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中国平安 PINGAN

保险·银行·投资

## 平安健康保险股份有限公司

PING AN HEALTH INSURANCE COMPANY OF CHINA, LTD.

## 家庭(个人)投保书

## Insurance Application Form

请填写本次家庭投保共\_\_\_\_\_个被保险人。

Please state the number of Insured person(s).

## A. 客户信息/Client information

项目/Items	投保人信息/Policyholder	第一被保险人信息/The 1st Insured
姓名/Name		
姓名拼音/英文名/Pinyin/English name		
性别/Gender	<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female	<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female
国籍 Nationality/户籍 Place of Residence:		
婚姻状况 Marital status	<input type="checkbox"/> 已婚/Married <input type="checkbox"/> 未婚/Single <input type="checkbox"/> 离异/Divorced <input type="checkbox"/> 丧偶/Widowed	<input type="checkbox"/> 已婚/Married <input type="checkbox"/> 未婚/Single <input type="checkbox"/> 离异/Divorced <input type="checkbox"/> 丧偶/Widowed
出生日期/Date of birth	____年/Year ____月/Month ____日/Day	____年/Year ____月/Month ____日/Day
身高/体重/Height/Weight	____厘米/cm ____公斤/kg	____厘米/cm ____公斤/kg
证件类型/Type of ID 有效期至/Valid until	<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____ ____年/Year ____月/Month	<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____ ____年/Year ____月/Month
证件号码/ID No.		
工作单位/Employer		
职业及代码/Occupation and Code		
手机号码/Mobile number		
家庭电话/Home telephone number	区号/City code ____ 号码 Number _____	区号/City code ____ 号码 Number _____
办公电话/Office telephone number	区号/City code ____ 号码 Number _____ 分机/Ext. No _____	区号/City code ____ 号码 Number _____ 分机/Ext. No _____
首选联系方式 Preferred phone contact method	<input type="checkbox"/> 手机/Mobile <input type="checkbox"/> 家庭电话/Home telephone <input type="checkbox"/> 办公电话/Office telephone	<input type="checkbox"/> 手机/Mobile <input type="checkbox"/> 家庭电话/Home telephone <input type="checkbox"/> 办公电话/Office telephone
电子邮件地址/E-mail address	____@_____	____@_____
家庭地址 Home address	____省/直辖市/Province ____市/City ____区/县/Borough 邮政编码/Postcode [ ][ ][ ][ ][ ]	____省/直辖市/Province ____市/City ____区/县/Borough 邮政编码/Postcode [ ][ ][ ][ ][ ]
联系地址/Mailing address <input type="checkbox"/> 同上/Home address	____省/直辖市/Province ____市/City ____区/县/Borough 邮政编码/Postcode [ ][ ][ ][ ][ ]	是投保人的/Relationship to Policyholder <input type="checkbox"/> 本人/Self <input type="checkbox"/> 配偶/Spouse <input type="checkbox"/> 父母/Parent <input type="checkbox"/> 子女/Child <input type="checkbox"/> 其他/Other _____
投保人的年收入及来源 Policyholder's annual income and source	____万元/10kRMB 来源/Source _____ ①工薪/Salary ②个体/Small private business ③私营/Private business ④房屋出租/Rental ⑤证券投资/Investment in securities ⑥银行利息/Bank interest ⑦其他/Other	<b>当勾选为本人时,第一被保险人栏资料可不填</b> <b>When the 1st Insured is the Policyholder, the 1st Insured section can be skipped.</b>

项目/Items	第二被保险人信息/The 2nd Insured		第三被保险人信息/The 3rd Insured	
姓名/Name				
姓名拼音/英文名/Pinyin/English name				
性别/Gender	<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female		<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female	
国籍 Nationality/户籍 Place of Residence				
婚姻状况 Marital status	<input type="checkbox"/> 已婚/Married <input type="checkbox"/> 未婚/Single <input type="checkbox"/> 离异/Divorced <input type="checkbox"/> 丧偶/Widowed		<input type="checkbox"/> 已婚/Married <input type="checkbox"/> 未婚/Single <input type="checkbox"/> 离异/Divorced <input type="checkbox"/> 丧偶/Widowed	
出生日期/Date of birth	_____年/Year _____月/Month _____日/Day		_____年/Year _____月/Month _____日/Day	
身高/体重/Height/Weight	_____厘米/cm	_____公斤/kg	_____厘米/cm	_____公斤/kg
证件类型/Type of ID 有效期至/Valid until	<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____		<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____	
证件号码/ID No.				
工作单位/Employer				
职业及代码/Occupation and Code				
手机号码/Mobile number				
家庭电话/Home telephone number	区号/City code _____ 号码 Number _____		区号/City code _____ 号码 Number _____	
办公电话/Office telephone number	区号/City code _____ 号码 Number _____ 分机/Ext. No _____		区号/City code _____ 号码 Number _____ 分机/Ext. No _____	
首选联系方式 Preferred phone contact method	<input type="checkbox"/> 手机/Mobile <input type="checkbox"/> 家庭电话/Home telephone <input type="checkbox"/> 办公电话/Office telephone		<input type="checkbox"/> 手机/Mobile <input type="checkbox"/> 家庭电话/Home telephone <input type="checkbox"/> 办公电话/Office telephone	
电子邮件地址/E-mail address	_____@_____		_____@_____	
家庭地址 Home address	_____省/直辖市/Province _____市/City _____区/县/Borough 邮政编码/Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		_____省/直辖市/Province _____市/City _____区/县/Borough 邮政编码/Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
是投保人的 Relationship to Policyholder	<input type="checkbox"/> 配偶/Spouse <input type="checkbox"/> 父母/Parent <input type="checkbox"/> 子女/Child <input type="checkbox"/> 其他/Other _____		<input type="checkbox"/> 配偶/Spouse <input type="checkbox"/> 父母/Parent <input type="checkbox"/> 子女/Child <input type="checkbox"/> 其他/Other _____	
是第一被保险人的 Relationship to the 1st Insured	<input type="checkbox"/> 配偶/Spouse <input type="checkbox"/> 父母/Parent <input type="checkbox"/> 子女/Child <input type="checkbox"/> 其他/Other _____		<input type="checkbox"/> 配偶/Spouse <input type="checkbox"/> 父母/Parent <input type="checkbox"/> 子女/Child <input type="checkbox"/> 其他/Other _____	

### 身故保险金受益人/Beneficiaries of the Death Benefit

被保险人 Insured	受益人姓名 Name of beneficiary	与被保险人关系 Relationship to theInsured	证件类型 Type of ID/有效期至 Valid Until	证件号码 ID No.	受益顺序 Beneficiaries of rank in order of payment	受益比例 Proportion ofBenefit
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____	_____年/Year _____月/Month		
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____	_____年/Year _____月/Month		
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____	_____年/Year _____月/Month		
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			<input type="checkbox"/> 身份证/Identity card <input type="checkbox"/> 护照/Passport <input type="checkbox"/> 其他/Other _____	_____年/Year _____月/Month		

注: 1、如投保种含有身故责任, 则需填写身故保险金受益人资料栏, 如未填写, 则视作身故保险金受益人指定为法定继承人。

Please complete the Beneficiaries of Death Benefit section if the insurance contains a payment on death of the insured. If you skip this section, the Beneficiary of the Death Benefit will be designated as the heir at law.

2、身故保险金受益人应由被保险人或投保人指定, 投保人指定受益人时须经被保险人同意。被保险人为无民事行为能力人或者限制民事行为能力人的, 可以由其监护人指定受益人。投保人为与其有劳动关系的劳动者投保人身保险, 不得指定被保险人及其近亲属以外的人为受益人。

The Beneficiary of the Death Benefit shall be appointed by the Insured or Policyholder. The Beneficiary appointed by the Policyholder shall be agreed by the Insured. The guardian of the Insured may appoint a Beneficiary if the Insured is without capacity for civil conduct or with limited capacity for civil conduct. Only close family member(s) can be designated as Beneficiary(ies) when the Policyholder is the employer of the Insured.

3、若身故保险金受益人此处不能完全填写, 您可在备注栏中按以上内容说明其他身故保险金受益人信息并指定受益顺序和受益比例, 相同顺序的受益比例之和为 100%; 若未指定分配方式, 则身故保险金由所有指定受益人平均分配。生存保险金受益人以条款约定为准。

If there is insufficient space in the above section for the complete list of Beneficiaries of the Death Benefit, please add information of other Beneficiaries in the Remark section, specifying the ranking of beneficiaries in order of payment and the proportion of the benefit. Percentages of Beneficiaries of the same order should add up to 100%. If no specific percentage is specified for each Beneficiary, the Death Benefit will be divided equally to each designated beneficiary. Beneficiaries of Survival Benefit designation is subject to the terms and conditions of the Policy.

4、为了维护您的权益, 如果您的邮寄地址、电话等个人信息资料发生变化, 请拨打我公司服务热线 95511 转 7 或到客户服务中心及时办理变更。

For your rights and interests, please notify our customer hotline on 4008833663 ext.2 or customer service center if your personal information such as contact address or telephone number is changed.

## B. 投保事项/Administration details

产品 Product	被保险人 Insured	第一被保险人 The 1st Insured			第二被保险人 The 2nd Insured			第三被保险人 The 3rd Insured		
		计划 Plan	份数/基本保险金额 Share/Basic sum insured (RMB)	保费/服务费 Premium/ Service Charge	计划 Plan	份数/基本保险金额 Share/Basic sum insured (RMB)	保费/服务费 Premium/ Service Charge	计划 Plan	份数/基本保险金额 Share/Basic sum insured (RMB)	保费/服务费 Premium/ Service Charge
主险 Main Insurance		计划/Plan			计划/Plan			计划/Plan		
附加险 Rider/ 服务 Service										

缴费合计(人民币)/Payment in total (RMB):

(大写/Chinese characters) 拾 万 仟 佰 拾 元 角 分 (小写/Arabic numerals) 元

交费频次/Payment frequency

趸缴/ Lump sum payment  年缴/ Annual payment  半年缴/ Biannual payment  季缴/ Quarterly payment  月缴/ Monthly payment

一年期主险/一年期附加险自动申请续保/Automatic renewal of one-year main insurance and/or rider  是/Yes  否/No (未勾选, 默认为“是”) Not ticked, defaulted as yes

首期交费方式/Initial premium payment method  银行转账/Direct debit  银行代收/Bank deposit

续期/续保交费方式/Renewal premium payment method  银行转账/ Direct debit  银行代收/Bank deposit

### 转账授权/Authorization of direct debit

账户所有人姓名/Name of Account Holder: \_\_\_\_\_ 账户所有人是/Account Holder is  投保人/Policyholder  被保险人/Insured

开户银行/Bank name: \_\_\_\_\_ 银行/Bank \_\_\_\_\_ 分行/Branch \_\_\_\_\_

账号/Account No. \_\_\_\_\_

1 账户所有人须以本人真实姓名开立结算账户, 并授权平安健康保险股份有限公司(以下简称“本公司”)及其代理银行/开户银行从该结算账户中划扣投保人的保单所需交付的保险费/服务费。账户所有人同意该结算账户中所扣交保险费/服务费优先于其他任何用途的支付。

The payment account has to be under the real name of the Account Holder. The Account Holder authorizes Ping An Health Insurance Company, LTD (hereinafter referred to as “Ping An Health”) and its agent bank to use the designated account for the purpose of all the premium/service charge settlement, which takes precedence over all other payment(s).

2 在首次保险费/服务费采用转账支付的方式下, 因账户内余额不足或其他非本公司原因导致转账不成功, 投保人应重新办理转账或现金支付手续, 未及时支付保险费/服务费将导致当次投保申请失败。当撤销/拒绝/延期投保并需退还预收保险费/服务费时, 所有预收保险费/服务费无息退还账户所有人。

If Direct debit is chosen as the initial premium/service charge payment method, the Account Holder is responsible to try again via direct debit or cash payment if the initial premium/service charge transfer fails due to insufficient Funds in the account or any other reason(s) not on the part of Ping An Health. Delayed premium/service charge payment will result in rejection of the insurance application. All prepaid premium/service charge will be refunded to the Account Holder without interest upon cancellation, rejection or postponement of the insurance application.

3 在续期/续保保险费/服务费采用转账支付的方式下, 账户所有人应在保险费/服务费应交日前将足额保险费/服务费存至该结算账户中。如在应交日前未将保险费/服务费存入账户, 投保人应在保单宽限期内通过其他方式交纳续期/续保保险费/服务费。因账户内余额不足或其他非本公司原因导致转账不成功而引起的责任, 本公司不予承担。

In Direct debit is chosen as the Renewal premium/service charge payment method, the Account Holder shall deposit the full premium/service charge into the authorized account before the date of account settlement. If the premium/service charge is not deposited into the authorized account by the date of account settlement, the policyholder shall pay the premium/service charge by other method(s) within the policy grace period. Ping An Health is not responsible for any transfer failure(s) due to insufficient funds in the account or any other reason(s) not on the part of Ping An Health.

4 本授权书为账户所有人对本公司及其代理银行/开户银行从其所提供的账号中扣款的授权证明, 不作为收取现金的凭据。

This authorization statement only authorizes Ping An Health and its agent bank to obtain transfer payment and not cash payment from the designated Account.

C. 健康、财务及其他告知/Declaration on Health, Finance and Other Conditions

健康告知询问事项 Health Declaration	第一被保险人 The 1st Insured		第二被保险人 The 2nd Insured		第三被保险人 The 3rd Insured	
	是 Yes	否 No	是 Yes	否 No	是 Yes	否 No
01 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。 Do you smoke or were you once a smoker? If yes, please state history (in years) and the number of cigarettes you smoke per day.  您是否戒烟,若“是”,请在说明栏中告知戒烟时间及戒烟原因。 Have you quit smoking? If yes, please state when and reason(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 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。 Do you drink alcohol or have you in the past? If yes, please state history (in years) and the quantity you drink per week. 酒的种类有: ①啤酒 ②葡萄酒 ③黄酒 ④白酒或洋酒等。 Type of alcohol: ①Beer ②Wine ③Yellow wine ④Rice wine or western alcohol 您是否现已停止饮酒,若“是”,请在说明栏中告知时间及原因。 Have you quit drinking? If yes, please state when and reason(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 您是否目前或过去曾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? A 一年内在去医院进行过门诊的检查、服药、手术或其他治疗。 Over the past year have you had any outpatient examination, drug, surgery or other treatment? B 过去三年内曾有医学检查(包括健康体检)结果异常。 Over the past three years, have you had any abnormal result of a medical examination (including a health examination). C 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)。 Have you been admitted to hospital (including a sanatorium, rehabilitation hospital, etc) for an examination or treatment in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 目前患有或过去曾经患过下列症候、疾病或手术史? 若“是”,请在说明栏告知。 Do you suffer from or have you suffered from any symptom(s), illness(es) or condition(s) listed below? If yes, please provide details. A. 脑、神经系统及精神行为方面疾病,例如:反复头痛或眩晕、癫痫、脑血管畸形、脑血管意外、帕金森氏综合症、需要或已经手术治疗的脑部疾病、脊髓疾病、重症肌无力、多发性硬化、神经官能症、抑郁症、神经衰弱、其他精神疾患。 Brain, nervous system, mental and behavioral diseases. For example: recurrent headache or dizziness, epilepsy, cerebral vascular malformations, cerebral vascular accident, Parkinson's disease, brain diseases that need or have received surgical treatment(s), spinal cord disease, myasthenia gravis, multiple sclerosis, neurosis, depression, neurasthenia and other mental disorders. B. 心血管的疾病,例如:心慌、胸痛、胸闷、原因不明的晕厥、心脏杂音、高血压病、冠心病、心律失常、心绞痛、心肌梗塞、先天性心脏病、风湿热、风湿性心脏病、甲亢性心脏病、心肌病、室壁瘤、动脉瘤、心导管等心血管介入治疗、下肢静脉曲张。 Cardiovascular diseases. For example: palpitation, chest pain, chest tightness, unexplained syncope, heart murmur, hypertension, coronary heart disease, arrhythmia, angina pectoris, myocardial infarction, congenital heart disease, rheumatic fever, rheumatic heart disease, hyperthyroid heart disease, cardiomyopathy, ventricular aneurysm, arterial aneurysm, cardiac catheterization and other interventional cardiovascular treatment, varicose veins. C. 呼吸系统疾病,例如:反复咳嗽咳痰、咯血、气喘、呼吸困难、慢性支气管炎、肺气肿、肺心病、呼吸衰竭、哮喘、支气管扩张、尘肺、间质性肺病、肺纤维化、胸腔积液。 Respiratory diseases. For example: recurrent cough expectoration, hemoptysis, wheezing, difficulty breathing, chronic bronchitis, emphysema, pulmonary heart disease, respiratory failure, asthma, bronchiectasis, pneumoconiosis, interstitial lung disease, pulmonary fibrosis, pleural effusion. D. 消化系统疾病,例如:原因不明的短期内消瘦、肝区疼痛、黄疸、便血、食管静脉曲张、胃和/或十二指肠溃疡、胰腺炎、胰腺假性囊肿、肝炎(请注明类型)、乙肝病毒携带、多囊肝、肝血管瘤、肝内胆管炎、肝硬化、胆结石、胆囊息肉、脾肿大、慢性或溃疡性结肠炎、肠息肉、腹部外伤或手术史。 Digestive Diseases. For example: unexplained short-term weight loss, liver pain, jaundice, hematochezia, esophageal varices, gastric ulcer and/or duodenal ulcer, pancreatitis, pancreatic pseudocyst, hepatitis (please specify type), hepatitis B virus carrier, polycystic liver, liver hemangioma, liver cholangitis, cirrhosis, gallstones, gallbladder polyps, splenomegaly, chronic or ulcerative colitis, intestinal polyps, history of abdominal trauma or surgery. E. 泌尿系统疾病,例如:尿糖阳性、血尿、蛋白尿、反复尿路感染、尿路畸形、慢性肾炎、肾病、肾脏功能障碍、尿毒症、肾移植、肾积水、肾囊肿、泌尿系结石、泌尿系外伤或手术。 Urinary system diseases. For example: positive urine sugar, hematuria, albuminuria, recurrent urinary tract infections, urinary tract malformations, chronic nephritis, kidney disease, kidney dysfunction, uremia, kidney transplantation, hydronephrosis, renal cysts, urinary stones, urinary tract trauma or Surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>F. <b>骨骼、肌肉、结缔组织的疾病</b>,例如:关节红肿或酸痛、类风湿性关节炎、强直性脊柱炎、椎间盘增生或突出、椎管狭窄、脊柱裂、股骨头坏死、骨关节炎、皮炎、肌营养不良症、不明原因的肌肉萎缩、干燥综合症、系统性红斑狼疮。</p> <p><b>Bones, muscles, connective tissue diseases.</b> For example: joint swelling or pain, rheumatoid arthritis, ankylosing spondylitis, disc hyperplasia or prominent, spinal canal stenosis, spina bifida, femoral head necrosis, bone arthritis, dermatomyositis, muscular dystrophy, unexplained muscle atrophy, Sjogren Syndrome, systemic lupus erythematosus.</p> <p>G. <b>内分泌、血液系统疾病</b>,例如:糖尿病、痛风、高尿酸血症、甲状腺或甲状旁腺疾病、原因不明的发热、原因不明皮肤和粘膜及齿龈出血、再障、血友病、淋巴瘤、紫癜、脾功能亢进。</p> <p><b>Endocrine, blood system diseases.</b> For example: diabetes, gout, hyperuricemia, thyroid or parathyroid disease, unexplained fever, unexplained skin and mucous membranes, and gingival bleeding, aplastic anemia, hemophilia, lymphoma, purpura, hypersplenism.</p> <p>H. <b>五官科疾病</b>,例如:近期原因不明的声音嘶哑、听力下降、耳鸣、复视、视力明显下降(800度近视以上)、美尼尔病、五官手术史。</p> <p><b>ENT diseases.</b> For example: recent unexplained hoarseness, hearing loss, tinnitus, diplopia, significant decrease of visual acuity (800 Degree of myopia or above), Meniere's disease, history of facial surgery.</p> <p>I. <b>以上未提及的肿瘤和癌症</b>,包括:肉瘤、癌、良性肿瘤、息肉、囊肿、赘生物。</p> <p><b>Tumors and cancer not mentioned above, including sarcoma, cancer, benign tumors, polyps, cysts, neoplasm.</b></p> <p>J. <b>原因不明的发热、消瘦(体重一年内下降超过5公斤)、肥胖等。</b></p> <p><b>Unexplained fever, weight loss (weight loss of more than 5 kg within a year), obesity, etc.</b></p> <p>K. <b>有无职业病、酒精中毒、其他药品中毒。</b></p> <p><b>Occupational diseases, alcoholism, other drug intoxication.</b></p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>06 <b>身体残疾</b>: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。</p> <p><b>Disability:</b> 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 in the Description column mental retardation level; which part(s) of the body is (are) disabled, what is (are) the cause(s), whether the insured suffers from dysfunction, whether or not auxiliary equipment is used.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>07 <b>女性告知项(未满18周岁免告知)</b></p> <p>For female only (This section doesn't apply to those under 18)</p> <p>A. 您目前是否怀孕? 若“是”怀孕_____周?</p> <p>Are you pregnant? If yes, how many weeks have you been pregnant?</p> <p>B. 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。</p> <p>Do you have or have you had any complication(s) during your current or past pregnancy and delivery? For example: albuminuria, hematuria, hypertension, diabetes, etc.</p> <p>C. 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?</p> <p>Have you had irregular vaginal bleeding, breast lumps, galactorrhea, enlargement of axillary lymph nodes, breast hyperplasia or fibroadenoma, any other breast diseases?</p> <p>D. 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?</p> <p>Have you had hysteromyoma, endometriosis, cervical dysplasia, ovarian cysts, teratoma, etc.?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>08 是否曾患或目前患有第1~第7项未列举的症候或疾病?</p> <p>Do you suffer from or have you suffered from any symptom(s) or disease(s) not listed from No. 1 to No. 7?</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>09 <b>两周岁以下(含两周岁)儿童补充告知栏:</b></p> <p>For child (children) at or under age 2</p> <p>A. 请告知出生时体重; 出生时是否为早产, 是否曾有产伤、窒息等异常情况?</p> <p>Please state the birth weight, whether born premature, as well as whether there is birth trauma, asphyxia and other anomalies?</p> <p>B. 是否有畸形、发育迟缓、惊厥、抽搐、脑瘫、智能障碍、先天性和遗传性疾病?</p> <p>Are there are deformities, growth retardation, convulsions, seizures, cerebral palsy, mental retardation, congenital and hereditary diseases?</p>	<input type="checkbox"/> <input type="checkbox"/> _____公斤/Kg	<input type="checkbox"/> <input type="checkbox"/> _____公斤/Kg	<input type="checkbox"/> <input type="checkbox"/> _____公斤/Kg
<p>10 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。</p> <p>Do you have any avocation of automobile/motorcycle racing, horse racing, wrestling class sports, bungee jumping, skiing, rock climbing, scuba diving, adventure and special events and other high-risk activities? If yes, please state the frequency per year and name(s) of the item(s).</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

11 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 or the virus carrying, polycystic liver and kidney, intestinal polyps, other genetic diseases, etc? (If yes, please provide details in the section below.)				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
被保险人 Insured	患病对象与被保险人关系 Relationship between Insured and 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 condition	身故时年龄 Age at the time of death	目前情况 Recent condition
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			____周岁/Years old	<input type="checkbox"/> 健在/Alive <input type="checkbox"/> 身故/Dead		
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			____周岁/Years old	<input type="checkbox"/> 健在/Alive <input type="checkbox"/> 身故/Dead		
<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③			____周岁/Years old	<input type="checkbox"/> 健在/Alive <input type="checkbox"/> 身故/Dead		
<b>财务及其他告知询问事项</b> <b>Declaration of Financial and Other Conditions</b>				第一被保险人 The 1st Insured	第二被保险人 The 2nd Insured	第三被保险人 The 3rd Insured
				是 否 Yes No	是 否 Yes No	是 否 Yes No
12 您是否享有社会医疗保险/公费医疗保障? Do you have any social health insurance/public health insurance?				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13 A 在过去的两年中,您是否在本地区以外的国家或地区(包括外地或境外)连续居住超过三个月? 若“是”,请告知:①居住的国家或地区;②居住时间(几个月)。 In the past two years, have you resided outside you Place of Residence (including overseas) for more than three consecutive months? If yes, please state ①the country or region where you stayed, ②duration of the stay (in months). B 近一年内,您是否计划出国?若“是”,请告知③计划去的国家或地区;④目的地;⑤居住时间(几个月)。 Do you plan to travel abroad within the coming year? If yes, please state where you plan to go ③country or region, ④destination city, ⑤duration of the stay (in months).				<input type="checkbox"/> <input type="checkbox"/> ①____ ②____个月 ③____ ④____ ⑤____个月 Months	<input type="checkbox"/> <input type="checkbox"/> ①____ ②____个月 ③____ ④____ ⑤____个月 Months	<input type="checkbox"/> <input type="checkbox"/> ①____ ②____个月 ③____ ④____ ⑤____个月 Months
14 A 您是否有机动车驾驶执照?若“有”,请告知驾照类型。 Do you have Motor vehicle driver's license? If yes, please state the type of license.				<input type="checkbox"/> <input type="checkbox"/> 类型/Type _____	<input type="checkbox"/> <input type="checkbox"/> 类型/Type _____	<input type="checkbox"/> <input type="checkbox"/> 类型/Type _____
B 您是否曾违章驾车并发生交通事故,若“是”,请在说明栏中告知次数、时间、违章类型。 Have you ever had any traffic accident(s) caused by driving illegally? If yes, please state the frequency, when the accident(s) accured?				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15 您固定的年收入为多少万元? What is your annual income? 来源:①工薪 ②个体 ③私营 ④房屋出租 ⑤证券投资 ⑥银行利息 ⑦其他 Source: ①Salary ②Small private business ③Private business ④Rental ⑤ Investment in securities ⑥Bank interest ⑦Other				____万元 10kRMB 序号____ Serial number	____万元 10kRMB 序号____ Serial number	____万元 10kRMB 序号____ Serial number
16 您目前是否或正在申请除本公司以外的人身保险?若“是”,请在下面说明栏中详述投保险种、保险金额、承保公司和日期。 Are you applying for any life insurance that is not from our insurance company? If yes, please provide details about the type of insurance, sum insured, name of the insurance company and date.				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17 您是否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 ②Dread disease insurance ③Hospitalization insurance ④Accident insurance ⑤Other 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 rated ④Applied for claims or have already been reimbursed				<input type="checkbox"/> <input type="checkbox"/> 序号____ Serial number  序号____ Serial number	<input type="checkbox"/> <input type="checkbox"/> 序号____ Serial number  序号____ Serial number	<input type="checkbox"/> <input type="checkbox"/> 序号____ Serial number  序号____ Serial number
<b>说明栏/Description column</b>						
若上述健康、财务告知及其他告知为“是”时,请注明对象(第几被保险人),并详细说明。 For any questions answered “Yes”, please identify the specific person (i. e. the 1st Insured, the 2nd Insured, the 3rd Insured) to whom the answer applies and provide details.						
序号 Serial number	说明对象 Description Object	说明内容 Description Content				
<b>备注/Remark:</b>						

**投保人、被保险人声明和授权** (请您确认各项内容均填完整后,亲笔签名)

Declaration and authorization of Policyholder and Insured (Please sign your name after completing all sections)

1. 平安健康保险股份有限公司(以下简称“贵公司”)及其代理人已提供本人所投保产品条款,对条款进行了说明,尤其是对**免除保险人责任条款、合同解除条款**进行了明确说明。本人对所投保产品条款及产品说明书已认真阅读并理解。其他任何与本投保书各事项及保险条款不相符的解释、说明或书面承诺均无效。  
Ping An Health Insurance Company, Ltd. ( hereinafter referred to as “Ping An Health” ) and its agents have provided me with the terms and conditions of the insurance Policy. The contents of the insurance Policy have been carefully explained especially **the terms of exclusions and contract termination**. I have carefully read and understood the terms and conditions of the insurance Policy and product specifications. Any explanation, description or written commitment shall not take effect if it contradicts the insurance Policy.
2. 本人在投保书中的健康、财务及其他告知内容均属实,与本投保书有关的问卷、体检报告书及对体检医生的各项陈述均确实无误,如有不实告知,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。  
I confirm that all statements in Health Declaration and Declaration of Financial and Other Conditions are true. All the statements and representations regarding the relevant questionnaire ( s ), health check up report ( s ), and information of health check up physician ( s ) are correct. Ping An Health is entitled to terminate the insurance contract if there is any untruth in the Application. ,in which case Ping An Health will not be responsible for any claims occurring before contract termination. All the representations should be made in writing. Verbal representation is void.
3. 本人已知晓:一年期主险/一年期附加险的保险期间为一年,选择自动申请续保方式下,如贵公司审核后同意续保,收取保险费/服务费后保险合同/附加险合同继续有效;如贵公司审核后不同意续保,不再收取保险费/服务费,保险合同/附加保险合同满期终止;如本人决定终止续保,应于一年期主险/一年期附加险满期日前亲自办理或委托公司服务人员办理终止续保手续。  
I understand and agree: The insurance period is one year for the one-year main insurance and/or rider. Under an automatic renewal of insurance, with the permission of Ping An Health, the main insurance contract/rider contract will only take effect after the premium/service charge is collected. If Ping An Health fails to allow of insurance renewal, the premium/service charge will not be collected and the insurance contract will then terminate. If the insured decides to terminate the insurance, certain procedures shall be completed by the insured or the service personnel commissioned by the insured before the one-year main insurance/rider expires.
4. 本投保书中转账账户所有人,开户银行和账号均真实可靠,特授权贵公司从该账户中划扣本保险合同所需缴纳的各期保险费/服务费。  
All the information about the Account Holder, the Account Holder's bank name and the Account Holder's bank account number is authentic. I authorize Ping An Health to collect the premium /service charge for each period from this account.
5. 本人已知晓:自贵公司收到首期暂收保费/服务费或转账授权、确认投保人/被保险人已完成保险公司规定的投保手续起,至贵公司同意承保并签发保单或不同意承保签发不接受投保通知书之日止,以不超过30天为限,贵公司仅承担投保人申请险种的意外身故保险责任(免责条款约定的免责情形除外),累计给付意外身故保险金最高限额不超过人民币二十万元,如授权账户错误、账户金额不足或账户挂失、冻结、销户,则以上临时保障自始不成立。  
I understand and agree that Ping An Health shall only provide coverage for Accidental Death Insurance ( the total Accidental Death Benefit shall not exceed RMB 200,000 yuan ) from the date when all insurance/service purchase procedures have been completed by the Policyholder or Insured to the date when Ping An Health either approves the underwriting administration and signs the insurance contract or rejects the Application ( maximum 30 days ). The above temporary coverage will not take effect if any of the following events happens: error of account information, insufficient funds in the account, or the account is frozen, cancelled or reported lost.
6. 本人已知晓:本保险合同自贵公司审核投保申请后同意承保,收取首期保费/服务费开始生效,具体生效日以保险单所载日期为准。  
I understand and agree that the insurance contract will take effect from the time when Ping An Health approves the application, collects the premium /service charge of the initial period and signs the insurance Policy. The actual effective date will be the one specified in the insurance Policy.
7. 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、索取与本人有关的资料和证明,贵公司对个人资料承担保密义务。  
I authorize that Ping An Health is entitled to query and obtain any of my document( s ) and certificate( s ) for the purpose of insurance matters from any units, organizations and individuals. Ping An Health has the obligation to keep my personal data confidential.
8. 本人同意提供给平安集团(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)的信息,及本人享受平安集团金融服务产生的信息(包括本单证签署之前提供和产生的),可用于平安集团及因服务必要而委托的第三方为本人提供服务及推荐产品,法律禁止的除外。平安集团及其委托的第三方对上述信息负有保密义务。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。  
I hereby agree that all information provided by me to the Ping An Group ( Ping An Insurance ( Group ) Company of China, Ltd. and its direct or indirect holding companies ), and all information arising from the financial services I receive from the Ping An Group ( including information provided or generated prior to the signing of this Application ) may be used by the Ping An Group and its appointed third party( ies ) ( necessitated by service-related reasons ) for the purpose of providing client services and product recommendations, excluding those prohibited by law. The Ping An Group and its appointed third party( ies ) have the obligation to keep the aforementioned information confidential. This authorization clause shall take effect upon the signing of this Application and carry legal effect on its own regardless of whether or not the Contract is signed or any change( s ) to its legal effect.
9. 如果本投保书的中英文表述不一致,以中文表述为准。  
Should there be any discrepancies between the Chinese and English versions, the Chinese version shall prevail.

投保人签名 Signature of Policyholder	第一被保險人/监护人签名 Signature of the 1st Insured or guardian of the Insured
第二被保險人/监护人签名 Signature of the 2nd Insured or guardian of the Insured	第三被保險人/监护人签名 Signature of the 3rd Insured or guardian of the Insured
投保申请日期 Date of application	
初审人签章和日期 Signature of initial administrator and date	交接人签章和日期 Signature of hand-over person and date

您填写投保书后,本公司客户服务人员近期内可能会以电话或信函方式为您提供相关服务。若给您带来不便,敬请谅解。  
Our customer service people will soon contact you via phone or email to provide relevant services after you complete the Individual Insurance Application Form. We apologize for any possible inconvenience.

### 销售人员填写部分/Space reserved for the Sales Agent

销售渠道/Distribution channel	
业务员姓名/Agent's name	
业务员代码/Agent's code	
业务员部组/Department of agent	
暂收收据号/Reference number of deposit payment	
中介机构名称/Broker's name	
中介机构代码/Broker's code	

### 产品经理填写部分/Space reserved for the Product Manager

产品经理姓名/Product manager's name	
产品经理代码/Product manager's code	