



投保人名称:

投保单号码/保险单号码:

Name of Policyholder:

Insurance Application/Policy Number:

被保险人 The 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: <input type="text" value="□□□□□□□□□□□□□□□□□□□□"/> ID type: <input type="checkbox"/> ID card <input type="checkbox"/> Military service card <input type="checkbox"/> Passport <input type="checkbox"/> Others ID number: <input type="text" value="□□□□□□□□□□□□□□□□□□□□"/> 职位: _____ 加入团体时间: _____ 职业: _____ 工作内容: _____ Position: _____ Date of admission: _____ Occupation: _____ Work contents: _____ 身高: _____厘米 体重: _____公斤 平时就诊医院: _____ Height: _____cm Weight: _____kg Your frequently visited hospital: _____
	<p>下列项目旨在了解被保险人过去和现在的健康和医疗状况。请确保您已将任何已知或疑似的疾病和症状告知我们，无论是否已就该疾病和症状向专业人士寻求意见。请被保险人基于最大认知进行告知，若出现非恶意不如实告知的情况，保险人保留追溯核保的权利。</p> <p>请注意，如实告知的疾病或症状并不默认被包含在保障范围内。一般情况下，保单的条款和责任免除项目将仍适用于已如实告知的疾病或症状。故意或者因重大过失未履行前款规定的如实告知义务，足以影响我司决定是否同意承保或者提高保险费率的，我司有权参照保险法 16 条的相关规定解除合同，并做出相应的理赔结论。</p> <p>The following items are provided to learn about the health and medical conditions of the insured in the past and at present. Be sure to inform us of any known or suspected diseases or symptoms, whether you have come to professionals for advice or not. The insured is requested to declare to the best of his/her knowledge. In case of non-malicious and unfaithful declaration, the insurer reserves the right to make retrospective underwriting.</p> <p>Please be aware that the diseases or symptoms faithfully declared are not included in the scope of insurance coverage by default. In general, the terms and waiver items of the policy still apply to the faithfully declared diseases or symptoms. Failure to perform the faithful declaration obligations specified in the preceding paragraph intentionally or due to gross negligence is highly likely to affect our decision on whether to agree to underwrite or increase the insurance rate. We are entitled to terminate the contract according to Article 16 of the Insurance Law and make corresponding claims settlement conclusion.</p> <p>下列项目如果“是”请在相应口中打“√”；如果“否”请在相应口中打“×”： For the following items, if your answer is yes, please tick “Yes” in the corresponding <input type="checkbox"/>; otherwise, tick “No” in the corresponding <input type="checkbox"/>:</p>
被保险人健康告知 Health declaration of the insured	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？ Has your application for insurance to us or other insurers ever been declined, postponed or underwritten with additional terms? <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 hospitalized or during a sick leave? <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. 近 4 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？ In the past four years, have you been hospitalized for 5 consecutive days or above or asked for sick leaves for 15 days or longer accumulatively? <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>4. 现在或过去是否有患任何健康问题，包括但不限于： 肿瘤（包括癌症、肉瘤、淋巴瘤、白血病、良性肿瘤和性质未定的肿瘤）、原位癌、癌前病变、息肉、囊肿、结节、肿物等；癫痫、神经失调、脑血管疾病等神经系统疾病；心脏病、高血压、冠心病、心力衰竭、心律失常等心血管系统疾病；哮喘、肺结核、慢性支气管炎等呼吸系统疾病；食管、胃、肝、胆、肠、胰腺等消化系统疾病包括但不限于消化性溃疡、乙肝、肝硬化、上消化道出血等；肾缺如、多囊肾、肾炎、肾病综合征、肾功能不全、肾功能衰竭、尿毒症等泌尿系统疾病；淋病、梅毒、艾滋病等性传播疾病；贫血、凝血功能障碍等血液及造血系统疾病；甲状腺疾病、糖尿病、高脂血症、痛风等内分泌系统及代谢疾病；风湿、类风湿、系统性红斑狼疮等免疫系统疾病；骨折、截肢、器官切除或移植、青光眼、白内障、听力减退、精神心理疾病等其他疾病？</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Have you ever suffered from or are you now suffering from any diseases, including but not limited to: Tumors (including cancer, sarcoma, lymphoma, leukemia, benign tumors and tumors with undetermined character), carcinoma in situ, precancerous lesions, polyps, cysts, nodules, goitre, etc.; nervous system diseases such as epilepsy, neurological disorders, cerebrovascular disease; cardiovascular system diseases such as heart disease, hypertension, coronary disease, cardiac failure, arrhythmia; respiratory diseases such as asthma, tuberculosis, chronic bronchitis; digestive system diseases such as esophagus, stomach, liver, gall, intestine, pancreas, including but not limited to peptic ulcer, hepatitis B, cirrhosis, upper gastrointestinal hemorrhage, etc.; urinary system diseases such as renal agenesis, polycystic kidney, nephritis, nephrotic syndrome, renal insufficiency, renal failure, uremia; sexually transmitted diseases such as gonorrhoea, syphilis, AIDS; blood and hemopoietic system diseases such as anemia, coagulation disorders; endocrine system and metabolic diseases such as thyroid disease, diabetes, hyperlipidemia, gout; immune system diseases such as rheumatism, rheumatoid, systemic lupus erythematosus; fracture, amputation, organ removal or transplantation, glaucoma, cataract, hearing loss, mental illness and other diseases?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. 现在或过去是否有接受过体内植入性假体和医疗设备，包括但不限于分路、血管支架、起搏器、更换人工关节等？</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Have you received any in-vivo implantable prostheses and medical devices, including but not limited to shunts, vascular stents, pacemakers, replaced joint prosthesis, etc.?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. 最近 2 年内是否有任何不适症状和体征？包括但不限于：持续发热、疼痛、眩晕、胸痛、咳嗽、咯血、腹痛、便血、紫斑、无明确原因的体重改变超过 5 公斤？</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Have you ever had any discomfort symptoms and signs in the past 2 years including but not limited to: persistent fever, pain, megrim, chest pain, cough, hemoptysis, stomachache, hemochezia, purpura, weight changes of more than 5 kg without a clear cause?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. 近 2 年内是否在血液检查、影像学检查、病理检查及其他辅助检查时发现异常（包括但不限于静脉或动脉采血检查、心电图、脑电图、X-光、CT、核磁共振、正离子扫描（PET）、超声等各种医学检查）；</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Have you noticed any abnormalities during blood examinations, imaging examinations, pathological examinations, and other auxiliary examinations (including but not limited to various medical examinations such as venous or arterial blood sampling examinations, electrocardiogram, electroencephalogram, X-ray, CT, nuclear magnetic resonance, PET, ultrasound, etc.)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. 是否罹患慢性或长期病症或牙科疾病、或者存在其他残疾、畸形或周期性疾病或伤病；</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Have you suffered from chronic or long-term illness or dental disease, or other disability, deformity or periodic disease or injury?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. 是否目前存在已知原因正在或将要向医生或其他健康专家进行咨询或诊治；</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Are you consulting or seeking medical attention from doctors or other health experts due to known causes or are you planning to do so?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. 是否目前正在接受慢性病药物治疗或长期服用（注射）药物进行治疗或填写本告知时正在服用（注射）药物进行治疗；</p>	<input type="checkbox"/> 是 <input type="checkbox"/> 否
<p>Are you currently receiving chronic diseases medication or have you been taking (injecting) medicines for treatment for a long term or are you currently taking (injecting) medicines for treatment when you fill out this declaration?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>11. 妇女栏: (被保险人为女性时, 请说明) Female only: (please specify if the insured is female)</p> <ul style="list-style-type: none"> ● 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 ever had any reproductive system diseases on your uterus, breast, and ovaries in the past 5 years? <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>Yes <input type="checkbox"/>No ● 目前是否怀孕? 如是请说明预产期。 预产期: _____ Are you pregnant? If yes, please specify the due date. Due date: _____ <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>Yes <input type="checkbox"/>No 	
	<p>12. 少儿栏(被保险人为0-15周岁的儿童时, 请监护人说明) Child only (guardians are required to specify when the insured is 0-15 years old)</p> <ul style="list-style-type: none"> ● 过去是否患过先天性、遗传性疾病或畸形? Have you ever had a congenital, hereditary disease or deformity in the past? <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>Yes <input type="checkbox"/>No ● 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? Have you ever suffered from pneumonia, convulsions, diarrhea, polio, ADHD, poliomyelitis, measles, epidemic cerebrospinal meningitis, diphtheria, tetanus, pertussis, etc.? <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。如果空间不够, 请另附纸张说明。
If any answer to the above questions is “yes”, please specify in the “health condition details” and provide relevant medical history. If the space is insufficient, please attach a separate piece of paper to specify.

Health condition details 健康状况详述	序号 No.	患病起始时间 Date of onset	最近诊治时间 Latest date of consulting	接受的检查和 治疗 Examination and treatment received	诊断结果 Diagnosis results	目前状况(痊愈、缓解等) Current status (cured, relieved, etc.)

	<p>1. 是否吸烟? 如是请详述: 吸烟____支/日, 烟龄____年; Do you smoke? If yes, please specify: smoke__cigarette(s)/ day, smoke for__years; <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. 是否在生活中有饮酒习惯? 如是请详述: 饮酒____毫升/周, 酒龄____年, 饮酒种类____; Do you drink alcohol? If yes, please specify: drink__ml/ week, drink for__years, type of drinking____; <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>(注: 在生活中没有饮酒习惯, 但偶尔在各类社交场合饮酒的请勾选否) (Note: Select No if you don't have a drinking habit but occasionally drink in various social occasions)</p>	
被保险 人其他 情况告知 Other situation of the insured	<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 ever been or are you being insured under any life insurance coverage? If yes, please specify the type of insurance and sum insured_____;</p> <p>4. 是否使用过或正在使用任何违禁药物或毒品? Have you ever taken or are you now taking any forbidden medicines or drugs?</p> <p>5. 是否从事危险运动或竞技的嗜好? Are you regularly engaged in hazardous sports or events? <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>Yes <input type="checkbox"/>No</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 often travel to dangerous areas or countries? (Such as areas subject to natural disasters, epidemics, wars, ethnic conflicts, etc. currently or frequently)</p> <p>7. 是否有驾车肇事记录? Do you have a car accident record? 上述告知若回答“是”, 请详述: If yes, please specify: _____</p>	

被保险人声明与授权

Declaration and Authorization by the Insured

- 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能生效；
I hereby declare that all the answers to the above questions and the related information are provided by me in person upon perusal. I have been aware that the written form shall prevail and the health declaration can only take effect upon my personal signature;
- 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；
I declare that the information I have given is completed and true to the best of my knowledge and that I have not made any concealment or omission about my present and past health status and lifestyle and habits concerning the above questions;
- 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 am aware that the answers and the related materials are crucial for Generali China Life Insurance Co., Ltd. (hereinafter referred to as the “Company”) to assess risks and underwrite the policy;
- 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 herewith authorize any doctors, hospitals, clinics, insurance companies, the police office, or any private or public organizations to provide any relevant information, reports or documents concerning me to the Company at any time when the Company requires;
- 本人同意贵公司有关本人的资料用于保险、再保险、数据处理及统计事宜。
I consent that the Company has the right to apply my personal information for the purpose of insurance, reinsurance, data processing or 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: _____ (Signature of the guardian when the insured is under 18 years old)

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 personnel	初审 Reviewed by	核保 Underwritten by