

For policy effective on
/after 1 Oct 2023

For Non-ERB Helper

Application form Post-Natal Care Helper Insurance Scheme

- Included statutory required Employees' Compensation Insurance.
- "Comprehensive EC" provided a better & peace of mind coverage. Cover included Employees' Compensation, Third Party Liability and Personal Accident Insurance.
- About application's information contained herein : (1) Transferred to Blue Cross (Asia-Pacific) Insurance Ltd. for the purpose to effect insurance and other related usage. (2) We shall obey to Personal Data (Privacy) Ordinance in relation to it's collection, holding, processing, use and / or transfer.
- Arranged by "Assurance Appraisal Ltd." & unwritten by "Blue Cross (Asia-Pacific) Insurance Ltd."

Coverage Item	Limit of Indemnity (HK\$)
Employees Compensation Cover employer's legal liability under the Employees' Compensation Ordinance	\$100,000,000 any one occurrence
Third Party Liability To indemnify the legal liability for any accidental bodily injury or property damage in the course of business	\$1,000,000 any one accident & any one period
Helper Personal Accident Cover accidental death & disablement	\$100,000

Fee	Period	Insurance Fee(HK\$)	
		One Helper	Two Helpers
No Minimum Include all Government's levies	One month	\$195	\$351
	Three months	\$299	\$539
	Six months	\$494	\$890

Application Procedures	
Apply by Fax / Email / WhatsApp	1. Deposit appropriate fee to any of the following bank / Faster Payment System (FPS) accounts of 「Assurance Appraisal Ltd.」 BY TRANSFER THROUGH ATM (WITHIN THE SAME BANK ONLY) OR ONLINE BANKING. Bank of China: 012-828-0-001106-5 or HSBC: 809-164361-838 or Hang Seng Bank: 383-744281-883 or FPS: 106538051 2. Send the pay-in-slip with completed form to us for enrollment : fax (2579 0014) or email (info@insur-domestichelper.com) or WhatsApp (5481 9491) <i>Note : A surcharge of \$30 shall be borne by the employers if using other payment methods</i>
Apply by Mail	▪ Cheque payable to 「Assurance Appraisal Ltd.」 ▪ Mail the cheque with completed form to us ▪ Address: Room 1007, Eastern Harbour Centre, 28 Hoi Chak Street, Quarry Bay, Hong Kong
Apply Completed	▪ Insurance Certificate will be posted to you within 3 working days upon our receipt of the above documents ▪ For policy terms and conditions, please call us or visit our website www.insur-domestichelper.com for policy inspection

Enquiry : 2597 9299 / 28870010 / 25644881

Fax : 2579 0014

This leaflet is for reference & enrollment purpose. Please refer to policy(English) for exact terms and conditions. **WhatsApp : 5481 9491**

Please complete this form in block letter and tick 「✓」 at the appropriate box

Employer Details

Surname/ Last Name _____ First Name _____

Address : ☐ Hong Kong Island ☐ Kowloon ☐ New Territories

Hong Kong ID Card No. : _____

Mobile : _____

Email : _____

Telephone (Residential) : _____

Important Notes
A surcharge \$30 for those using bank teller / counter services or bank-in incorrect insurance fee.

Post-Natal Care Helper Application Details

1. You must inform us for any change of helper.
2. Helper's age between **16 and 69** only.

3. Upon receipt of your Application
 - a) Coverage needs to be confirmed by us; &
 - b) For each subsequent change, handling fee \$60 is required.

Full Name of Helper	_____
Work Nature	Post-Natal Care
Choice of Period & Fee	☐ 1 month ☐ 3 months ☐ 6 months Total Insurance Fee: \$ _____
Insurance Period	From _____ day _____ month _____ year to _____ day _____ month _____ year <i>No refund upon policy inception</i>

Confirmation

1. We hereby appoint Assurance Appraisal Ltd. as our exclusive Insurance Broker in handling the said insurance transaction.
2. Assurance Appraisal Ltd. is remunerated for its services by the receipt of commission paid by insurers. We agree to proceed with this insurance transaction shall constitute our consent to the receipt of commission by Assurance Appraisal Ltd.

Date

Signed by Employer

(Ed/20231016)