

条形码：10 流水+2 位校验+050

业务员 1 姓名：_____ 业务员 1 代码：_____

业务员 2 姓名：_____ 业务员 2 代码：_____

销售渠道：_____ 中介机构代码：_____



团体人身保险投保单

GROUP INSURANCE APPLICATION CERTIFICATE

A、投保单位资料 (DETAILS OF INSURED COMPANY)

| | | | | | |
|-------------------------|------------------|-----------------------|---------------------|----------------------------|-----------------------|
| 单位名称 Company Name | | | | | |
| 单位地址 Address | | | | | |
| 邮政编码 Postcode | | 单位总人数 Number of | | 行业类别 Nature of business | |
| 机构分布区域 Company | 地市 local | 省/市 Provincial | 区域 Regional | 全国 Nationwide | 跨国 Worldwide 其他 Other |
| 单位性质 Company | 国有 State-owned | 集体 collectively-owned | 私营 Private | 个体 Individual | 股份制 Joint-stock |
| | 三资 Joint-venture | 政府机关 Governmental | 事业单位 Organizational | 社会团体 Social Group | 其他 |
| 保险联系人 Contact Person | | 职务/部门 Job | | 联系电话 Contact Phone | |
| 电子邮箱 E-MAIL | | 手机 Mobile Phone | | 传真 Fax | |

B、保险期限与交费信息 (COMMENCEMENT DATE AND PREMIUM PAYMENT)

| | |
|---------------------------|---|
| 生效日期 Commencement Date | 年 月 日零时起 |
| 付款方式 Payment Method | 现金 Cash 现金支票 Draft 转帐支票 Transfer Check 转帐 Transfer 其它 Other |

C、保费及承担比例 (premium & premium contribution)

| |
|---|
| 单位全额承担/Non-Contributory(employer pays only) |
| 个人按比例分担/Contributory and the employee pays _____% |
| 个人承担/Contributory and the employee pays only |
| 合计保费 premium total : _____ |

D、被保险人投保汇总信息 (CENSUS)

* 所有投保人员的详细信息请在“被保险人清单”或“员工申请表”中填写。

Please complete the details of applicants in the separate “INSURED NAME LIST” or “EMPLOYEE APPLICATION FORM”.

投保员工人数信息 (Number of employee)

| 等级 Sub-group | 投保计划 Insurance program | | | | 承保区域 Geographical area | |
|-----------------|---------------------------|----------------|--------------|--------------|---------------------------|---|
| | 精选型 Select | 舒适型 Premier | 菁英型 Elite | 其他 Others | 环球 Worldwide | 环球 (不包含美国以及加勒比海) Worldwide excluding USA & the Caribbean |
| | | | | | | |
| | | | | | | |
| 合计人数 Total : | | | | | | |

附属被保险人人数信息 (Number of dependant)

| 投保计划 Insurance program | | | | 承保区域 Geographical area | |
|---------------------------|----------------|--------------|--------------|---------------------------|---|
| 精选型 Select | 舒适型 Premier | 菁英型 Elite | 其他 Others | 环球 Worldwide | 环球 (不包含美国以及加勒比海) Worldwide excluding USA & the Caribbean |
| | | | | | |
| 合计人数 Total : | | | | | |

备注：* 各投保计划类型以及承保区域的人数均为合计值。

* 如为定制计划，请在投保计划“其他”中填写。

Note: * The numbers of insured under each insurance program and geographic area are the total.

* In case of a tailor-made scheme, please complete the information in “others” of insurance program.

E、既往理赔情况 (PAST CLAIMS EXPERIENCE)

目前是否已投保健康险? 是 否 若是，请填写下列信息

Is there an existing scheme for medical care? YES NO If yes, please complete details below.

| 保险期间 (近两年) Period of experience | 合计保费 Total premium | 合合理赔金额 Total claims paid | 未决赔款 Outstanding claims reserves | 投保员工人数 Number of employees insured |
|------------------------------------|-----------------------|-----------------------------|-------------------------------------|---------------------------------------|
| | | | | |
| | | | | |

目前的保险方:

Current Insurer:

在此次投保的被保险员工中，是否有个人理赔金额在某年超过或预计将超过 8 万元人民币的情况？

Among all employee covered in this scheme, do any of the years include individual claims which exceed or are expected to exceed RMB80,000?

若是，请另附表格描述详情

是 否 (详细信息应包含：理赔日期、申请人、原因、现有理赔金额、应赔付未赔付以及预计赔款)

YES NO If yes, please provide details on a separate sheet.

Details should include the date of claim, claimant, cause, amount paid and due to be paid and current prognosis

F、注意事项 (NOTES)

以下注意事项需要您特别关注:

The following notes are brought up to your attention.

- * 所有保费、保障利益和保额在报价时以人民币为单位
All premiums, benefits and policy limits will be quoted in RMB ¥.

- * 只有在所有保障计划中员工都是管理层的情况下，条款保费才可以适用。对于直接从事危险性、体力劳动的员工只有在提供进一步信息后方可考虑承保。
Premiums are quoted on the assumption that all employees to be covered are administrative staff only. If any employees are directly involved in hazardous or manual work, further information will be required.

- * 我们所假定 19 岁以上子女是指接受全日制教育，在经济上依赖他们的父母。若情况不是这样，请提供更详细的信息。
It is assumed that all children over 19 years of age are in full time education and are financially dependent on their parent(s). If this is not the case, further information will be required.

- * 中文内容具有法律效力，英文翻译仅供参考。
The English wordings used in this form is for reference only. Should there be any discrepancies in language. Please refer to Chinese wordings.

在近 12 个月的时间里，任何投保保险的员工或其附属被保险人是否发生过身体健康方面的问题？

Are you aware of any employees or dependents to be insured who have experienced any health problems in the last 12 months?

是
YES

否
NO

若是,请另附页说明详细情况.

If YES, please attach details.

声明事项 : (DECLARATION)

本公司声明所作陈述均真实可信。

We declare that the statements made are correct to the best of our knowledge and belief.

本公司已完全了解并明白，有关保险条款以及相关情况，是本公司与太平人寿之间合同有效的基础，保障责任只有在太平人寿确认保费已经到帐，并且向本公司提供书面确认后方可生效。

We understand that the information provided, together with the Policy Terms and Conditions forms the basis of the contract between the Employer and TAIPING LIFE. Coverage under the policy is only effective when written confirmation is provided by TAIPING LIFE and the premium has been settled in full.

投保单位盖章:

Stamp : _____

经办人签名

Name & Signature: _____

日期:

Date: _____

职务/职位:

Title/Position: _____

保单签署地:

Place of signing: _____