

步驟一

用戶登入

名稱

密碼

(密碼需符合英文大小寫設定)

用戶登入名稱:-

只須輸入保單號碼及你的香港身分證號碼**(首 7 個位)包括英文字母(括弧內之數字除外)

- 例如: 保單號碼: GM09998

香港身分證號碼: A123456(7)

其登入名稱為 GM09998A123456

- 無須輸入密碼

- 然後按

**如你的僱主並非以香港身分證號碼為核對成員身份的編號，請輸入護照號碼或員工編號（如適用）。

步驟二 請依序輸入你的個人資料

啟動戶口

戶口編號: GM09998A123456

成員或醫療咭上成員編號:

出生日期(mm/dd/yyyy):

身份證號碼:

按 設定閣下之私人密碼

香港身份證: 請輸入首 7 個位包括英文字母 / 其他證件: 請輸入首 10 個位包括英文字母

步驟三

密碼更新

戶口: GM09998A123456

自選密碼:

請輸入自選之私人密碼

確認自選密碼:

再輸入一次密碼以確認

再按

閣下於成功啟動戶口後，可查詢有關成員資料，包括(如適用): 醫療保障詳情、索償記錄及狀況、門診求診剩餘次數、搜索所需網絡醫生資料及查閱我的文件。

最新消息

查詢

查詢成員資料

更改密碼

僱員福利部

一般資料

下載表格

我的文件

聯絡我們

僱員簡介

姓名:

出生日期:

關係:

保險証編號:

家屬編號:

僱主應付索償差額之金額:

成員姓名	出生日期
------	------

Step 1

User ID for Login:-

- Key in the Policy No. and the first 7 digits of your HKID No.** (including the leading alphabet but excluding the check digit)
- For example : Policy No.: GM09998
HKID No.: A123456(7)
The User ID will be GM09998A123456
- Password is **not** required at this stage
- Click **Login** for the Account Activation page

** If your employer does not use your HKID No. as your membership identification number, please enter your Passport No. or Staff No. whichever is applicable.

Step 2

Follow instructions to enter information

Step 3

HKID: Please input the first 7 digits including alphabet / Other passports: Please input the first 10 digits including alphabet.

After your account has been activated, you may check your account information, including (if applicable) Benefit Schedule, Claims History, Remaining Clinical Visit Balance, Doctor Search and e-Documents:

緊急醫療援助服務

當閣下參與萬通保險國際有限公司〔下稱「本公司」〕所承保之醫療保險計劃，閣下將享有由國際救援(亞洲)公司“國際救援”所提供之緊急醫療援助服務，受保成員在其原居地以外各地旅遊或公幹，可享受以下完善的服務：

- 醫療護送及遣返服務
- 醫療援助
- 旅遊援助

索償手續

甲、門診 / 牙科之索償程序

- 填妥團體門診 / 牙科之索償表格。
- 連同有關之醫生收據正本。醫生收據內必須載有病者姓名、診症日期、診斷病狀、費用、醫生簽署及蓋章。
- 如索取有關開藥處方、X-光及化驗、專科診治、物理治療及脊椎治療之賠償，請附上註冊西醫之轉介信。
- 如欲索取中醫治療的賠償，請提交由中醫師發出的正式收據及藥方的正本。
- 請將以上文件一併交回本公司。

乙、使用醫療咭往特約醫生求診程序

- 由於醫生名單偶有更改，請於就診前先致電診所預約，以確定該診所接受有關醫療咭。
- 求診時請出示醫療咭及身份證明文件並請於醫務所提供之“索償賬單”上簽署。
- 應診後請保留“索償賬單”之副本以供日後查閱。
- 任何經網絡醫生確定的特別昂貴、額外或長期藥物，將不獲賠償。

丙、住院及手術費之索償程序

- 填妥團體住院及手術之索償表格〔甲部：由索償者填寫，乙部：由主診醫生填寫〕
- 各項有關之單據及收據正本連同填妥之索償表格一併交回本公司。

附註：所有索償表格必須詳盡填報，否則索償申請將會被拒。所有索償申請必須於接受治療後九十天內申報。於索償文件遞交日起計三個月後，本公司概不退回有關索償文件。

一般不受保障事項

凡因下列情況而引起之費用，將不獲賠償：-

1. 因非理性所引起之受傷或蓄意傷害自己身體。
2. 精神病及神經錯亂。
3. 參與非法活動；先天性畸形或異常。
4. 視力矯正，配戴眼鏡或屈光鏡。
5. 預防性的疫苗注射。
6. 毒癮、酗酒或其所引起之疾病。
7. 整形、美容手術或治療。
8. 牙科或口腔治療、手術或齒齦炎；因意外受傷而必須要進行之牙科手術除外。
9. 例行體格或健康檢查；物理治療除非因病而由註冊西醫轉介。
10. 懷孕、分娩、小產、墮胎、控制生育、節育手術或有關之併發症。
11. 有關後天免疫力缺乏症或任何因而引起的疾病或性傳染病的治療。
12. 凡在受保生效日期前九十天內曾接受治療之疾病或受傷將不在受保範圍內。

查詢熱線

熱線號碼: (852) 2533 5511 (星期一至五: 上午九時至下午五時三十分，星期六、日及公眾假期: 休息)

注意：如遇遺失醫療咭而需補發，補發醫療咭的費用為港幣 50 元。

本單張簡載萬通保險國際有限公司承保貴公司的團體醫療保險計劃之主要條款。有關任何條款之闡釋或應用，請參閱醫療保單。

中文譯本之文義如與英文版有異，概以英文版作準。

EMERGENCY ASSISTANCE SERVICE

The emergency assistance benefits are issued by Inter Partner Assistance Hong Kong Limited (IPA) in consideration of your participation in the Medical Scheme of YF Life Insurance International Ltd. (hereunder called "the Company") The following services will be provided when Insured Members traveling outside his/her Country of Residence:

- Evacuation and Repatriation Services
- Medical Assistance
- Travel Assistance

HOW TO FILE A CLAIM

A. Out-Patient / Dental Claims Procedure

- Complete Group Outpatient / Dental Claim Form.
- Attach the original copy of doctor's receipt in which showing the name of patient, date of consultation, diagnosis, amount charged and doctor's signature with stamp.
- Attach Registered Medical Practitioner's referral letter for prescribed medicines, X-ray & laboratory tests and treatment by specialist, physiotherapist and chiropractor.
- For Chinese Medicine's Treatment, original copy of the official receipt and prescription sheet issued by the Chinese Medicine Practitioner are required.
- Submit the above documents to the Company.

B. Panel Doctors Consultation Procedure

- As Providers List may change occasionally, it is advisable to confirm if the doctor would accept your card by calling the clinic prior to visiting panel doctor's clinic.
- Present your medical card and your HKID card at the reception of panel doctor's clinic for verification. Sign your name on the "Claim Voucher" provided by clinic.
- After consultation, retain the patient copy of the claim voucher for your own reference.
- Any special expensive, extra medication or long-term medication as determined by the appointed panel doctors will not be covered under the Policy.

C. Hospitalization & Surgical Claims Procedure

- Complete Group Hospitalization & Surgical Claim Form (Part A - completed by the claimant, Part B - completed by the attending doctor)
- Attach all original bills & receipts and submit to the Company.

Notes: Claims will be rejected if items have not been correctly completed. All claims must be submitted within 90 days after treatment. No claim documents will be returned after 3 months from the submission date.

GENERAL EXCLUSIONS

The Company shall not pay expenses incurred as a result of :-

1. Injuries sustained due to insanity or self-infliction.
2. Functional disorders of the mind.
3. Participation in illegal act ; congenital deformities or anomalies.
4. Refractive error of eyes, fitting of glasses.
5. Vaccination or immunization injection.
6. Drug addiction, alcoholism or any sickness arising therefrom.
7. Cosmetic or plastic surgery for beautification purposes.
8. Dental or oral treatment, surgery or gingivitis except dental operation on injury sustained in an accident.
9. General physical or medical check-up; any physiotherapy unless recommended by a Registered Medical Practitioner.
10. Pregnancy, childbirth, miscarriage, abortion, birth control, sterilization or any complications arising therefrom.
11. Treatment of AIDS (Acquired Immunization Deficiency Syndrome) or AIDS related complex or sexual transmitted disease.
12. Pre-existing conditions for which the Member received medical treatment, during the 90 days preceding the commencement date of his/her coverage.

HOTLINE ENQUIRY

Hotline Number: (852) 2533 5511 (Mon – Fri: 9:00 a.m. – 5:30 p.m. Sat, Sun and Public Holiday: Closed)

Note: HK\$50 medical card replacement fee will be levied for card re-issuance request in the event of lost card.

This leaflet contains a brief description of the main provisions of the Group Medical Insurance plan for your Company underwritten by YF Life Insurance International Ltd. The final interpretation of any specific provision or its applicability is subject to the Master Policy.