Cigna & CMB Life Insurance Co., Ltd. International Medical Form
招商信诺人寿保险有限公司全球医疗理赔申请表

SECTION A : PATIENT'S DETAILS A部分：病人详情

To be completed by the insured person or his/her proxy 由被保险人或其代理人完整填写

1 Full Name 全名	**2** Employee's Name (if different) 雇员姓名(如有不同)
3 Membership Number 会员号	**4** Relationship to Employee 与雇员的关系
5 Patient's Date of Birth 病人的出生日期	**6** Full Mailing Address of Employee 雇员邮寄地址
7 Full Name of Employer 雇主全称	
8 State nature of illness (failure to complete may delay claim settlement) 疾病名称(若不填写可能会延误理赔)	Email address 电子邮箱
9 Are you eligible for full or partial reimbursement for these expenses from another insurer? 你是否有资格获得另一家保险公司的全额或部分费用理赔? Yes是 ☐ No否 ☐	Tel No 电话号码 Fax No 传真号码

10 If you have answered yes in section 9, please give details below (Full Name, Address of Insurance Company and Policy number)
如果第9条的答案为"是"，请提供以下详细信息(该保险公司的全称、地址和保单号)

SECTION B : PAYMENT'S DETAILS B部分：付款明细

To be completed by the insured person or his/her proxy 由被保险人或其代理人完整填写

11 List of expenses for which reimbursement is claimed and amount and currency
请列出理赔报销的费用明细及金额和币种

12 State to whom you wish settlement paid
请提供理赔金的收款人

Treatment 治疗项目	Date 日期	Amount and currency 账单金额及币种	Payment to 付款至

13 Payment method is bank transfer. Claims incurred in China will automatically be paid electronically in RMB
付款方式为银行转账。在中国的保险理赔将以人民币自动电子结算支付。

If payment is over 10,000 RMB/1,000 USD, we require a copy of the patient's valid identification (i.e. ID card, passport).
如果付款金额为10,000元人民币或外币等值1,000美元以上，请提供被保险人的有效身份证件(如：身份证，护照的复印件)。

Bank Account No. 开户行账号	Bank Name 开户行
Name on the Account (must be exact) 账户名 (务必准确)	Bank Branch Name and Address 银行分行名称和地址

14 If payment is to be sent to your bank account outside of China, please complete the following:
如果付款至中国境外银行账户，请完整填写以下信息：

Swift Code* Swift 代码 * IBAN*

*by providing this information, payment will be transferred more efficiently by the recieving bank *
*提供这些信息有利于受理行更有效地转账支付

15 Anti-fraud Prompt

Honesty is a fundamental principle under insurance contracts. People involving in insurance-related fraud can be held accountable as follows:
Criminal Penalty: People engaging in insurance-related fraudulent actions which have reached the level of constituting crime can be subject to criminal penalty of criminal detention or fixed-term imprisonment, which are combined with criminal fine or confiscation of property.People who assess insurance incidents or provide related evidence intentionally provide fictitious evidential documentation to facilitate the commitment of fraud by others would also be criminally penalized as accomplice under the crime of insurance fraud.
Police Sanction: People engaging in insurance-related fraudulent actions which have not reach the level of constituting crime can be subject to police sanctions of detention up to 15 days and a fine up to RMB 5000.People who assess insurance incidents or provide related evidence intentionally provide fictitious evidential documentation to facilitate the commitment of fraud by others would also be subject to corresponding sanctions.
Civil Liability: Failure to perform the duty of truthful disclosure, either intentionally or due to gross negligence, could result in the insurance company's refusal to pay or reimburse claims.
I hereby declare that the above statements and facts are correct and I have read through and understood the Anti-fraud Prompt.

I hereby authorize any licensed doctor, hospital, clinic that has treated me and is aware of my health conditions, and any other individual or organization that has any record or knowledge of me to provide Cigna & CMB Life Insurance Company, Ltd. (hereinafter referred to as Cigna & CMB) and its authorized organizations, individuals or third parties with any such information including details relating to my medical treatment, my health conditions, medical history, illness, discomfort, or medical records, in order to help process the claim and allow Cigna & CMB to provide follow-up services, make reimbursement to me and analyse insurance products.
I hereby declare that all the above information is true and accurate. A photo static copy of this authorization shall hold equal validity to the original document. Any omission or false statement may lead to a delay, indemnity rejection or even a complete rejection of the claim.

反保险欺诈提示
诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任：
【刑事责任】进行保险欺诈犯罪活动，可能会受到拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。
【行政责任】进行保险诈骗活动，尚不构成犯罪的，可能会受到15日以下拘留、5000元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。
【民事责任】故意或因重大过失未履行如实告知义务，保险公司可能不承担赔偿或给付保险金的责任。
本人声明以上陈述与事实确实无误，且已阅读并知晓《反保险欺诈提示》。

本人授权任何知晓本人健康情况的医生或本人接受过治疗的医院、诊所，以及其他所有了解有关情况的个人及机构，均可以将本人接受治疗的细节、本人的健康状况、过往的病症，以及任何疾病或不适或病历的详细资料提供给招商信诺人寿保险有限公司以及其授权的机构、个人或第三方，用于处理理赔并提供后续服务、给付理赔金或分析保险业务。
本人承诺提供的所有信息均真实有效。此授权的影印本亦为有效。任何遗漏或不实的陈述都可能造成理赔的延误、部分拒赔甚至全部拒赔。

Signature of Insured (or Parent/Guardian if under 18)
被保险人签字（如未满18周岁，请法定监护人签字）　　Date 日期

SECTION C : MEDICAL INFORMATION C部分：医疗信息

To be completed by Treating Physician - PLEASE PRINT 由诊疗医师完整填写-请用正楷书写或打印
(If your patient is claiming for vision please only complete section 19) (如果病人理赔视力项目，仅需完整填写第19项)

16 Please state the date fof which the patient first cosulted you for this condition 请陈述该病人首次诊询该病情的日期

17 Date the symptoms first occured 该病情症状出现日期

18 Please give your diagnosis of the illness/injury 请提供该病情/受伤情况的诊断结论

19 Please give details of treatment 请提供治疗详情

20 Please print your name and address and authenticate with an offical practice stamp
请正楷书写或打印您的姓名和地址，并加盖医院诊断章

Date 日期

Signature of treating Physician 诊治医师签字

Please return your completed original claim form to: 请将完整填写的理赔申请表原件交至：

Claims inside China	Claims outside China (except USA)	Claims inside the USA
Cigna & CMB Life Insurance Co. Ltd, PO BOX 120-118, Unit 704, Block E, Shanghai Poly Plaza, No. 18 Dong Fang Road, Pudong New Area, Shanghai, PRC, 200120 若在中国境内出险，请将理赔申请寄至上海市浦东新区东方路18号保利广场E栋7层04单元， 邮政编码：200120. 或者寄至上海邮政：120-118信箱收.	Cigna Global Health Benefits, International Claims,1 Knowe Road, Greenock PA15 4RJ 若在中国境外（非美国）出险，请将理赔申请表寄至如下地址：Cigna Global Health Benefits, International Claims, 1 Knowe Road, Greenock PA15 4RJ	Cigna Global Health Benefits, PO BOX 15050 Wilmington, DE 19850-5050 USA 若在美国出险，请将理赔申请表寄至如下地址： Cigna Global Health Benefits, PO BOX 15050, DE 19850-5050 USA