For policy effective on /after 1 Oct 2023

For Non-ERB Helper

Application form Local Domestic Helper Insurance Scheme

(Not for Post-Natal Care)

- Included statutory required Employees' Compensation Insurance
- Employer may choose "EC only" or "Comprehensive EC" cover
- "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$)	Option 1 EC only	Option 2 Comprehensive EC
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

No Minimum Include all Government's levies

Period	Insurance Fee(HK$)			
	EC only		Comprehensive EC	
	One Helper	Two Helpers	One Helper	Two Helpers
One month	----	----	$130	$234
Three months	----	----	$182	$327
Six months	----	----	$234	$421
One year	$295	$531	$325	$585
Two years	$531	$956	$585	$1,053

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:		HSBC:		Hang Seng Bank:		FPS:
012-828-0-001106-5	*or*	809-164361-838	*or*	383-744281-883	*or*	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)

Note : A surcharge of $30 shall be borne by the employers if using other payment methods

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

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

Hong Kong ID Card No. :

Mobile :

Email :

Telephone (Residential) :

Domestic 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 Domestic Helper 1	
Domestic Work Nature	☐ Mainly Domestic Work ☐ Elderly or Child Care ☐ Escort for outpatient ☐ Hospital Patient Care ☐ Discharged Patient Care
Full Name of Domestic Helper 2	
Domestic Work Nature	☐ Mainly Domestic Work ☐ Elderly or Child Care ☐ Escort for outpatient ☐ Hospital Patient Care ☐ Discharged Patient Care
Choice of Option	☐ EC only or ☐ Comprehensive EC
Choice of Period & Fee	☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years Total Insurance Fee: $ _____
Insurance Period	From _____day_____month_____year to _____day_____month_____year *No refund of Insurance Fee for 1, 3 or 6 months insurance period*

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)