

## 卓越环球个人医疗保障计划保全变更申请表 SMARTCARE Policy Modification Request Form

|                    |                       |
|--------------------|-----------------------|
| 保单号 Policy No. :   | 生效日期 Effective Date : |
| 投保人 Policyholder : |                       |

**A. 客户资料变更申请 Modification for the client's information :**

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|--|--|-------------------------------------|
| <input type="checkbox"/> 证件号码更新<br>Update ID or Passport No. | 客户身份 Relationship: <input type="checkbox"/> 投保人 Policyholder <input type="checkbox"/> 被保险人 Insured<br>客户姓名 Name: |                                     |
|  | 原证件或护照号:<br>Original ID or Passport No.:   | 新证件或护照号:<br>New ID or Passport No.: |
|  | 变更原因说明, 并请提供相关证明文件:<br>Please elaborate the reasons for the changes and offer the certification documents:       |                                     |
| <input type="checkbox"/> 联系方式变更<br>Update contact info       | 新通讯地址:<br>New address:   | 邮编:<br>Post code:                   |
|  | 联系人:<br>Contact person:  | 联系电话:<br>TEL:                       |

 **B. 犹豫期撤保申请 Cancel policy in the free-look period:**

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| 请退回保单原件及 AXA 尊贵医疗卡。Please return Original Policy and AXA Exclusive Medical Card.<br>请说明相应原因 Please elaborate the reasons : |
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 **C. 终止保险合同申请 Policy termination:**

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| 请退回保单原件及 AXA 尊贵医疗卡。Please return Original Policy and AXA Exclusive Medical Card.<br>请说明相应原因 Please elaborate the reasons : |
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 **D. 补办医疗卡 Replace medical card**

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| 请列明需要补卡的被保险人名字及身份证件号。<br>Please indicate the name and the ID/ passport No. of whom wants to replace the medical card: |
|---|

 **E. 其它 The others**

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| 请说明要求及原因 Please elaborate the requests and the reasons : |
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投保人签章 Signature of Policyholder: \_\_\_\_\_

申请日期 Date: \_\_\_\_\_