

PERSONAL HEALTH INSURANCE FORM

个人健康保险表格

HOUSEHOLD HEAD INFORMATION :

户主信息：

1. FIRST NAME (名):
2. LAST NAME (姓):
3. EMAIL ADDRESS (电子邮件地址):
4. MAILING ADDRESS (邮寄地址):
5. PHONE NUMBER (电话号码)：
6. GENDER (性别)：
7. DATE OF BIRTH (出生日期)：
8. LEGAL STATUS (法律身份)：
9. ANNUAL INCOME (年收入):

9.A. DO YOU SMOKE? (Y/N) 您抽烟吗？（是、否）：

9.B. IF YOU HAVE ALREADY STOPPED SMOKING, WHEN DID YOU STOP? (YEAR)
如果抽，您什么时候戒烟的（年份）：

10. HOW MUCH IS YOUR BUDGET FOR THE PREMIUM (PAYMENT)?
您的预算保费是多少？：

11. MEDICAL HISTORY (PLEASE TELL US A BRIEF EXPLANATION IF YOU HAVE ANY DISABILITY OR MEDICAL CONDITIONS OR IF IN ANY MEDICATION OR MAINTENANCE. OTHERWISE, WRITE "NONE")

医疗历史（请说明-如果您有任何残疾或疾病，或者正在使用任何药物或进行保健）
（否则，请写“无”）：

HOUSEHOLD MEMBERS 家庭成员:

HOW MANY HOUSEHOLD MEMBERS?有多少家庭成员? :

HOUSEHOLD MEMBER 1 家庭成员1 Needs coverage?

2.a. FIRST NAME (名):

2.b. LAST NAME (姓):

2.c. DATE OF BIRTH (出生日期) :

2.d. GENDER (性别) :

2.d.a. IF FEMALE, ARE THEY "PREGNANT?" (Y/N)

如果是女性, 请问她怀孕了吗? (是、否):

2.e. HAVE ANY DISABILITIES? (Y/N):

有残疾吗? (是、否)

2.e.a. IF YES, PLEASE PROVIDE DETAILS (如果有, 请您提供详细资料) :

2.f. ANNUAL INCOME 年收入是多少:

3. **HOUSEHOLD MEMBER 2** Needs coverage?

3.a. FIRST NAME (名):

3.b. LAST NAME (姓):

3.c. DATE OF BIRTH (出生日期) :

3.d. GENDER (性别) :

3.d.a. IF FEMALE, ARE THEY "PREGNANT?" (Y/N)

如果是女性, 请问她怀孕了吗? (是、否):

3.e. HAVE ANY DISABILITIES? (Y/N):

有残疾吗? (是、否)

3.e.a. IF YES, PLEASE PROVIDE DETAILS (如果有, 请您提供详细资料) :

3.f. ANNUAL INCOME 年收入是多少:

4. **HOUSEHOLD MEMBER 3** Needs coverage?

4.a. FIRST NAME (名):

4.b. LAST NAME (姓):

4.c. DATE OF BIRTH (出生日期) :

4.d. GENDER (性别) :

4.d.a. IF FEMALE, ARE THEY "PREGNANT?" (Y/N)

如果是女性, 请问她怀孕了吗? (是、否):

4.e. HAVE ANY DISABILITIES? (Y/N):

有残疾吗? (是、否)

4.e.a. IF YES, PLEASE PROVIDE DETAILS (如果有, 请您提供详细资料) :

4.f. ANNUAL INCOME 年收入是多少:

5. HOUSEHOLD MEMBER 4 Needs coverage?

5.a. FIRST NAME (名):

5.b. LAST NAME (姓):

5.c. DATE OF BIRTH (出生日期) :

5.d. GENDER (性别) :

5.d.a. IF FEMALE, ARE THEY "PREGNANT?" (Y/N)

如果是女性, 请问她怀孕了吗? (是、否):

5.e. HAVE ANY DISABILITIES? (Y/N):

有残疾吗? (是、否)

5.e.a. IF YES, PLEASE PROVIDE DETAILS (如果有, 请您提供详细资料) :

5.f. ANNUAL INCOME 年收入是多少:

PLEASE PROVIDE SAME DETAILS FOR ADDITIONAL HOUSEHOLD MEMBERS. USE
ADDITIONAL PAGE IF NECESSARY.

请为额外的家庭成员 提供相同的详细信息。如果需要, 请使用附加页面。