



傳真辦理 (02)2231-6204 (02)8660-6166 *傳真後請來電確認*

[GPA2000] 一年期團體傷害保險專案投保資料

A. 聯絡資料:

保險期間: 至 106 年 6 月 30 日止

Form for contact information including member name, ID card number, e-mail, phone numbers, and address.

B. 投保資料:

Table for insurance details including relationship to insured, name, ID number, birth date, height, weight, service unit, and beneficiary information.

C. 告知事項:

被保險人注意事項: 「告知事項」應由被保險人親自填寫並誠實告知, 如有故意隱匿、或因過失遺漏或為不實的說明足以變更或減少本公司對於危險的估計者, 本公司得解除被保險人資格, 其保險事故發生後亦同。

投保者, 請回答下述第 1~5 項告知是否有為「是」之情形? 是 否

- List of 5 health and safety questions for the insured to answer, including recent injuries, chronic conditions, hospitalizations, and disabilities.

D. 繳費方式:

Form for payment methods, including postal order and credit card options, with fields for bank, card number, and signature.

E. 被保險人親簽暨聲明同意事項:

Legal declaration and consent text for the insured, covering insurance terms, personal information collection, and agreement to the policy.