



投保人名称:
Name of Policyholder:

投保单号码/保险单号码:
Insurance Application/Policy Number:

被保险人 Insured	姓名: _____ 性别: _____ 出生日期: ____年__月__日 婚姻状况: _____ Name: _____ Gender: _____ Date of birth: MM__DD__,YYYY Marital status: _____
	证件类型: <input type="checkbox"/> 身份证 <input type="checkbox"/> 军人证 <input type="checkbox"/> 护照 <input type="checkbox"/> 其它 证件号码: □□□□□□□□□□□□□□□□□□□□ Type of identity certificate: <input type="checkbox"/> ID Card <input type="checkbox"/> Military Officer Card <input type="checkbox"/> Passport <input type="checkbox"/> Other Certificate no. □□□□□□□□□□□□□□□□□□□□
	职位: _____ 加入团体时间: _____ 职业: _____ 工作内容: _____ Position: _____ Date of admission: _____ Occupation: _____ Job responsibility: _____
	身高: _____厘米 体重: _____公斤 平时就诊医院: _____ Height: _____CM Body weight: _____KG Hospital to which the insured visits usually: _____

被保险人健康告知 Insured Health Declaration	下列项目如果“是”请在相应□中打“√”；如果“否”请在相应□中打“√”： Please tick “√” the applicable option below (check the “Yes” box if the answer to the following question is a “Yes” and otherwise check the “No” box):	
	1. 是否曾在本公司或其它保险公司投保时被拒保、延期或附加条件承保？ Have you met a refusal, a deferred underwriting or been imposed additional condition for underwriting when applying for insurance with our company or other insurance company?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. 目前是否尚在住院或病假中？ Are you currently staying in a hospital or on a sick leave?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. 近一年内是否有因病连续住院 5 天及以上或病假累计 15 天及以上？ Have you been hospitalized for five days or longer or on a sick leave for fifteen days or longer within the recent one year due to a disease?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
	4. 现在或过去是否有患任何健康问题，如肿瘤、癌症、癫痫、脑震荡、精神病、神经失调、痛风、心脏病、高血压、中风、糖尿病、尿毒症、慢性酒精中毒、肝硬化、胸部不适、肾切除或肾性病等生殖泌尿系统疾病、哮喘、肺结核等呼吸系统疾病、胃、肝、胆、肠等消化系统疾病、血液病、艾滋病等病症？ Are you currently or had you previously been affected by any health problem such as a tumor, cancer, epilepsy, cerebral concussion, mental diseases, mental disorders, gout, heart diseases, hypertension, apoplexy, diabetes, uremia, chronic alcohol poisoning, cirrhosis, indisposition in the chest, nephrectomy, nephropathy, sexually transmitted disease, asthma, lung tuberculosis and other respiratory system diseases, diseases of the stomach, liver, gall bladder, intestines and other digestive system diseases, blood diseases and AIDS?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. 最近 6 个月内是否有任何不适症状和体征？如：持续发热、疼痛、眩晕、胸痛、咳嗽、咯血、腹痛、便血、紫斑、体重改变超过 5 公斤？ Did you have any indisposition and physical signs within the recent six months? Such as persistent fever, pain, dizziness, chest pain, cough, hemoptysis, abdominal pain, hemafercia, suggillation and change in body weight exceeding 5kgs?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. 近 6 个月内是否在血液检查、特别检查或体检时发现异常（包括但不限于病理检查、心电图、脑电图、X-光、CT、核磁共振、正离子扫描（PET）、超声等各种医学影像检查） Did you receive any blood test or special examination or find any abnormality in health exam within the recent six months (Including but not limited to pathological exam, ECG, electroencephalogram, X-ray, CT, nuclear magnetic resonance, Positive ion scanning (PET), ultrasound and any kinds of medical imaging)?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
7. 妇女栏：(被保险人为女性时，请说明) For a female insured: (please answer the following questions if the insured is a female)	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No	
● 过去 5 年内是否曾患子宫、乳房、卵巢等生殖系统方面疾病？ Have you been affected by a disease in the uterus, breast, ovary and other disease of the genital	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>system within the past five years?</p> <ul style="list-style-type: none"> • 目前是否怀孕？如是请说明预产期。 Are you currently in pregnancy? If yes, please specify the estimated date of delivery. 	
	<p>8. 少儿栏(被保险人为0-15周岁的儿童时, 请监护人说明)</p> <p>Questions for a juvenile insured (if the insured is a child within the age of 0~15 full years, the following questions should be answered by the guardian)</p> <ul style="list-style-type: none"> • 过去是否患过先天性、遗传性疾病或畸形? Had you been previously affected by a congenital, genetic diseases or malformation? • 过去是否患过肺炎、抽搐、腹泻、小儿麻痹、儿童多动症、脊髓灰质炎、麻疹、流行性脑脊髓膜炎、流行性乙脑炎、白喉、破伤风、百日咳等疾病? Had you been previously affected by such diseases as pneumonia, cramp, diarrhea, infantile paralysis, attention deficient disorder, poliomyelitis, measles, epidemic cerebrospinal meningitis, epidemic encephalitis B, diphtheria, tetanus or pertussis? 	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No

上述健康告知若回答“是”，请在“健康状况详述”栏详述，并提供相关病历资料。

If the insured's answer to the abovementioned questions is "Yes", please provide details in the following "Health Condition Details" section and provide relevant medical record information.

Health condition details 健康状况详述	序号 No.	患病起始时间 Starting time of disease	最近诊治时间 Time of last treatment received	接受的检查和治疗 Examinations and treatments received	诊断结果 Diagnosis result	目前状况(痊愈、缓解等) Current condition (cured, relieved)

被保险人其他情况告知 Disclosure of other situations	<p>1. 是否吸烟？如是请详述：吸烟___支/日，烟龄___年； Do you smoke? If Yes, please provide details: ___cigarettes consumed per day, has been a smoker for ___years;</p> <p>2. 是否饮酒？如是请详述：饮酒___两/周，酒龄___年，饮酒种类_____； Do you drink alcohol? If Yes, please provide details: ___ml of alcohol consumed per week, has been an alcohol user for ___years, the type of alcoholic beverage frequently consumed is___;</p> <p>3. 是否曾投保或现在申请任何人身保险？如是请详述险种及保额 _____； Have you previously taken out or are you currently applying for any personal insurance? If Yes, please specify the type of insurance and coverage amount_____;</p> <p>4. 是否使用过或正在使用任何违禁药物或毒品？ Have you used or are you currently using any banned drugs or narcotics?</p> <p>5. 是否从事危险运动或竞技的嗜好？ Do you have a hobby for any risk sports event or competition?</p> <p>6. 是否需要经常前往危险地区或国家？（如正在或经常发生自然灾害、病疫、战乱、种族冲突等） Do you have to go to dangerous region or country frequently? (For example, a country or region which is currently suffering or which frequently suffers from natural disasters, epidemics, warfare or racial conflict)</p> <p>7. 是否有驾车肇事记录？ Whether or not the insured has a previous record of traffic infraction?</p> <p>上述告知若回答“是”，请详述： _____</p> <p>If the answer to the abovementioned questions is Yes, please provide details:_____</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
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被保险人声明与授权

The Statement and Authorization by the Insured

1. 本人经过仔细审阅后确认上述所有问题的答案及有关资料均由本人亲自提供；本人已经知晓告知均以书面形式为准且本健

康告知书必须由本人亲笔签名确认后方可生效;

I hereby confirm that, after careful examination, all of the answers to the abovementioned questions and relevant information are provided by myself; I am aware that a disclosure must be in writing in order to be valid and the present health statement must be confirmed with my personal signature in order to be valid;

- 2. 上述各项答案及与之有关的资料均为完整、确实及无误, 本人对上述问题所涉及的现在及过去的健康状况、生活方式和习惯均无隐瞒或遗漏;

All answers and relevant information provided above are true, accurate and complete, and I have not concealed or omitted to state any information or fact about my previous and current health condition, way of life and habit involved those questions above;

- 3. 本人明白上述各项答案及与之有关的资料是中意人寿保险有限公司(以下简称“贵公司”)评估风险及签发保险合同所不可缺少的依据;

I understand that all answers and information provided above form an indispensable basis for Generali China Life Insurance Co., Ltd. (the “Company”) to evaluate the risks and issue the insurance contract;

- 4. 本人授权任何医生、医院、诊所、保险公司、公安机关、任何公立或私立的组织单位, 在任何时候均可将有关本人的资料、报告或文件交给贵公司;

I hereby authorize the disclosure of my personal information, report or document to the Company by any physician, hospital, clinic, insurance company, police department, any public or private organization, at any time;

- 5. 本人同意贵公司将有有关本人的资料用于保险、再保险、数据处理及统计事宜。

I agree that the Company may use my personal information for insurance, re-insurance, data processing and statistics.

被保险人/监护人签名: _____ (被保险人为未成年人时由监护人签名) 签署地: _____

Signature of the insured/guardian of the insured: _____(to be signed by the guardian if the insured is a minor)

Place of signing: _____

联系电话: _____

签署时间: _____

Phone number: _____

Date of signing: _____

以下为保险人填写

The following section should be filled out by the Insurer

销售人员 Sales agent	初审 Preliminary examination	核保 Underwriting