

步驟一



用戶登入名稱:-

只須輸入你的保單號碼及你的香港身分證號碼\*\* (首 7 個位) 包括英文字母 (括弧內之數字除外)

- 無須輸入於保單號碼中之 ' - '

- 例如: 保單號碼: GM-09998

香港身分證號碼: A123456(7)

其登入名稱為 GM00998A123456

- 無須輸入密碼

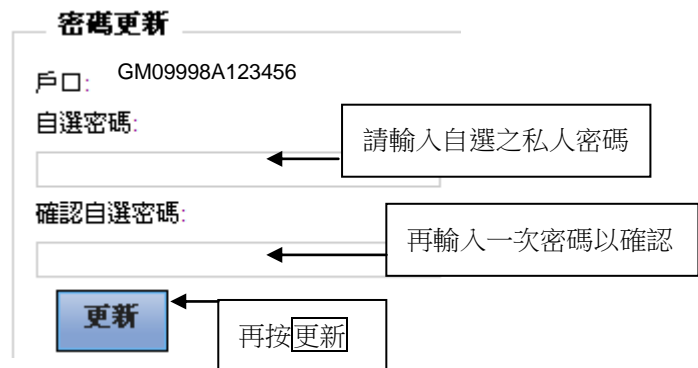
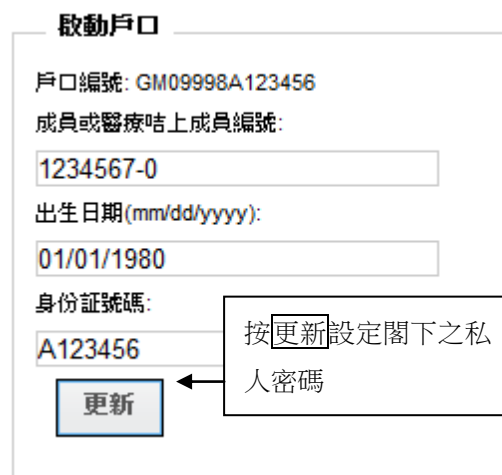
- 然後按 **登入**



\*\* 如你的僱主並非以香港身分證號碼為核對成員身份的編號，請輸入護照號碼或員工編號 (如適用)。輸入護照號碼請不要多於 10 位數字。

步驟二 請依序輸入你的個人資料

步驟三



閣下於成功啟動戶口後，便可簡單快捷地查詢有關成員資料，主要資料包括：

**醫療保障詳情**

**索償記錄及狀況**

**門診求診剩餘次數**

**搜索所需網絡醫生資料 (如適用)**

**下載表格**

## 查詢醫療保障詳情:



- 最新消息
- 查詢**
- 僱員福利部
- 一般資料
- 下載表格
- 聯絡我們

### 成員簡介

截至:  
 僱員姓名:  
 出生日期:  
 關係: 僱員  
 保險証號碼: 01004-0  
 家屬編號: 00

保障項目 | **保障詳情** | 索償記錄 | 退回索償資料通知書 | 門診求診剩餘次數表

按此檢視保障詳情。 按此

## 查詢索償記錄及狀況:

**成員簡介**

截至:  
 僱員姓名:  
 出生日期:  
 關係: 僱員  
 保險証號碼: 01004-0  
 家屬編號: 00

倘你的電腦並未有安裝 Adobe Acrobat Reader 6.0 或以上，請即下載及安裝，才讀取保障詳情。  
[\(Acrobat Reader 7.0 中文版 / Acrobat Reader 7.0 英文版\)](#)

保障項目 | 保障詳情 | **索償記錄** | 退回索償資料通知書 | 門診求診剩餘次數表

福利類別:   
 診症日期:  -   
 賠償日期:  -   
 索償狀況:

索償號碼	診症日期由	診症日期至	福利類別	產品類別	索償金額	賠償金額	賠償日期	賠償方法	自動轉賬日期	支票編號	索償狀況
130730011	03/07/2013	03/07/2013	中醫治療	門診	245.00	245.00	03/15/2013	自動轉帳	03/19/2013		已付
123120010	10/20/2012	10/20/2012	中醫治療	門診	252.00	250.00	11/09/2012	自動轉帳	11/13/2012		已付
122900010	10/12/2012	10/12/2012	門診	門診	360.00	250.00	10/17/2012	自動轉帳	10/19/2012		已付
122330017	08/18/2012	08/18/2012	中醫治療	門診	295.00	250.00	08/22/2012	自動轉帳	08/24/2012		已付

## 查詢門診求診剩餘次數:

### 成員簡介

截至:  
 僱員姓名:  
 出生日期:  
 關係: 僱員  
 保險証號碼: 01004-0  
 家屬編號: 00



保障項目 | 保障詳情 | 索償記錄 | 退回索償資料通知書 | **門診求診剩餘次數表**

保單年度: 01/01/2013 - 12/31/2013

福利類別	門診求診剩餘次數
門診 + 門診 (網絡)	30
專科門診 (網絡) + 專科門診	10
跌打 (網絡) + 中醫 (網絡) + 跌打治療 + 中醫治療	4

## 搜索所需網絡醫生資料(如適用):

你可以按不同的類別, 專科, 香港及澳門各區域以至醫生姓名搜索合適的醫生地址及電話號碼:

美國萬通 - 僱員福利查詢系統 - Windows Internet Explorer

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最新消息 | 查詢 | 僱員福利部 | 一般資料 | 產品及服務特色 | 索償程序 | 緊急支援服務 | **特約醫生名冊** | 醫生搜尋及網絡醫生冊子下載 | 一般不保事項 | 會員優惠 | 下載表格 | 聯絡我們

醫生搜尋及網絡醫生冊子下載

名單類別: 醫生  
專科: 普通科  
國家: 香港  
地區: 香港區  
區域: 銅鑼灣

醫生姓氏:   
醫生名字:

列印 重設

## 下載表格(如 '門診索償表格', '住院索償表格'等):

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最新消息 | 查詢 | 僱員福利部 | 一般資料 | **下載表格** | 聯絡我們

成員簡介

截至:   
僱員姓名:   
出生日期:   
關係: 僱員  
保險號碼: 01004-0  
家屬編號: 00

保障項目 | 保障詳情 | 索償記錄 | 退回索償資料通知書 | 門診求診剩餘次數表

按此檢視保障詳情。

美國萬通

搜尋 輸入關鍵字

首頁 | 公司背景 | 策劃未來 | 登入 | 聯絡我們 | 網頁指南 | Eng

個人保險 | 投資大計 | 退休策劃 | 僱員福利 | 強積金/退休金 | 加入美國萬通 | 最新消息

## 下載表格

計劃申請書

[萬康保\(澳門\)僱員福利計劃申請書 \(保險經紀專用\)](#)  
[萬康保\(澳門\)僱員福利計劃申請書 \(保險營業員/保險代理人專用\)](#)  
[「健康人生」驗身計劃參加表格 \(保險經紀專用\)](#)  
[「健康人生」驗身計劃參加表格 \(保險營業員/保險代理人專用\)](#)  
[團體保險申請書 \(保險經紀專用\)](#)  
[團體保險申請書 \(保險營業員/保險代理人專用\)](#)  
[美國萬通自選福利計劃〔牙科〕參加表格 \(保險經紀專用\)](#)  
[美國萬通自選福利計劃〔牙科〕參加表格 \(保險營業員/保險代理人專用\)](#)  
[個人門診保障計劃投保書 \(保險經紀專用\)](#)  
[個人門診保障計劃投保書 \(保險營業員/保險代理人專用\)](#)  
[學童意外及醫療保障計劃投保申請書 \(保險經紀專用\)](#)  
[學童意外及醫療保障計劃投保申請書 \(保險營業員/保險代理人專用\)](#)

計劃行政表格

[保險計劃 - 參加員工資料表格及員工資料更改及離職表格](#)  
[個人健康表格](#)  
[團體人壽保險-受益人申報表](#)  
[遺失醫療證明書](#)  
[住院前之評估賠償表格](#)

索償表格

[團體門診醫療賠償表格](#)  
[團體住院及手術賠償申請表](#)  
[團體牙醫保健賠償申請表](#)  
[團體人壽保險死亡索償申報表](#)  
[團體人壽保險意外傷亡保障申請表](#)  
[團體保險嚴重疾病及傷殘保障索償申請書](#)

僱員福利

- > 僱員福利部
- > 產品及服務
- > 索償程序
- > 緊急支援服務
- > 下載表格
- > 一般不保事項
- > 最新消息
- > 會員優惠

僱員福利查詢系統

登入

**Manual for Employee Account Activation & Guidelines**  
(Only applicable for group medical policy)

**Step 1**

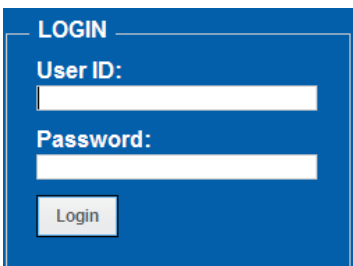


**User ID for Login:-**

- Key in the **Policy No.** and the first 7 digits of your **HKID No.\*\*** (including the leading alphabet but excluding the check digit)
- Ignore the ‘ - ‘ in the Policy No.
- For example : **Policy No.: GM-09998**

**HKID No.: A123456(7)**

The **User ID** will be **GM09998A123456**



- Password is **not** required at this stage
- Click **Login** for the Account Activation page

**\*\*** If your employer does not use your **HKID No.** as your membership identification number, please enter your **Passport No.** or **Staff No.** whichever is applicable. The **Passport No.** is limited to a maximum no. of 10 digits.

**Step 2**

Follow the instructions to enter information

**Account Activation**

User ID: GM09998A123456

Cert. No. on Med. or Member Card:  
1234567-0

Date of Birth(mm/dd/yyyy):  
01/01/1980

ID Number:  
A123456

Click **Update** to set your own password

**Update**

**Step 3**

**Password Update**

User ID: GM09998A123456

New Password:  Please enter your desired password

Confirm Password:  Enter password again to confirm

**Update** Click **Update**

After **your account has been activated**, you will see your Employee Profile on screen and check details for your own account, including:

[Benefit Schedule](#)

[Claims History](#)


[Remaining Clinical Visit Balance](#)

[Doctor Search and Network Doctor List for Download \(if applicable\)](#)

[Download Forms \(e.g. Outpatient Claim Form, Hospitalization Claim Form etc.\)](#)

## Check Your Detailed Benefit Schedule:

MassMutual Asia - Employee Benefits Services Portal - Windows Internet Explorer



News  
**Enquiry**  
 Employee Benefits Department  
 General Info  
 Download Forms  
 Contact Us

**Member Profile**

Updated Date:  
 Member Name:  
 Date of Birth:  
 Relationship:  
 Certificate No.:  
 Dependent No.: 00

Adobe Acrobat Reader  
 If your computer does not have Acrobat Reader, please click here to download and install the software to access Benefit Schedule.  
[\(Acrobat Reader 7.0 Chinese Version\)](#)

Benefits Checklist **Benefits Schedule** Claims History Return Claims Advice Remaining Clinical Visit Balance

Click [here](#) to view Benefit Schedule.

**Click Here**

## Check Your Claims Status and History:

Employee Benefits Services Portal - Windows Internet Explorer

Welcome guest

**Member Profile**

Updated Date:  
 Member Name:  
 Date of Birth:  
 Relationship:  
 Certificate No.:  
 Dependent No.: 00

Adobe Acrobat Reader  
 If your computer does not have Acrobat Reader 6.0 or above, please click here to download and install the software to access Benefit Schedule.  
[\(Acrobat Reader 7.0 Chinese Version / Acrobat Reader 7.0 English Version\)](#)

Benefits Checklist Benefits Schedule **Claims History** Return Claims Advice Remaining Clinical Visit Balance

Benefit Type:   
 Date of Consultation:  -   
 Date of Settlement:  -   
 Status:

Claim No.	Date of Consultation	Date of Discharge	Benefit Type	Category	Incurred Amount	Paid Amount	Date of Settlement	Payment Method	Autopay Date	Cheque Number	Claims Status
130730011	03/07/2013	03/07/2013	Herbalists	Out-Patient	245.00	245.00	03/15/2013	Autopay	03/19/2013		Paid
123120010	10/20/2012	10/20/2012	Herbalists	Out-Patient	252.00	250.00	11/09/2012	Autopay	11/13/2012		Paid
122900010	10/12/2012	10/12/2012	Clinical Visit	Out-Patient	360.00	250.00	10/17/2012	Autopay	10/19/2012		Paid
122330017	08/18/2012	08/18/2012	Herbalists	Out-Patient	295.00	250.00	08/22/2012	Autopay	08/24/2012		Paid

## Check Remaining Clinical Visit Balance:

**Member Profile**

Updated Date:  
 Member Name:  
 Date of Birth:  
 Relationship:  
 Certificate No.:  
 Dependent No.: 00

Adobe Acrobat Reader  
 If your computer does not have Acrobat Reader 6.0 or above, please click here to download and install the software to access Benefit Schedule.  
[\(Acrobat Reader 7.0 Chinese Version / Acrobat Reader 7.0 English Version\)](#)

Benefits Checklist Benefits Schedule Claims History Return Claims Advice **Remaining Clinical Visit Balance**

Policy Period: 01/01/2013 - 12/31/2013

Benefit Item(s)	Remaining Visit Balance
Clinical Visit + CLINICAL VISIT-USE panel	30
O/P SPECIALIST-USE panel + Outpatient Specialist	10
BONESETTER - panel VISIT + HERBALIST VISIT-panel + Bonesetter Treatment + Herbalists	4
BONESETTER - panel VISIT + HERBALIST VISIT-panel + O/P SPECIALIST-USE panel + Outpatient Specialist + Bonesetter Treatment + Clinical Visit + CLINICAL VISIT-USE panel + Herbalists	29

Doctor Search and Network Doctor List for Download (if applicable):

MassMutual Asia - Employee Benefits Services Portal - Windows Internet Explorer

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News  
Enquiry  
Employee Benefits Department  
**General Info**  
Benefit Highlights  
Claims Procedure  
Emergency Assistance Services  
Providers List  
**Doctor Search and Network Doctor List Download**  
General Exclusions  
Member Privileges  
Download Forms  
Contact Us

**Doctor Search and Network Doctor List Download**

Report List : --- Please Select ---  
Specialty : --- Please Select ---  
Country : --- Please Select ---  
District : --- Please Select ---  
Area : --- Please Select ---  
Doctor Last Name :  
Doctor Other Name :

Print Reset

Download Forms (e.g. Outpatient Claim Form, Hospitalization Claim Form etc.):

News  
**Enquiry**  
Member Information  
Change Password  
Employee Benefits Department  
General Info  
**Download Forms**  
Contact Us

**Employee Profile**

Name:  
DOB:  
Relationship:  
Certificate No.:  
Dependent No.:  
Total Shortfall:

Print

Member Name	Date Of Birth	Relationship
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search | enter keyword(s)

Home | About Us | Prepare | Login | Contact Us | Site Map | 中文

Insure | Invest | Retire | Employee Benefits | MPF/Pension | Join Us | What's New

**Form Download**

**Insurance Application Form**  
[Application Form For MassHealth \(Macau\) Employee Benefits Plan \(For Broker Use Only\)](#)  
[Application Form For MassHealth \(Macau\) Employee Benefits Plan \(For Agent/Franchised Agent Use Only\)](#)  
[Enrolment Form For Healthy-Life Check Up Program \(For Broker Use Only\)](#)  
[Enrolment Form For Healthy-Life Check Up Program \(For Agent/Franchised Agent Use Only\)](#)  
[Group Insurance Application Form \(For Broker Use Only\)](#)  
[Group Insurance Application Form \(For Agent/Franchised Agent Use Only\)](#)  
[Enrollment Form for MassMutual Voluntary Group Assurance Plan \(Dental\) \(For Broker Use Only\)](#)  
[Enrollment Form for MassMutual Voluntary Group Assurance Plan \(Dental\) \(For Agent/Franchised Agent Use Only\)](#)  
[Out-patient Insurance Plan Application Form \(For Broker Use Only\)](#)  
[Out-patient Insurance Plan Application Form \(For Agent/Franchised Agent Use Only\)](#)  
[Student Protection Plan Application Form \(For Broker Use Only\)](#)  
[Student Protection Plan Application Form \(For Agent/Franchised Agent Use Only\)](#)

**Policy Administration Form**  
[Insurance Plan - Addition Form and Changes & Termination Form](#)  
[Individual Health Form](#)  
[Group Life Insurance - Election of Beneficiary Form](#)  
[Lost Medical Card Declaration](#)  
[Pre-Hospitalization Assessment Form](#)

**Claim Form**  
[Group Out-patient Claim Form](#)  
[Group Hospitalization and Surgical Claim Form](#)  
[Group Dental Claim Form](#)  
[Group Insurance Death Claim Statement](#)  
[Group Accident Benefit Claim Form](#)  
[Group Insurance Critical Illness & Total Disability Benefit Claim Form](#)

**Employee Benefits**  
 > Employee Benefits Department  
 > Benefits Highlights  
 > Claims Procedures  
 > Emergency Assistance Services  
 > Form Download  
 > General Exclusions  
 > News  
 > Member Privileges

**EB Enquiry System**

Login