫生	Second Assistant Surgeon 第二助理外科醫生
Anesthetist 麻醉師	Co-Surgeon 副外科醫生
	Specialist 專科醫生

Physician's Information 醫生資料

Physician's Name 醫生姓名	Signature of Physician and Chop 醫生簽署及印章
Contact No. 聯絡號碼	Date 日期
(Tel 電話)	(DD/MM/YYYY) (日/月/年)
(Fax 傳真)	

PART C 第一部份 PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

Cigna Worldwide General Insurance Company Limited ("Cigna Hong Kong", "our", "we", "us")
信諾環球保險有限公司(「信諾香港」或「我們」)

The protection of privacy in relation to personal information is the concern of Cigna Hong Kong. We respect personal information and are committed to fully implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance ("the Ordinance").
信諾香港關注保障個人資料私隱。我們尊重個人資料，並且全力執行及遵守保障資料原則，以及《個人資料(私隱)條例》("私隱條例")。

1) Personal Information We Collect and/or Hold 我們收集及/或持有的個人資料的範圍

We collect your personal information from you for the purposes as set out in this Personal Information Collection Statement. We may collect personal information directly or indirectly from you in a range of ways, including but not limited to when you complete or submit an application, or claim, or request services or products, contact us in person, phone, mail, email or online, when you participate in our programs, when you access our website and services. The personal information that we collect and/or hold includes your personal identification information, contact information, policy details, transaction records, financial background, claims history, biometric data including but not limited to your voice pattern and facial images, location information based on your device and medical and health records.

我們為本個人資料收集聲明中列明之目的向閣下收集個人資料。我們可能會以各種方式直接或間接向閣下收集個人資料，包括但不限於當閣下填寫或提交申請或索償，要求提供服務或產品，當面、透過電話、郵件、電郵或在聯繫我們時，當閣下參與我們的計劃時，當閣下使用我們的網站和服務時。我們收集及/或持有的個人資料，包括閣下之個人識別資料、聯絡資料、保單詳情、交易記錄、財務背景、索償歷史、生物識別數據(包括但不限於閣下的聲音模式及面部圖像)、根據閣下設備的位置信息和醫療及健康記錄。

We may also collect personal information of the insureds, your beneficiaries (or any other personnel designated or entitled to receive benefits under the corresponding policies), assignees, authorized representatives, dependents, company employees, and other individuals to which you have provided personal information of. Where you provide personal information of others to us, you confirm that you have authority to do so as their parent or guardian or have obtained that person's consent to provide such personal information to us for Cigna Hong Kong's use and transfer in accordance with this Personal Information Collection Statement.

我們亦可能收集下列人士的個人資料：受保人、閣下的受益人(或被指定或有權獲得相應保單下利益的任何其他人士)、受讓人、獲授權代表、受養人、公司僱員及閣下已提供其個人資料的其他個人。當閣下向我們提供他人個人資料時，閣下確認閣下作為其父母或監護人有權向我們提供其個人資料，或者已獲得該人同意向我們提供其個人資料，供信諾香港按照本個人資料收集聲明使用和轉移。

We may also collect personal information about you from third parties in certain circumstances, such as from other insurance companies, agents, brokers and other intermediaries, credit reference/reporting agencies, employers, vendors, financial institutions, fraud prevention agencies or databases, government agencies, medical personnel, courts or public record.

在特定情況下，我們亦可能向第三者收集有關閣下的個人資料，如其他保險公司、代理、經紀及其他中介人、信用查詢/報告機構、僱主、供應商、金融機構、防欺詐機構或數據庫、政府機構、醫務人員、法院或公共記錄。

2) Importance of Information Collection 收集個人資料的重要性

From time to time, it is mandatory and necessary for you to supply Cigna Hong Kong with personal information. Where you are unable or fail to supply the mandatory information requested by Cigna Hong Kong, Cigna Hong Kong may not be able to issue policies, process claims, applications for our requests, or provide products or services to you.

閣下不時有義務且有必要向信諾香港提供有關的個人資料。倘若閣下無法或未能向信諾香港提供強制性要求的資料，信諾香港可能無法簽發保單，處理索償、申請或閣下的要求，或向閣下提供產品或服務。

3) Purposes of Information Collection and Usage 收集個人資料的目的及用途

Your personal information held by Cigna Hong Kong may be used for the following purposes:-

信諾香港所持有閣下的資料可能會被用於下列用途：

- i) processing and evaluating any applications or requests made by you for products or services;
處理及評估閣下就產品或服務提出的任何申請或要求；
- ii) administration of insurance or financial or investment related products or services, including but not limited to alterations, variations, assignments, cancellation or renewal of such products or services;
處理保險或財務或投資相關產品或服務之日常運作，包括但不限於其更改、變動、轉讓、取消或續期；
- iii) processing, investigation or analysis of any claim applications made by, against or otherwise involving you in respect of any products or services;
處理、調查或分析就產品或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索償申請；
- iv) conducting research, satisfaction surveys, data analytics and statistics, to further understand your needs and to improve and test our facilities and services and/or products for any other purposes in connection with our business and the business of any member of the Cigna group companies;
為與我們的業務及信諾集團公司任何成員的業務有關的任何其他目的，進行研究、滿意度調查、數據分析和統計，以進一步瞭解閣下的需求，並改進和測試我們的設施及服務及/或產品；
- v) carrying out matching procedures;
進行核對程序；
- vi) (with your consent — see section 2 below) direct marketing including but not limited to promoting, marketing or selling of Cigna Hong Kong or co-branded or other third party insurance or financial or investment related products or services by electronic or other means;
(得到閣下的同意下 — 請看以下第2條) 直接促銷，包括但不限於透過電子或其他模式作推廣、宣傳或銷售信諾香港或信諾香港聯合的其它公司或其他第三者的保險、財務或與投資相關之產品或服務；
- vii) making disclosure under and/or complying with any law, rules, regulations, codes of practice or guidelines binding on or applicable to Cigna Hong Kong or any of its group companies and respond to requests from public, governmental authorities, regulatory bodies and litigation;
遵守適用於信諾香港或其集團公司的法律、規則、規例、實務守則或指引，及就其要求作出披露，並就公共、政府機構、監管機構和訴訟方面的要求作出答覆；
- viii) evaluating the policy or related risk intended to be the subject of reinsurance by an actual or proposed re-insurer of Cigna Hong Kong;
使信諾香港的確實或建議再保人，評核意圖再保交易的有關保單或相關風險；
- ix) conducting medical or health reference checks;
用作於醫療或健康參考上之用；
- x) conducting surveys, research and compiling statistics for insurance, financial or investment related purposes;
用作於保險、財務或投資相關調查、研究及統計之用；

- xi) investigation and settlement of claims, disputes and detection and prevention of fraud (whether or not relating to the policy issued in respect of an application); and
調查及處理索償、爭議，偵測及防止欺詐(無論是否與根據申請簽發之保單有關)；及
- xii) other purposes directly relating to any of the above.
與上述任何目的直接有關的其他目的。
- 4) Transfer of Personal Information 個人資料的轉移
Your personal information held by Cigna Hong Kong will be kept confidential, but may be shared with the following individuals and / or entities, whether within or outside Hong Kong, for any of the purposes set out above:-
信諾香港所持有閣下的資料會被絕對保密，但信諾香港可能會就上述任何目的把有關資料給予下列人士及 / 或實體(無論在香港境內還是境外)：
- i) any agent, contractor or third party service provider who provides administrative, accounting, data hosting, analytics and processing, customer service, call center, financial, legal, telecommunications, technology, fund management, debt collection, payment, anti-money laundering and other regulatory screenings, marketing, research, mailing, printing, loss adjustment or other services to Cigna Hong Kong;
任何向信諾香港提供行政、會計、資料寄存、分析及處理、客戶服務、電話中心、財務、法務、電訊、資訊科技、基金管理、收債、繳費、反洗黑錢及其他法規的審查、促銷、研究、郵寄、印刷、理賠、或其他服務的代理、承辦商或第三者服務供應商；
- ii) any insurance intermediary acting on your behalf (in placing an insurance policy with Cigna Hong Kong, in handling insurance claims with Cigna Hong Kong or as notified by you to Cigna Hong Kong) (an "Insurance Intermediary") and (with your consent — see section 7 below) for its own direct marketing and business purposes, and such provision of your personal information may be for gain;
任何代表閣下安排購買信諾香港提供的保單，或代表閣下處理對信諾香港的保險索償，或由閣下通知信諾香港作為代表閣下的保險中介人("保險中介人")；(在得到閣下的同意下 — 請看以下第7條)個人資料作其直接促銷或業務推廣的用途，並可能從而得益；
- iii) any agent, contractor or third party service provider engaged by an Insurance Intermediary (as notified by such Insurance Intermediary to Cigna Hong Kong from time to time) to provide any services to the Insurance Intermediary in relation to the purposes set out under sections 3(i) and 3(ii) above;
任何由保險中介人聘用的代理、承辦商或第三者服務供應商(由保險中介人不時通知信諾香港)以提供任何有關第3(i)及(ii)條所載用途之服務；
- iv) any insurance adjusters, agents, brokers or other intermediaries; employers; medical service providers; health care professionals; hospitals; organizations that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization to other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
任何保險理賠員、代理、經紀或其他中介人；僱主；醫療服務提供者；專業醫護人員；醫院；為保險業整合索償及承保資料的組織；防欺詐組織；其他保險公司(無論是直接或透過防欺詐組織或本段中提及的其他人)；警方及保險業用作分析和基於現有資料核對所提供資料的數據庫或登記處(及其運營人)；
- v) any branch, subsidiary, holding company, associated company or affiliates of Cigna Hong Kong;
信諾香港的分行、附屬公司、控股公司、關聯公司或聯繫公司；
- vi) Chubb Life Insurance Hong Kong Limited, or any branch, subsidiary, holding company, associated company or affiliates of Chubb Life Insurance Hong Kong Limited, and their respective successors and assignees;
安達人壽保險香港有限公司，或其分行、附屬公司、控股公司、關聯公司或聯繫公司，以及其各別繼承人及受讓人；
- vii) any financial institution or credit charge card issuer related to your premium payment account;
與閣下用作繳交保費戶口有關的金融機構或信用卡；記賬卡發卡人；
- viii) any actual or proposed re-insurer of Cigna Hong Kong;
信諾香港的確實或建議再保人；
- ix) any person or authority to whom Cigna Hong Kong is under an obligation to make disclosure under the requirement of any law, regulations, rules, codes of practice or guidelines binding on or applicable to Cigna Hong Kong or any of its group companies;
適用於及對信諾香港或任何其集團公司具法律、規則、規例、實務守則或指引約束力的規定下而信諾香港有責任對其作出披露的任何人或機構；
- x) any other person under a duty of confidentiality to Cigna Hong Kong which has undertaken to keep such information confidential;
其他對信諾香港資料有保密責任並承諾保密該等資料的人士；
- xi) any debt collection agencies; and
任何收賬代理；及
- xii) any organization or person who provides survey, research and statistics services.
任何調查、研究及統計機構人員。
- 5) Transfer of Information Outside Hong Kong 轉移資料往香港以外地區
Cigna Hong Kong may from time to time transfer your personal information outside Hong Kong for different purposes set out above including but not limited to processing or storage.
信諾香港可能不時就上述不同的目的(包括但不限於處理或儲存)將閣下的資料轉移往香港以外地區。
- 6) Data Access 資料查閱
- I. Under and in accordance with the terms of the Ordinance, you have the right to:-
根據私隱條例中的條款，閣下有權：
- i) check whether Cigna Hong Kong holds data about you and seek access to such data; and
查詢信諾香港是否持有閣下的資料及查閱有關的資料；及
- ii) require Cigna Hong Kong to correct any data relating to you which is inaccurate.
要求信諾香港改正有關閣下不準確的資料。
- II. Cigna Hong Kong may charge a reasonable fee for the processing of any data access request.
信諾香港有權就處理任何查閱資料的要求收取合理費用。
- III. Requests under section 6(1) should be addressed to the following:
Cigna Hong Kong's Data Protection Officer
16/F, 348 Kwun Tong Road, Kwun Tong, Hong Kong
任何關於上述條款6(1)的要求，應向下列人士提出：信諾香港資料私隱主任(香港觀塘觀塘道348號16樓)。

7) Direct Marketing 直接促銷

In accordance with the requirements of the Ordinance, Cigna Hong Kong intends to use and transfer your personal information for the purposes of conducting direct marketing and may not do so unless you have received your consent or written consent (in the case of transfer).

根據私隱條例的要求，信諾香港擬使用及轉移閣下的個人資料作直接促銷之用途，但除非我們得到閣下的同意或書面同意（在轉移的情況下），否則不得使用及轉移閣下的個人資料作此用途。

With your consent or written consent (in the case of transfer) which includes an indication of no objection, Cigna Hong Kong may: 在得到閣下的同意或書面同意（在轉移的情況下）下（包括表示不反對），信諾香港可：

- I. use personal information, including your name, contact details, products and other services portfolio information, financial background and demographic data it holds about you for direct marketing purposes; 使用閣下提供予信諾香港的個人資料，包括閣下的姓名、聯絡資料、產品及服務組合資料、財務背景及人口統計資料作直接促銷之用途；
- II. conduct direct marketing in relating to the following classes of products and services that Cigna Hong Kong, our affiliates, our co-branding partners and our business partners may offer: 就信諾香港及信諾香港的聯繫公司、聯合品牌夥伴及商業合作夥伴可能提供之下列類別的產品及服務進行直接促銷；
 - i) insurance, financial or investment related products and services; 保險、財務或投資相關產品及服務；
 - ii) reward, loyalty, co-branding or privileges programs and related services and products on health, wellness and medical, sporting activities and membership, entertainment, travel and transportation, concierge, home care (including pet care), household, food and beverages, apparel, jewelry, telecommunication, education, social networking and media; and 獎賞、年資、聯合品牌及優惠計劃及其相關產品及服務：健康、保健及醫療、體育運動及會員服務、娛樂、旅遊及交通、禮賓、家庭護理（包括寵物護理）、家居、餐飲、服裝、珠寶、電訊、教育、社交網絡及媒體；及
 - iii) donations and contributions for charitable non-profit making purposes; 作慈善或非牟利用途的捐獻；
- III. provide the personal information described in section 7(I) to any agent or contractor for the purpose of carrying out direct marketing of the above products and/or services on behalf of Cigna Hong Kong; and 將第7(I)條所述的個人資料提供予任何代理人或承辦商以代表信諾香港進行直接促銷上述產品及/或服務之用途；及
- IV. in addition to marketing the above products and services, share the personal information described in section 7(I), for gain, with any or all of the following persons for use in direct marketing, and Cigna Hong Kong requires your written consent (which includes an indication of no objection) for the purposes and we do not do so without your written consent: 除促銷上述產品及服務外，將第7(I)條所述的個人資料提供予任何或所有下列人士作直接促銷之用，並從而得益；及信諾香港就此用途必須得到閣下的書面同意（包括表示不反對），並在沒有閣下的書面同意下不會就此用途轉移閣下的個人資料：
 - i) any Insurance Intermediary acting on your behalf for its own direct marketing purposes in relation to insurance, financial or investment related products or services, and business purposes; and 任何代表閣下的保險中介人作其直接促銷保險、財務或投資相關產品或服務之用途，及業務推廣之用途；及
 - ii) any third party provider of any of the classes of products and/or services as described in section 7(II) for direct marketing purposes in relation to such classes of products and/or services. 任何提供第7(II)條所述的產品及/或服務類別之第三者供應商作直接促銷該等類別的產品及/或服務之用途。

If you do not consent to Cigna Hong Kong using and/or sharing your personal information for any of those purposes, you may exercise your opt-out right by notifying Cigna Hong Kong's Data Protection Officer at the above address, and we will not do so. You may also subsequently withdraw your consent by writing to Cigna Hong Kong's Data Protection Officer at the above address. If you exercise your right to opt out of the use/sharing of your personal information for any of the above purposes, it will mean that Cigna Hong Kong, your Insurance Intermediary and/or third party service providers will not be able to send you any direct marketing, targeted or special offers in the future.

如閣下不同意信諾香港就任何上述使用及/或轉移閣下的個人資料之用途，閣下可根據上述地址通知信諾香港資料私隱主任行使你的權利選擇拒絕直接促銷，我們便不會使用及/或轉移閣下個人資料作以上之用途。閣下亦可隨時根據上述地址致函給我們的信諾香港資料私隱主任撤回閣下的同意意願。如閣下行使你的權利選擇拒絕閣下的個人資料被用於或轉移作以上任何用途，這代表將來閣下不能從信諾香港，閣下的保險中介人及/或第三者服務供應商收到任何針對性或特別優惠的直接促銷。

Cigna Hong Kong will not use any personal data of minors for its own direct marketing purposes and/or share the personal data of minors with any third party for its direct marketing/business purposes.

信諾香港不會使用任何未成年人的個人資料作直接促銷之用及/或轉交至任何第三者作直接促銷/業務推廣的用途。

8) Retention of personal information 個人資料的保存

We retain your personal information for as long as necessary for the purposes set out in this Personal Information Collection Statement, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law. Where we no longer require your personal information for the purposes under this Personal Information Collection Statement, or otherwise required under law, we will take appropriate steps to securely delete/destroy your personal information.

除非適用法律另有要求或允許，否則，我們按本個人資料收集聲明中規定目的所需的期限或閣下與我們另行約定的期限保存閣下的個人資料。倘若我們為本個人資料收集聲明列明之目的不再需要閣下的個人資料，或者法律另有要求，我們將採取適當措施，安全地刪除或銷毀閣下的個人資料。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Cigna Hong Kong. For any enquiries regarding this Personal Information Collection Statement, please contact our Customer Services Hotline at 2560 1990.

在此個人資料收集聲明發出的日期起，它將成為閣下與信諾香港或有意與信諾香港訂定之所有合約、協議、及其他約束性安排之一部份。如有任何有關此個人資料收集聲明的查詢，請致電2560 1990與我們的客戶服務部聯絡

Release Date: November 2022

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

發出日期：二零二二年十一月

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