

Maternity Questionnaire 生育福利调查问卷

Contact Us 热线服务
Tel 电话 : 400-816-9300

Please scan and submit completed form with appropriate signatures via e-mail to chinaservice@gbg.com
请扫描并邮件发送已完整填写且签名的表格至 chinaservice@gbg.com

Maternity Questionnaire 生育福利调查问卷

Name (Last, First, MI) : 姓名:	Alias : 别名 :
Date of Birth (MM/DD/YY) : 出生日期 (月/日/年) :	Policy ID Number : 保单号码 :
Policyholder Name : 主被保人姓名 :	Date of Last Menstrual Period (MM/DD/YY) : 最后一次经期日期 (月/日/年) :
History of Fertility/Infertility Treatments (Include all medications, surgical procedures, etc. for the past 3 years): 过去三年中对于不孕不育的治疗详情 (包括药物, 手术等治疗) :	
Is this pregnancy the result of receiving or taking any drugs or procedures to enhance fertility, stimulate hormones, stimulate ovulation, or stimulate egg production; or correct menstrual irregularities? 此次怀孕是否因服用药物或通过手术而提高生育能力, 刺激激素, 促进卵泡形成, 促进排卵或调整经期规律性而获得 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Is this pregnancy the result of receiving any procedures or exams to monitor egg production or growth, to harvest ovum/eggs, and/or implantation of any human tissue or cells? 此次怀孕是否因手术或检查而检测卵泡形成, 成熟及排卵, 或植入人体细胞或组织而促成怀孕 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Expected Date of Delivery (MM/DD/YY): 预产期 (月/日/年)	
Anticipated Type of Delivery (check one) 预期分娩方式 : <input type="checkbox"/> Vaginal 顺产 <input type="checkbox"/> Cesarean Section 剖腹产	
Anticipated Amniocentesis or other testing to be performed (If tests are performed, results should be e-mail to International Claims Services) 预计要接受的羊膜穿刺术或其他检查 (如果曾经做过产检, 请附上结果连同此表格一同邮件发送至理赔部门) :	

B. PRIMARY TREATING PHYSICIAN INFORMATION

医生信息

Name (Print) : 姓名 :	Telephone Number : 电话号码 :
Address : 地址 :	

C. FRAUD WARNING

警告

Any person, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, who submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.
任何人提交载有虚假或欺骗性陈述的索赔申请而企图讹骗或促使对承保人讹骗的行为是保险诈骗犯罪行为。

Signature 签名: _____ Date 日期: _____