



WEB USER ID REQUEST/CHANGE FORM FOR MEMBER ELIGIBILITY CHECKING (SOLO)
確認成員資料網上用戶編號申請/更改表格 (只供網絡醫生使用)

PART A: INFORMATION OF NETWORK PROVIDER OF MEDICAL SERVICES

甲部: 網絡醫療服務機構/醫生資料

Network Provider of Medical Services Name

網絡醫療服務機構/醫生名稱

:

Doctor Code

網絡醫生編號

:

(on imprinter machine 參考刷卡機)

Requested by 申請人姓名

:

Contact No. 申請人電話

:

Email Address 電郵地址*

:

(Maximum length of the Email Address is 40 characters
電郵地址不能多於 40 字)

* User ID and Password confirmation notice will be sent directly to the email address above. Should you need a hardcopy confirmation letters by post, please provide your mailing address in the following. 網上用戶編號及密碼將會電郵至以上電郵地址。如欲以郵寄方式收取用戶編號及密碼，請在以下提供通信地址:

Address 通信地址:

Should there be any changes on the above information, please inform AIA Corporate Solutions Department in writing or email to hk.networkprovider@aia.com. 如需更改以上資料，請以書面通知友邦保險(國際)有限公司團體業務部或電郵到 hk.networkprovider@aia.com。

PART B: SETUP / CHANGE OF USER ID PROFILE

乙部: 網上用戶設定 / 更改

Effective Date 生效日期: _____ (mm/dd/yyyy)

Note: Please reserve at least 5 working days for processing. 註: 資料更新會於五個工作天內完成

			For AIA Use Only (AIA 專用)	
Action 行動 A=Add 新增# C=Change 更改 D=Delete 刪除 F=Forgot User ID 忘記用戶編號	Name 姓名	Existing User ID (if any) 現有的網上用戶編號 (如有)	Panel Provider Code (to be filled by AIA Network team)	User ID and Process Date

New User ID is assigned by AIA. 新網上用戶編號由 AIA 設定。

PART C: DECLARATION

丙部: 聲明

For and on behalf of the network provider above-mentioned,

本人謹代表以上提及的醫療網絡機構/醫生,

- I have read and hereby agree to be bound by all of the Terms and Conditions set out in the AIA Group Insurance website issued and maintained by AIA International Limited (herein called 'AIA') (as maybe amended from time to time).
細閱並且同意遵守友邦保險(國際)有限公司(以下稱「友邦保險」)於友邦保險團體保險網頁上所刊載之條款及細則(有關內容可能隨時修訂)。
- I understand and agree that the said network provider will make reference to the Cooperation Agreement – Health Service it signed with AIA when using the website.
明白及同意以上提及的網絡醫療機構/醫生在使用友邦保險團體業務部網頁時會參照與友邦保險所簽訂的合作協議。
- I further understand and agree that the acceptance of application will be subject to approval by AIA Corporate Solutions Department.
明白及同意是項申請需經友邦保險團體業務部審批。

In the event of any conflict or ambiguity between the Chinese and the English versions of this application, the English version shall prevail.
本申請表格之中、英文內容如有歧異，一概以英文本為準。

Authorized Signature and Company Chop 授權簽署及公司印鑑

Date: mm/dd/yyyy 日期: 月/日/年