

团体医疗保险保全作业申请书
Group Medical Insurance Change Application Form



PA052

保全受理号: _____



000000000000000

投保单位名称/ Policyholder's Name:
保单号码/Policy NO.:
保单生效日期/ Policy effective date:
组织机构代码/Organization Code:
单位法定代表人/负责人姓名/Name of Legal Representative:
证件类型/Certificate Type:
证件号码/Certificate NO.:
证件有效期/Expiry Date of Certificate:

(退费类项目、投保单位委托代办项目请务必填写组织机构代码、单位法定代表人/负责人姓名及其证件类型、证件号码、证件有效期。)

公司提示/ Important Information :
1、请使用钢笔或签字笔在申请项目的“□”及“○”内打“√”，并填写相关内容，未作变更内容不必填写。
For items you apply, please mark "√" in "□" and "○" and provide the information requested with your pen or gel-ink pen. For other irrelevant items, please leave it blank.
2、为维护您的权益，请勿在未经填写的空白申请书上加盖公章或签名。
For your benefit, please do not sign or stamp in blank forms.

请将变更内容填入下表/ Please fill the changed content in the table below

□投保单位资料变更 Change Policyholder Information	投保单位名称 Company Name			
	联系地址 Company Address			
	单位负责人信息 Name of Manager	法定代表人信息 Name of Legal Representative		
	单位类型 Nature of Company	行业类别 Industry Type		
	单位联系人 Contact Person	联系电话 Telephone		
	员工总人数 Number of Employees	组织机构代码 Organization Code		
	营业执照号码 Business License ID	税务登记证号码 Taxation Registration ID		
□增加被保险人 Add Insured Persons	自申请日起增加被保险人，共____人，被保险人明细详见所附清单。 Add _____ persons, effective from the applying date. The details of the insured are in the appendix. 声明：我单位已知悉加入须经贵公司审核同意并缴纳保费后方可生效。 Declaration: The policyholder acknowledges that the change can only be effective under conditions that the application has been approved by the insurer and the premium has been received by the insurance company.			
□减少被保险人 Remove Insured Persons	自申请日起减少被保险人，共____人，被保险人明细详见所附清单。 Remove _____ persons, effective from the applying date. The details of the insured are in the appendix. 声明：我单位已知悉减人须经贵公司审核同意，减人后参保人数应符合贵公司的规定。 Declaration: The policyholder acknowledges that the change can only be effective under condition that the application has been approved by the insurance company.			
□投保人解除合同 Policy-holder Terminates the Contract	自申请之日起解除本合同的效力。退保原因：_____ The policyholder applies to terminate the contract, effective from the applying date. Termination reason:_____ 声明：我单位声明，本合同项下所有被保险人已知悉退保事宜。 Declaration: The policyholder certifies that all the insured acknowledge the termination.			
□补发保单 Reissue Policy	由于_____原因申请补发。今后办理该合同项下之保险事宜皆以最新保单为凭，原有保单作废。 The policyholder applies to reissue the policy for reasons that _____ For all matters relevant with the insurance coverage, the new policy shall prevail. The original policy is void immediately.			
□补发保险凭证 Reissue Certificate of Insurance	由于_____原因申请补发。今后办理该合同项下之保险事宜皆以最新保险凭证为凭，原有保险凭证作废。 We apply to reissue the certificate of insurance for reasons that _____ For all matters relevant with the insurance coverage, the new certificate shall apply. The original certificate of insurance is void immediately.			

<input type="checkbox"/> TPA直付卡补发 Reissue TPA Direct Billing Card	由于_____原因申请补发。今后办理该合同项下之保险事宜皆以最新TPA直付卡为凭，原有TPA直付卡作废。 We apply to reissue the TPA direct billing card for reasons that_____ For all matters relevant with the insurance coverage, the new card shall apply. The original direct billing card is void immediately.													
<input type="checkbox"/> 被保险人资料变更★ Change Insured's Personal Information	详细变更内容见所附清单 Please refer to the appendix for details.													
<input type="checkbox"/> 身故受益人变更★ Change Beneficiary	详细变更内容见所附清单。 Please refer to the appendix for details.													
<input type="checkbox"/> 其他变更 Other changes	内容描述： Description：													
<p>授权委托书：</p> <p>新华人寿保险股份有限公司_____分公司：</p> <p>委托人_____全权委托受托人_____（受托人证件类型：_____，受委托人证件号码：_____）在_____年____月____日至_____年____月____日间代表委托人办理本申请书载明之保全事宜。并郑重声明凡由本授权委托书引发的法律纠纷与贵公司无关。</p> <p>Letter of Authorization：</p> <p>To: _____ Branch, New China Life Insurance Company Ltd</p> <p>We the policyholder, hereby authorize _____ with ID type _____ and number _____ to act on our behalf in all manners relating to group insurance change application. The insurance company is not responsible or liable for any possible legal dispute between the two parties of the authorization.</p> <p>This authorization is valid from _____ (Y/M/D) to _____ (Y/M/D).</p> <p>委托人签名(盖章)/Signature(Stamp) of policyholder: _____ 受托人签名/Signature of authorized person: _____</p> <p>联系电话/Telephone: _____ 联系电话/Telephone: _____</p> <p>委托日期/ Date of authorize: _____ 受托日期/ Date of entrusted: _____</p>														
<p>投保人声明：</p> <p>我单位向贵公司提出以上变更申请，本申请书经贵公司批注同意后，作为原保险合同的组成部分，变更结果以贵公司出具的批注为准。本申请书附件共_____张。</p> <p>对于可能出现收退费的保全项目，选择收付费方式为： <input type="radio"/>转账支票 <input type="radio"/>银行汇款（对公）</p> <p>Policyholder Declaration:</p> <p>The policyholder certifies the application of changes. We acknowledge that the change application is an integral part of the insurance contract once the application is approved by the insurance company. The decision on the application is shown in the remarks of insurance company.</p> <p>The application form has _____ pages of appendix.</p> <p>For possible refund, we choose to receive it through: <input type="radio"/>Check <input type="radio"/>Bank transfer (to company only)</p> <p>转账银行/ Transfer bank: _____ 银行帐号/ Bank account: _____</p> <p>投保单位盖章/Policyholder Stamp: _____ 申请时间/ Application date: _____</p>														
<p>被保险人/受益人声明：（适用于★标注项目，参照保全业务规则执行）</p> <p>本人向贵公司提出以上变更申请，本申请书经贵公司批注同意后，作为原保险合同的组成部分，变更结果以贵公司出具的批注为准。</p> <p>Policyholder/Insured Declaration:(only applies for items marked ★, The execution of changes follows the insurance company's guidelines)</p> <p>We the undersigned insured/beneficiaries certify the application of changes. We acknowledge that the change application is an integral part of the insurance contract once the application is approved by the insurance company. The decision on the application is shown in the remarks of insurance company.</p> <p>申请人签字/ Applicant Signature: _____ 联系电话/Telephone: _____</p> <p>申请时间/ Application Date: _____</p>														
以下为保险公司人员填写/ The following section is to be completed by the insurance company														
<p>业务员声明(适用于解约、减保类项目)：</p> <p>Agent Declaration(Only applies for Termination or Coverage reduction items):</p> <p>收取本次保全申请资料时已审核客户营业执照、组织机构代码、税务登记证、法人和负责人身份证件，以上资料真实有效。</p> <p>We Certify that the company's business license, organization code, taxation registration ID, legal representatives' ID information is checked. The inputs are complete and true.</p> <p>经办业务员签名/ Agent Signature: _____ 分（中支）公司法人业务分管总签名: _____</p> <p>业务号/ Business number: _____ Signature of Manager, in charge of corporate business in branches: _____</p> <p>签署日期/ Date of Signature: _____ 签署日期/ Date of Signature: _____</p>														
<table><tr><td>保全受理人姓名: _____</td><td>受理意见: _____</td><td>受理时间: _____</td></tr><tr><td>Acceptance Signature:</td><td>Opinion:</td><td>Application handle date:</td></tr><tr><td>保全复核人姓名: _____</td><td>复核意见: _____</td><td>复核时间: _____</td></tr><tr><td>Name of reviewer:</td><td>Review opinions:</td><td>Review date:</td></tr></table>			保全受理人姓名: _____	受理意见: _____	受理时间: _____	Acceptance Signature:	Opinion:	Application handle date:	保全复核人姓名: _____	复核意见: _____	复核时间: _____	Name of reviewer:	Review opinions:	Review date:
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<table><tr><td>经办业务员签名: _____</td><td>业务号: _____</td><td>联系电话: _____</td></tr><tr><td>Agent Signature:</td><td>Business number:</td><td>Telephone:</td></tr></table> <div>第2页 共2页</div>			经办业务员签名: _____	业务号: _____	联系电话: _____	Agent Signature:	Business number:	Telephone:						
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Agent Signature:	Business number:	Telephone:												