HEALTHIER, LONGER, BETTER LIVES

GPA Choice Plus



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Product overview



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GPA Choice Plus「顧」員意外保增強版

產品優點

- 僱員與公司同受惠
- 以低成本僱員福利招攬/挽留人才及為僱主、僱員帶來保障
- 意外賠償風險轉移至保險公司
- 保障亦可惠及僱員家屬
- 保障全面，由意外醫療費用、傷殘以至意外死亡保障
- 保費低至每人每日HK$1.10* (視乎所參加計劃及人數而定)
- 20名或以上全職僱員參加可享9折保費優惠
- 3名全職僱員起即可投保
- 可選擇家屬保障 (身故恩恤賠償除外)
- 職業等級一至四均享劃一保費
- 保費不會因索償情況按年增加



以3名僱員計算年費可低至$1,314仲有30%首年佣金

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[AIA – INTERNAL]

＊ 該每人每日之保費以計劃1B（20名僱員或以上）為例。保費乃根據所選的計劃及參加計劃的僱員人數計算。

GPA Choice Plus「顧」員意外保增強版

「顧」員意外保增強版利益一覽表

	保額（港元）		
計劃	**計劃1A / B**	**計劃2A / B**	**計劃3A / B**
職業等級*	1至4	1至4	1及2
I. 個人意外保障			
意外死亡及傷殘賠償[1,2] 若受保成員於意外發生後180日內因受傷而死亡，或導致意外死亡及傷殘賠償保障一覽表內之任何一項創傷，我們將根據一覽表內所列的保額之百分比作出賠償（視乎情況而定）。 倘若該創傷並非屬於意外死亡及傷殘賠償保障一覽表內任何一項，我們將因應情況決定賠償（如有）的百分比。	300,000	600,000	1,200,000
永久完全傷殘賠償[1,3] 若受保成員於意外發生後180日內因受傷而導致永久完全傷殘，而狀況持續最少12個月，我們將於狀況持續期間作出高達保額100%的賠償，有關的賠償方式如下： • 於第13個月底開始，每月底支付相等於保額的1%，最長可達100個月 • 若受保成員身故，賠償將立即終止			
II. 雙倍賠償保障（額外）			
若意外在下列情況發生，引致受保成員確診任何一項受保創傷，我們將作出以上保障之雙倍賠償： • 當他們以付款乘客身份乘坐公共交通工具 • 當他們以行人身份於交通意外中受傷及/或受機動或動力車輛撞擊 • 於香港因自然災害造成之水浸或山泥傾瀉	300,000	600,000	1,200,000
III. 意外醫療開支賠償	**最高限額（港元）**		
若受保成員在意外當日起計52個星期內，須由註冊醫生或跌打醫師診治、住院或僱用註冊護士，我們將支付由該意外產生的所需合理及慣常費用。 包括： • 跌打（骨折治療） • 跌打（其他治療）	每意外10,000 每意外1,000 每意外500	每意外30,000 每意外1,000 每意外500	每意外50,000 每意外1,000 每意外500
IV. 環球緊急支援服務			
a. 緊急醫療運送	100%		
b. 運返遺體	100%		
c. 環球住院按金保障	高達60,000（每一旅程）		
d. 安排一名直屬家屬探望 （如受保成員需連續住院超過7日） - 來回經濟客位機票 - 住宿費	已包括 高達12,000（每一旅程）		

「顧」員意外保增強版利益一覽表（續）

	保額（港元）		
計劃	**計劃1A / B**	**計劃2A / B**	**計劃3A / B**
職業等級*	1至4	1至4	1及2
IV. 環球緊急支援服務（續）	**最高限額（港元）**		
e. 送返兒童回原居地（未滿18歲之兒童） （如受保成員需住院，而與受保成員同行的子女未滿 18 歲且無人照顧） - 單程經濟客位機票 - 安排專人陪同返回原居地（如需要）	已包括 已包括		
f. 海外住院期間醫療監察及出院後的醫療護送	已包括		
g. 出院後酒店療癒	每天高達2,000（最多5天）（每一旅程）		
V. 身故恩恤賠償			
若受保僱員於保單生效期間不幸身故，我們將賠償此身故恩恤賠償（只適用於受保僱員）。	1,000	1,000	1,000

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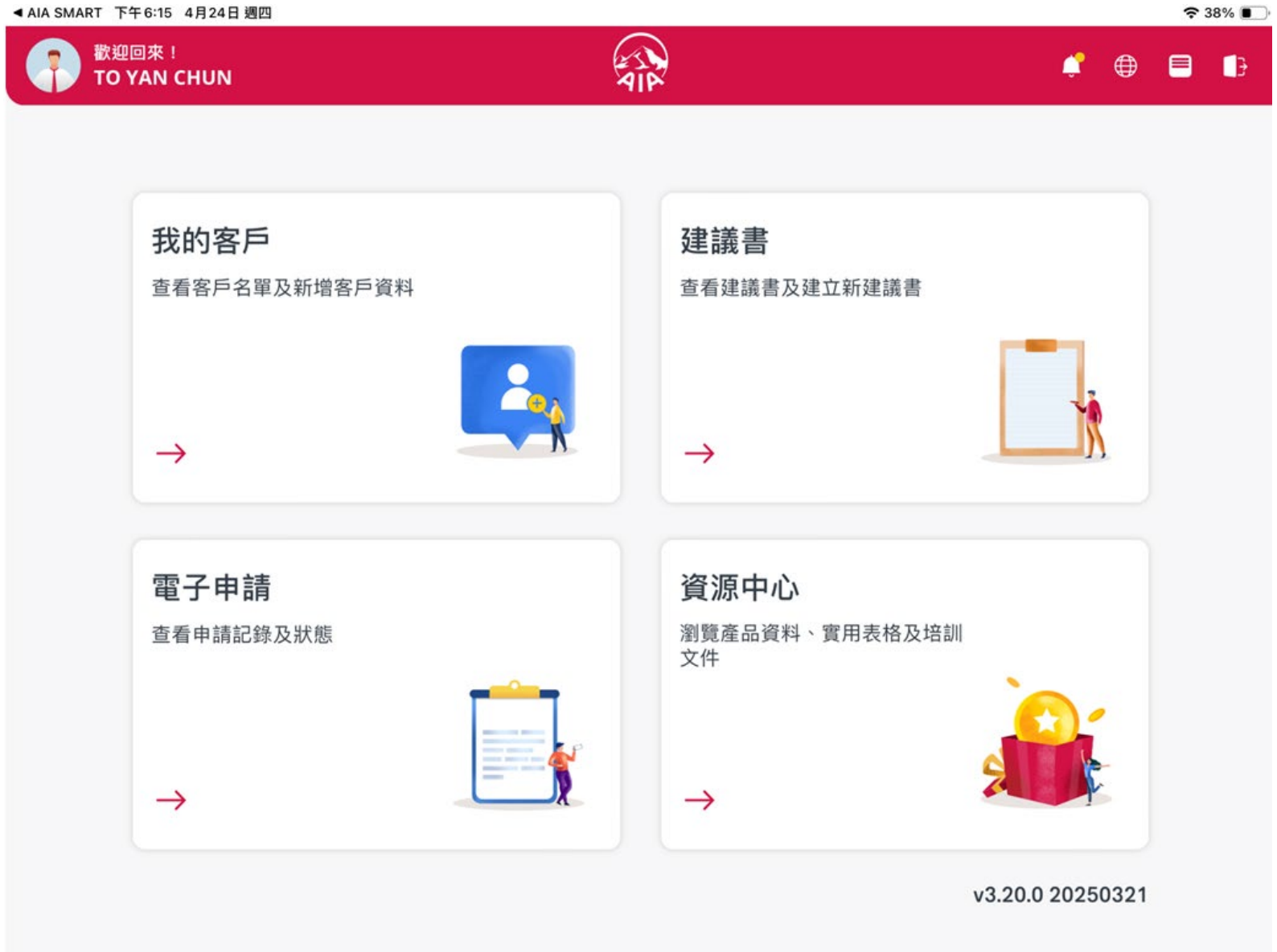
[AIA – INTERNAL]

CS iPoS Application



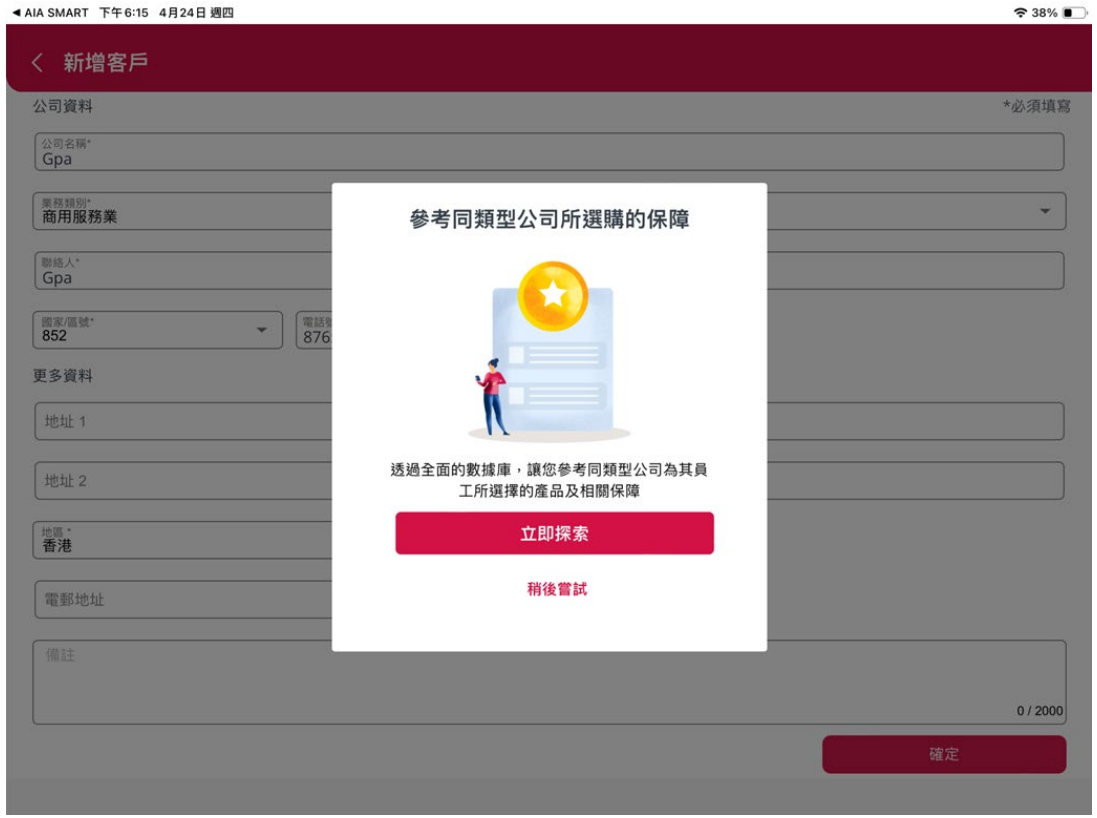
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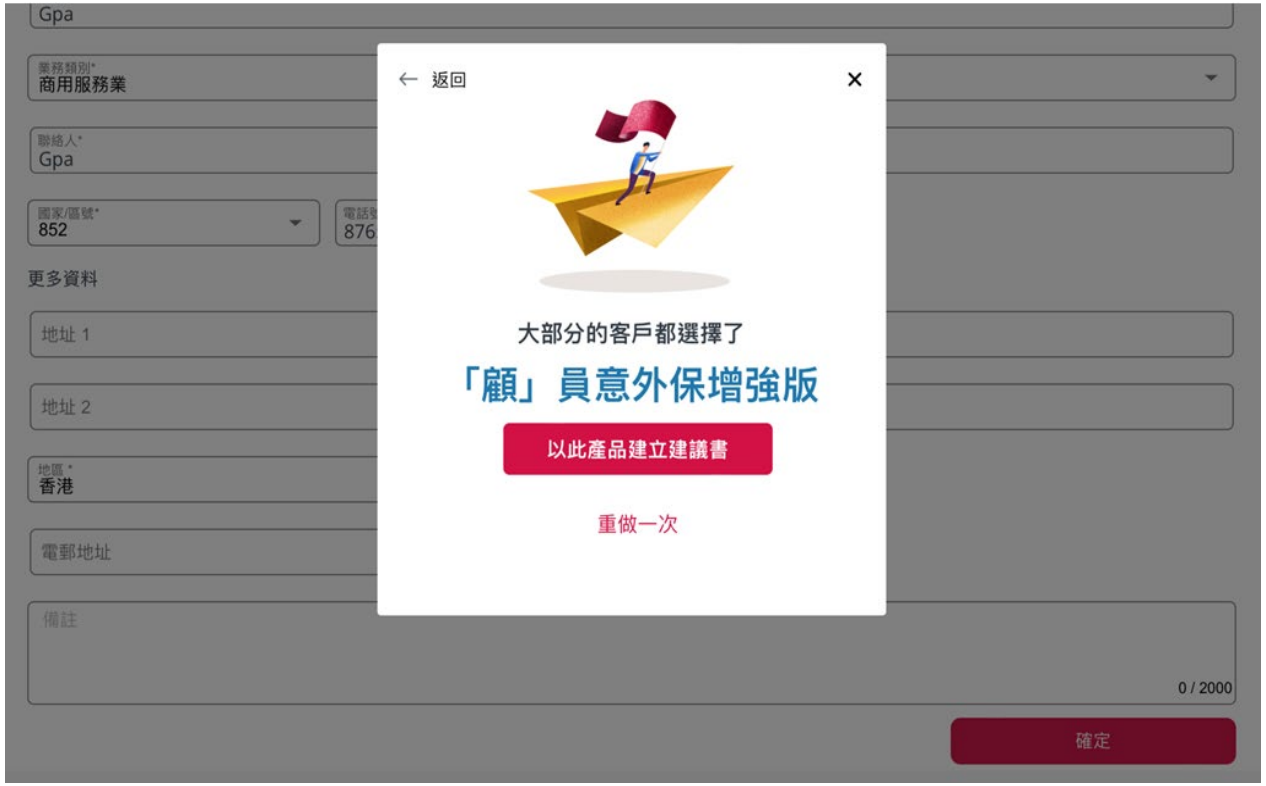
First page > 我的客戶



[AIA – INTERNAL]

輸入客戶資料後 > 探索意外保障 > 建立建議書





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[AIA – INTERNAL]

建立建議書 > 選擇員工組別及該組別保障內容



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[AIA – INTERNAL]

出現保費及保障摘要 > 生成建議書



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[AIA – INTERNAL]

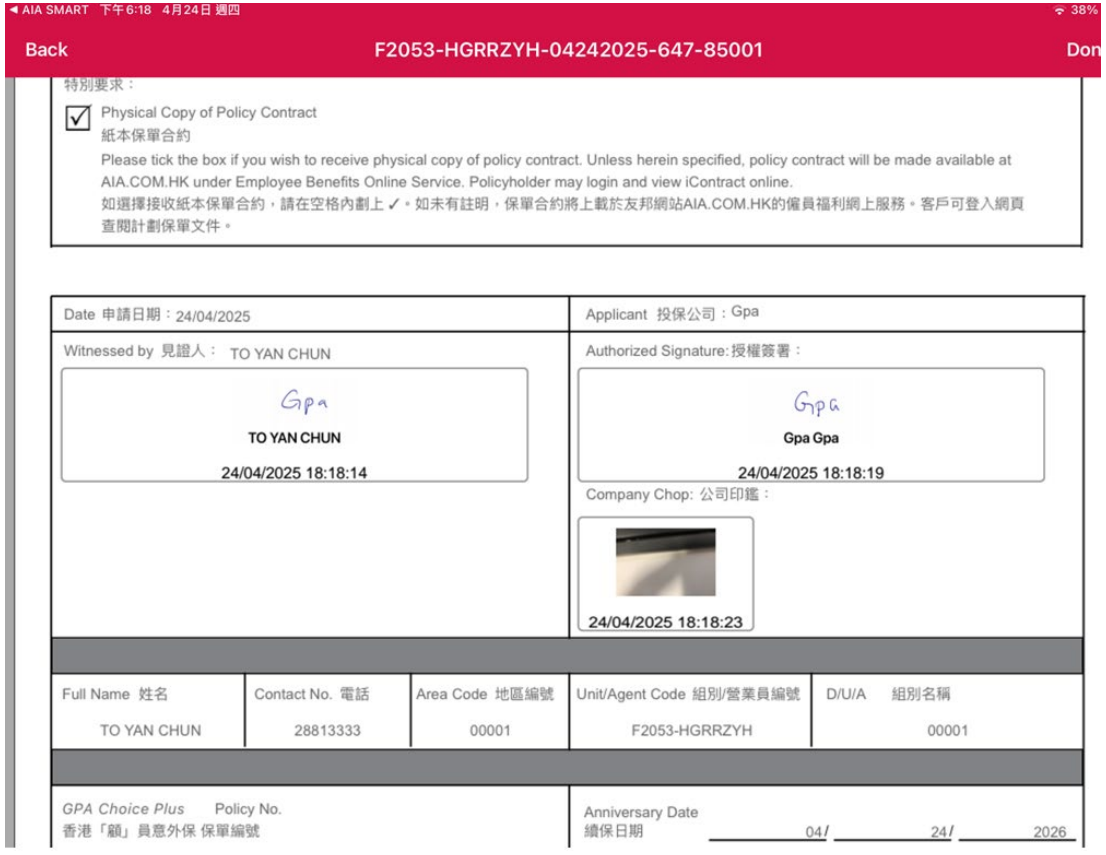
建議書 > 傳送資料至申請表



[AIA – INTERNAL]

在申請表 1)輸入資料:如員工試用期 2) 拍照附加文件如 AML 1/ 2, 員工資料表 3) 簽名及公司印

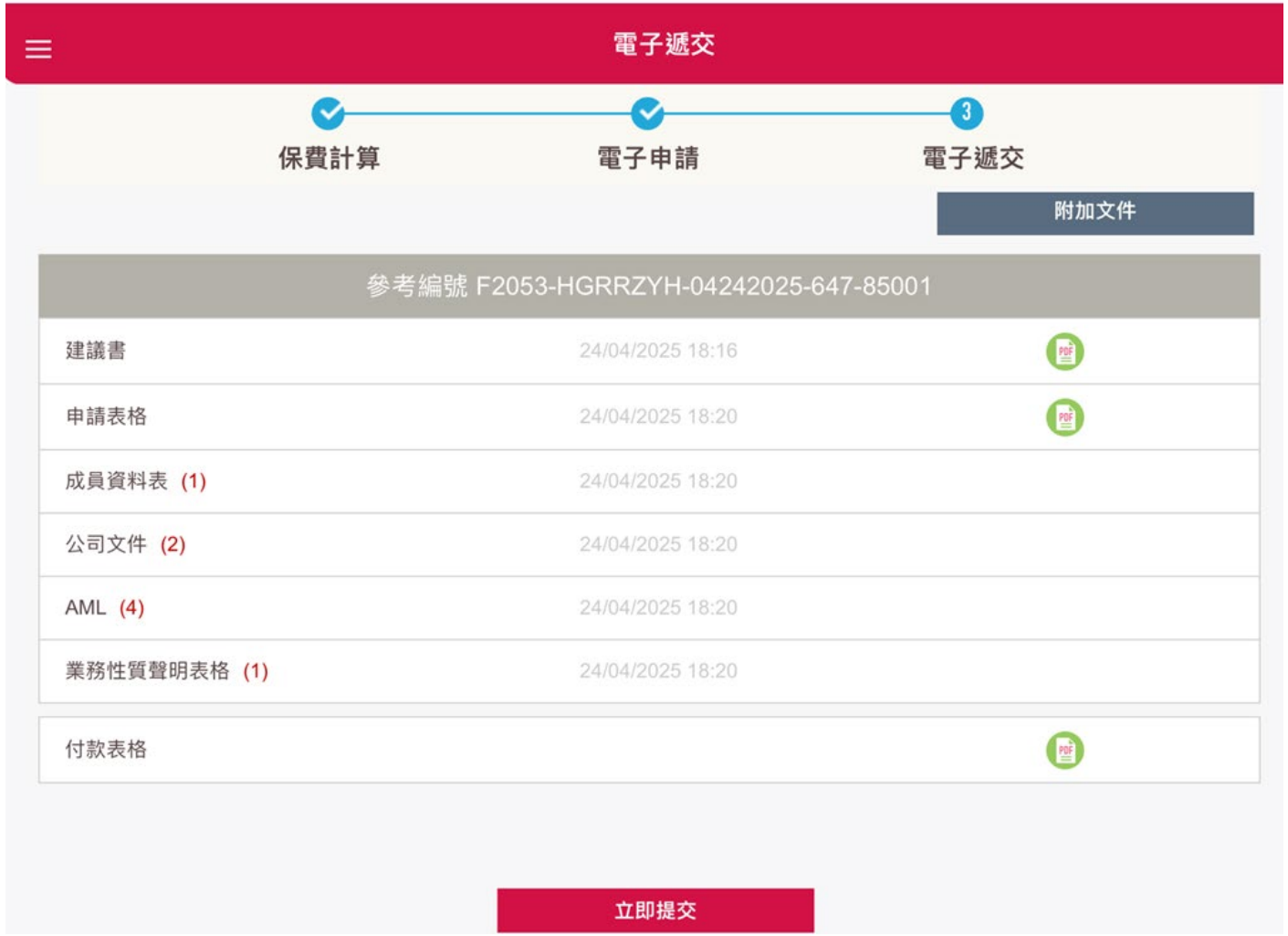




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[AIA – INTERNAL]

提交文件



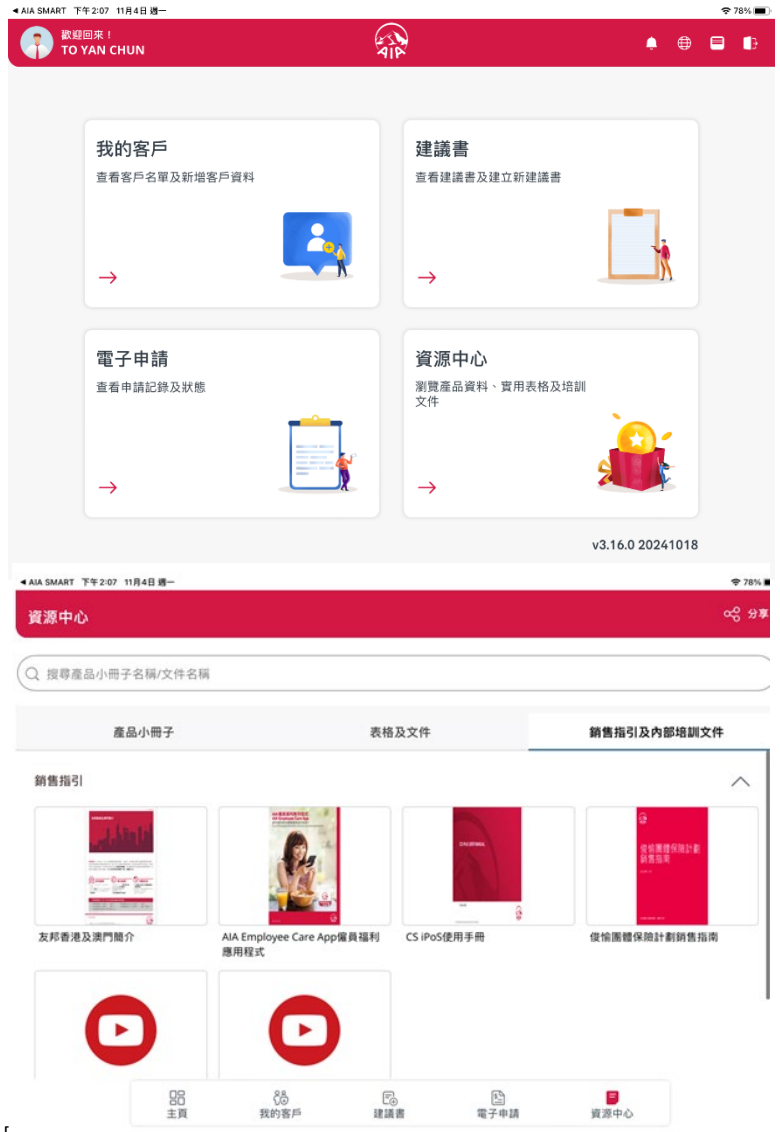
申請進度聯絡
hk.nb.packagesetup@aia.com;

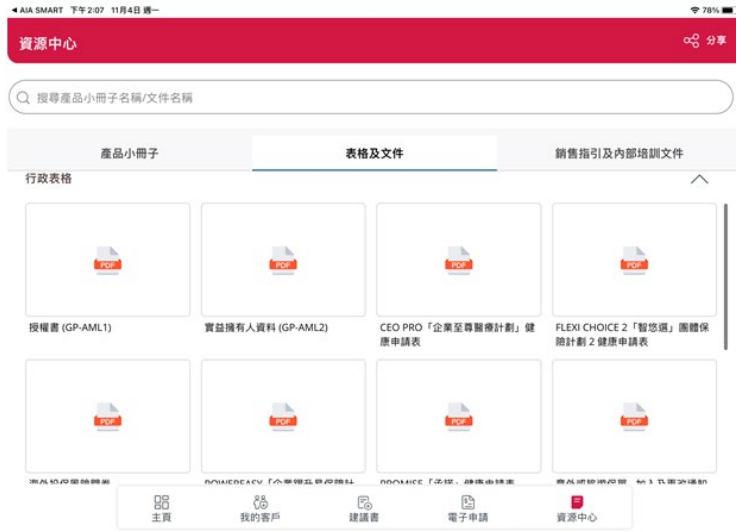
已成立保單日常跟進聯
hk.eb.packaged@aia.com

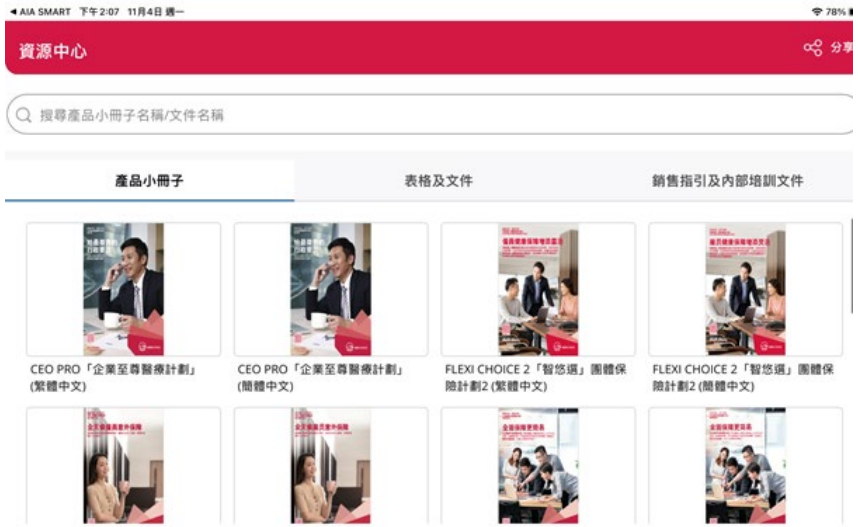
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[AIA – INTERNAL]

CS iPoS 首頁 > 資源中心 > 銷售指引,表格及文件,產品小冊子







Paper Application



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申請表及成員資料表

AIA International Limited (Incorporated in Bermuda with limited liability)

Application Form for *GPA Choice Plus*

Application is hereby made for ***GPA Choice Plus***:

Applicant: Company Name

Registered Office Address: Business Address

Business Address (if different from registered office address):

Telephone No.: Contact Person:

Business Nature: Please complete a business nature declaration form E-mail Address:

Effective Date#: mm dd yyyy

Eligibility: For employees upon completion of months probation

Class	Plan Option		Optional Dependant Cover*
	Corporate group with 3 to 19 insured employees	Corporate group with 20 or more insured employees	
Class (1) Job Title	Plan ☐ 1A ☐ 2A ☐ 3A	Plan ☐ 1B ☐ 2B ☐ 3B	☐
Class (2)	Plan ☐ 1A ☐ 2A ☐ 3A	Plan ☐ 1B ☐ 2B ☐ 3B	☐
Class (3)	Plan ☐ 1A ☐ 2A ☐ 3A	Plan ☐ 1B ☐ 2B ☐ 3B	☐

The policy effective date can be on any day of the month. Cover for employees and dependants (if dependant cover is applicable) will be subject to occupational underwriting approval.

* Dependant cover, once opted for, must be selected for dependants of all employees at the same class.

We confirm and agree to receive direct promotional or marketing materials in relation to the following products, services, advice and subjects: insurance; annuities; Mandatory Provident Fund/Occupational Retirement Schemes Ordinance schemes; wealth management; investment; banking; financial services; credit cards; medical/health treatment; educational; recruitment; training; reward/loyalty/privilege programmes; charitable/non-profitable causes; recreational activities.

☐ Please tick this box if you do not agree to receive direct promotional or marketing materials in relation to the above products, services, advice and subjects.

The Applicant hereby declares and agrees:

1. To enrol all eligible employees and their dependants, if applicable.
2. The statements in the employee/dependant enrolment form, the information received by AIA as to the employee's subsequent changes in class shall form a part of this application, and shall be the basis for underwriting thereof.
3. All individuals, for whom application for insurance is submitted, or may be submitted during the continuance of the policy, shall be full-time permanent and active salaried employees working for the applicant.
4. If there is any untruth in furnishing the application or any other statement in connection with the insurance on the employees and dependants, AIA has the right to reject all claims for the amount issued.
5. I/We (the applicant) confirm that I/we have read and understood the AIA Personal Information Collection Statement ("AIA PICS") and have obtained all necessary authorisation (if so required) from my/our employees to process the current insurance application and coverage on their behalf. I/ We declare and agree that any personal data and other information relating to me/us or my/our employees (and also their dependants, if any) or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilised in accordance with the AIA PICS. I/We acknowledge and consent to the transfer of my/our personal data (and that of my/our employees and their dependants) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PICS.

I/We also understand that personal data of my/our employees (and also their dependants, if any) collected by AIA will not be used for direct marketing purposes unless my/our employees' consent (and that of their dependants, if any) has been obtained. The updated version of AIA PICS is available for download from its website: www.aia.com.hk, and is made available upon request.

6. To indemnify AIA for any damages, losses, liabilities, claims or costs incurred by AIA arising from or in connection with any misconduct, dishonest or fraudulent act or omission of the Applicant's eligible employees and their dependant(s) (if any).
7. To enjoy further insurance coverage in addition to the coverage provided under *GPA Choice Plus*, an insured member of the applicant may, during his or her employment with the applicant, enrol into any AIA's voluntary group insurance policies subject to paying the appropriate premium, and observing AIA's requirements, if any. The applicant, by signing this application form, has duly endorsed any such enrolment by an insured member.
8. This application form should only be issued in conjunction with the brochure (including product description and premium rates brochures and/or leaflets) and the policy contract (this application form, the brochure and the policy contract being collectively referred to as the policy materials). I/We, the applicant, have read and understood the policy materials before signing on this application form and agree to be bound by the policy materials.

Checklist for Application Documents:

Please prepare and mail the following items to **AIA Corporate Solutions, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong**.

- ❑ Photocopy of Business Registration Certificate
- ❑ Documents required by "The Guideline on Anti-Money Laundering and Counter-Terrorist Financing"
- ❑ Photocopy of pension contribution record showing names of eligible employees (if the company has 3 to 7 full-time employees)
- ❑ Application form and employee / dependant data form duly completed by the applicant (the employer)
- ❑ Business Nature Declaration Form
- ❑ Cheque for the first year's premium and levy, payable to "AIA International Limited"

GPA Choice Plus Employee / Dependant Data Form

Please enrol employees, who are residing in Hong Kong, and their dependants (if applicable).

Name of Employee/Dependant (same as HKID/Passport)	Rel.*	Sex	HKID/ Passport No.	Marital Status^	Date of Birth			Date of Employment#			Plan No.	Major Duties	Bank Code	Branch Code	Employee's Bank Account No.	E-mail Address	Annual Premium for Employee/ Dependant
					MM	DD	YY	MM	DD	YY							
1. Employee																	
2. Dependant																	
3. Dependant																	
4. Employee																	
5. Dependant																	
6. Dependant																	
7. Employee																	
8. Dependant																	
9. Dependant																	
10. Employee																	
11. Dependant																	
12. Dependant																	
13. Employee																	
14. Dependant																	
15. Dependant																	
16. Employee																	
17. Dependant																	
18. Dependant																	

*S–Spouse, C–Child ^S–Single, M–Married, D–Divorced, W–Widowed # for employee use only

Grand Total of Premium (HK$):
Grand Total of Levy (HK$):
Grand Total (HK$):

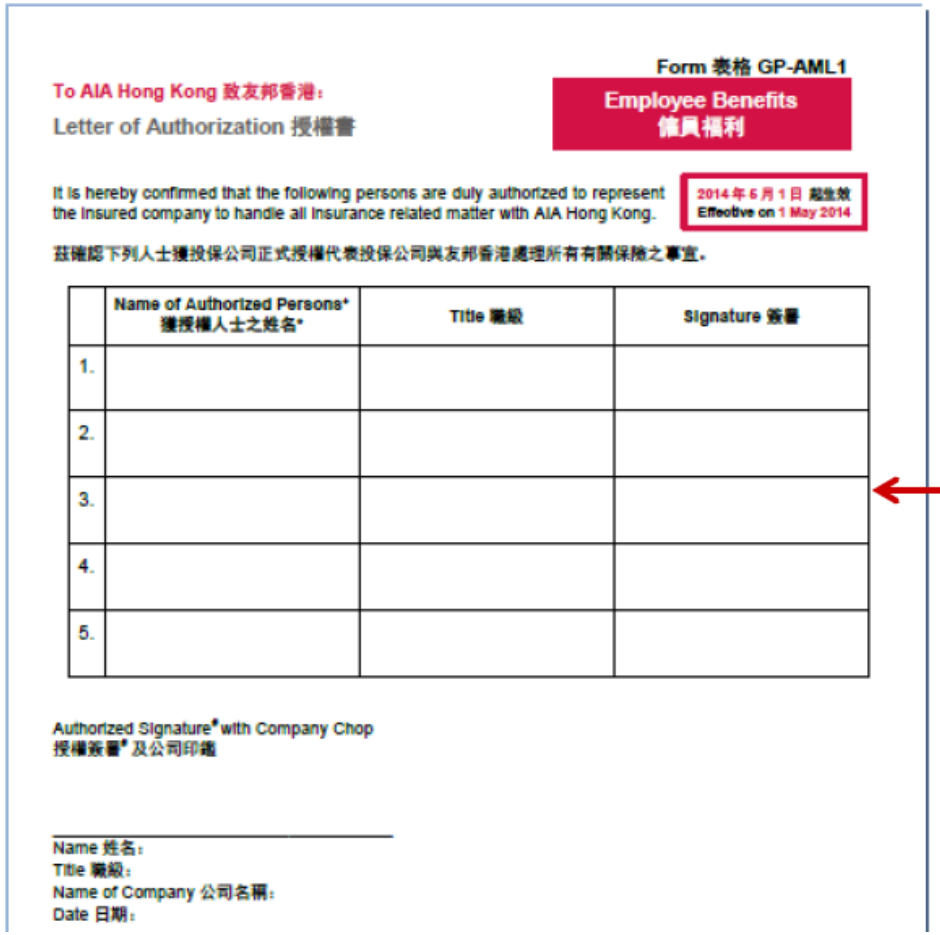
Please make copies of this form if necessary.

GPGPAF04.0624

[AIA – INTERNAL]

AML1

授權書 (GP-AML1)



Form 表格 GP-AML1

To AIA Hong Kong 致友邦香港:

Letter of Authorization 授權書

Employee Benefits
僱員福利

It is hereby confirmed that the following persons are duly authorized to represent the insured company to handle all insurance related matter with AIA Hong Kong.

2014年5月1日 起生效
Effective on 1 May 2014

茲確認下列人士獲投保公司正式授權代表投保公司與友邦香港處理所有有關保險之事宜。

	Name of Authorized Persons* 獲授權人士之姓名*	Title 職級	Signature 簽署
1.			
2.			
3.			
4.			
5.			

Authorized Signature* with Company Chop
授權簽署* 及公司印鑑

Name 姓名:
Title 職級:
Name of Company 公司名稱:
Date 日期:

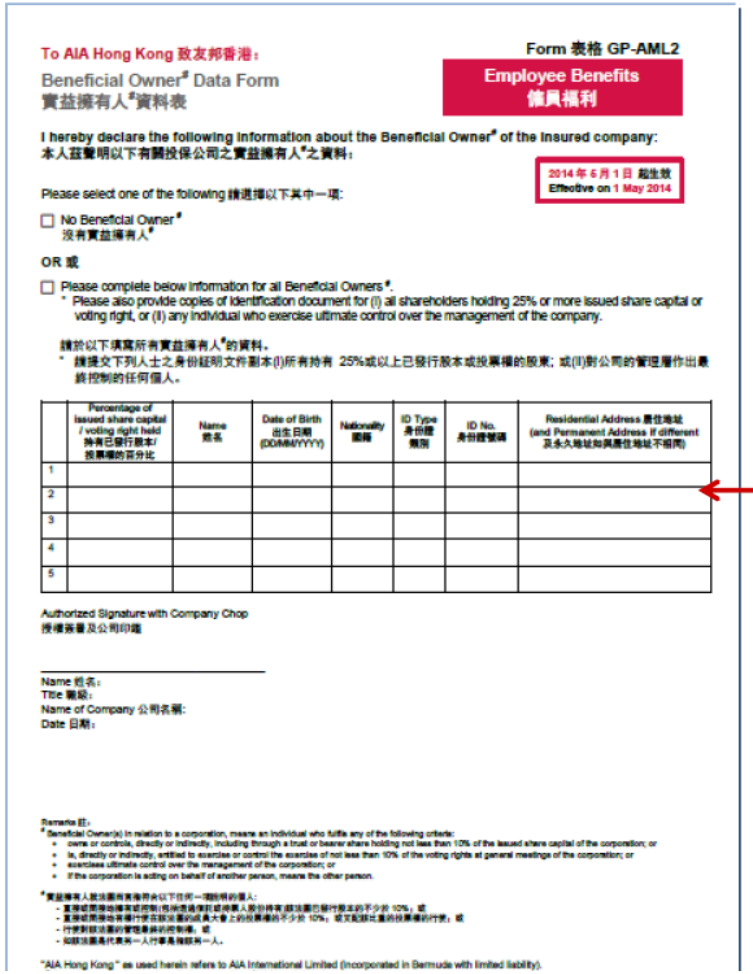
- 授權簽署者必須為公司管理層，而其職級必須為負責人力資源之經理或以上，如人力資源經理、總經理或董事。
- 上述人士須提交身份證文件副本

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[AIA – INTERNAL]

AML2

實益擁有人資料表 (GP-AML2)



To AIA Hong Kong 致友邦香港：

Beneficial Owner# Data Form
實益擁有人#資料表

Form 表格 GP-AML2

Employee Benefits
僱員福利

I hereby declare the following information about the Beneficial Owner# of the Insured company:
本人茲聲明以下有關投保公司之實益擁有人#之資料：

2014 年 5 月 1 日 起生效
Effective on 1 May 2014

Please select one of the following 請選擇以下其中一項:

☐ No Beneficial Owner#
沒有實益擁有人#

OR 或

☐ Please complete below information for all Beneficial Owners#.
* Please also provide copies of identification document for (I) all shareholders holding 25% or more issued share capital or voting right, or (II) any individual who exercise ultimate control over the management of the company.

請於以下填寫所有實益擁有人#的資料。
* 請提交下列人士之身份証明文件副本(I)所有持有 25%或以上已發行股本或投票權的股東；或(II)對公司的管理層作出最終控制的任何個人。

	Percentage of issued share capital / voting right held 持有已發行股本/投票權的百分比	Name 姓名	Date of Birth 出生日期 (DD/MM/YYYY)	Nationality 國籍	ID Type 身份證類別	ID No. 身份證號碼	Residential Address 居住地址 (and Permanent Address if different 及永久地址如與居住地址不相同)
1							
2							
3							
4							
5							

Authorized Signature with Company Chop
授權簽署及公司印鑑

Name 姓名:
Title 職銜:
Name of Company 公司名稱:
Date 日期:

Remarks 註:
Beneficial Owner(s) in relation to a corporation, means an individual who fulfils any of the following criteria:
- owns or controls, directly or indirectly, including through a trust or bearer share holding not less than 10% of the issued share capital of the corporation; or
- is, directly or indirectly, entitled to exercise or control the exercise of not less than 10% of the voting rights at general meetings of the corporation; or
- exercises ultimate control over the management of the corporation; or
- if the corporation is acting on behalf of another person, means the other person.

#實益擁有人就法團而言指符合以下任何一項標準的個人：
- 直接或間接地擁有或控制(包括透過信託或持有人股份持有)超過該團已發行股本的不少於 10%；或
- 直接或間接地有權行使百分之十或以上的投票權的不少於 10%；或支配該比重的投票權的行使；或
- 行使對該法團的管理最終的控制權；或
- 如該法團是代表另一人行事則指另一人。

"AIA Hong Kong" as used herein refers to AIA International Limited (incorporated in Bermuda with limited liability).

- 適用於所有香港註冊非上市有限公司 (B1)、海外註冊非上市有限公司 (B2)、慈善機構 (C3)、學校 (C5)及合夥聯營商號 (C7)
- 如任何股東身份為法團，則需提交以公司名義的組織架構圖。
- 組織架構圖需顯示：
  1. 公司名稱
  2. 擁有權百份比
  3. 公司註冊地
- AIA會香港註冊之非上市有限公司 (B1) 取得公司查冊報告 (AR1)，如資料與所提交的組織架構圖不符，AIA有機會要求提交相關之額外文件，以作查證。

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[AIA – INTERNAL]

Organization chart

實益擁有人資料表 (GP-AML2)

例子1：
需於**實益擁有人資料表 (GP-AML2)**
填寫以下人士的資料：

	Percentage of issued share capital/ voting right held 持有已發行股本/投票權的百分比	Name 姓名
1	50%	Chan Tai Man
2	22.5% (45% x 50%)	Cheung Hin
3	22.5% (45% x 50%)	Cheung Fong Fong
4	5%	Yu Siu Man

- 因(i)持有**25%或以上**已發行股本或投票權的股東，需提交**身份証明文件副本**。
- **不需**提交**身份証明文件副本**。
- 但如(ii)**對公司的管理層作出最終控制**的任何個人，則亦需提交**身份証明文件副本**。

- 如持有或控制**少於10%**已發行股本或投票權， 則**不需**於AML2 內填寫資料。

例子1：
以公司名義的組織架構圖：



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[AIA – INTERNAL]