GAN Assurances Hong Kong Branch
Member of Groupama Group, incorporated in France
26/F, Asia Orient Tower, Town Place, 33 Lockhart Road, Wanchai, Hong Kong
Tel: (852) 2530 0288 Fax: (852) 2877 4281
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HOUSEHOLD EMPLOYEE INSURANCE APPLICATION FORM

Applicant's Information & Plan Insured (Please tick appropriate box)

Name of Employer		
Correspondence Address		
Contact Phone No. (Office / Home)		Occupation
Period of Insurance Required	From (dd/mm/yy) For ☐ One Year ☐ Two Years	
Plan Insured	☐ Plan A - Sections 1,2 & 3 only ☐ Plan B - All Sections	
Bank Name and Account No. for Claim settlement (Account Holder must be the Employer)	Bank Name Branch Code Account No.	

Insured Helper's Information

Name of Insured Person (Helper)		
Sex		Date of Birth
Nationality		Passport / HK I.D. No.
Address of Place of Employment		

****Require Optional Cover for Cancer and Heart Disease Medical Expenses (CHDME)** Yes ☐ No ☐

General Information (Please tick appropriate box)

1. Have you ever had any domestic helper insurance refused? Yes ☐ No ☐
2. Are you aware of any condition for which your Insured Helper may require medical or surgical treatment? Yes ☐ No ☐

   If "Yes", please give details here.

IMPORTANT NOTES

Any other facts known to you which are likely to affect acceptance of assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance intermediary. We recommend you keep a record (including copy of this application) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. I understand that this application will not become effective until this proposal has been accepted by the Company.

DECLARATION

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and GAN Assurances ("the Company"). I understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to the Company's Data Protection Officer.

Date _____ Signature of Applicant _____

Authorised Agent / Broker

Please fill in this application form and mail it or fax it to us