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## HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PERSONAL HEALTH CARE PROGRAM DENTAL PLAN

To make available more advantageous deals for our Members, we have implemented with effect from 1 October 2024 a Dental Plan with the following Providers:

### Dental Plan:

- ◆ UCMG Management Limited (UCMG);
- ◆ HMMP (Dental) Limited (HMMP)

### Who May Enrol

Members and/or their family members, including Spouse, Children and Parents or Parents-in-law may participate.

### How To Enrol

To enrol in the plans, please select the Provider and complete and return the attached Enrolment Form with a cheque for the total amount of Fee/Charges. You will be issued a Dental Card or a Dental Certificate for the services.

### How To Use the Services

Member may call the Service Provider directly to arrange an appointment before visiting the Dental Clinic.

The validity of the Dental Card is for 12 months from its effective date.

### Other Treatment/Examinations

The Providers have also offered other treatments or examinations not covered by the Program at preferential discounted rates. Please check with the Providers for details.

### Enquiry

If you have any question, please contact Ms Estella Cheng / Mr Kent Leung of Insuright Employee Benefits Ltd at

Room 503 - 506 Alliance Building, 130 -136 Connaught Road Central, Hong Kong

Tel: 3443 9891

Fax: 3443 9889

Email: [estella.cheng@insubest.com.hk](mailto:estella.cheng@insubest.com.hk) / [kent.leung@insubest.com.hk](mailto:kent.leung@insubest.com.hk)

## DENTAL PLAN

### Annual Dental Plan

1. General Examination 一般口腔檢查	FREE / 免費
2. Scaling & Polishing 洗牙石/牙漬	2 visits per year / 每年2次
3a HMMP - Intra-oral small film radiograph as necessary 口腔X-光片檢查(按需要)	FREE / 免費
3b UCMG - One Intra-oral X-ray at 1st consultation (except Panoramic film) 口腔X-光片檢查(限於首次檢查,不包括顎骨)	1 visit / 1次
4. General Consultations 一般診症	FREE / 免費
5. Simple fillings (caries) 簡單補牙(適用於蛀牙)	FREE / 免費
6. Simple Extractions (excluding wisdom teeth & surgical extraction) 普通脫牙(不包智慧齒及手術脫牙)	FREE / 免費
7. Emergency Consultation & dressings for pain relief 緊急治療及臨時補牙止痛服務	FREE / 免費
8. Medications (pain killers) 藥物(止痛藥)	FREE / 免費
9. Oral Hygiene Instructions 口腔衛生指導	FREE / 免費
10. Drainage of abscesses (without surgery) 牙瘡治療(非手術)	FREE / 免費



**Insuright Brokers**  
保宜保險經紀集團



Member of The Hong Kong Confederation of Insurance Brokers  
香港保險經紀人協會會員

**HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
PERSONAL HEALTH CARE PROGRAM (2024-2025)  
DENTAL PLAN  
ENROLLMENT FORM**

Name of Member: \_\_\_\_\_ Membership No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Effective Date (1<sup>st</sup> day of the calendar month) : 01 / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

**DETAILS OF COVERED PERSONS**

*Please choose Provider by Checking the Box Below*

Name (same as HKID card)	Date of Birth (dd/mm/yyyy)	Relationship	Sex (M/F)	HKID No.	Dental HMMP HK\$1,000 UCMG HK\$750
					<input type="checkbox"/> HMMP / <input type="checkbox"/> UCMG
					<input type="checkbox"/> HMMP / <input type="checkbox"/> UCMG
					<input type="checkbox"/> HMMP / <input type="checkbox"/> UCMG
					<input type="checkbox"/> HMMP / <input type="checkbox"/> UCMG
					<input type="checkbox"/> HMMP / <input type="checkbox"/> UCMG
<b>Total</b>					<b>HK\$</b>

**Payment Method**

Please send the enrolment form with a cheque for the total amount make payable to "**Insuright Employee Benefits Ltd.**" to :

**Insuright Employee Benefits Ltd**

**Room 503-6, Alliance Building, 130-136 Connaught Road C., Hong Kong**

**Attention : Mr Kent Leung**

Tel: 2541 1300, 3443 9891 Fax: 3443 9889 Email: [ireb@insubest.com.hk](mailto:ireb@insubest.com.hk)

**Declaration and Authorization**

I confirm that I have read and understood the Insuright's Personal Information Collection Statement ("Insuright PIC"). On behalf of myself and my covered dependents (if applicable), I declare and agree that any personal data and other information relating to me or my covered dependents (if any) or my/our policy(ies) or investments contained in this enrollment form or collected, obtained, compiled or held by Insuright by any means from time to time may be collected and utilized in accordance with the Insuright PIC. I acknowledge and consent to the transfer of my personal data (and that of my covered dependents, if any) outside of Hong Kong SAR for the purposes and to the types of transferee as set out in the Insuright PIC.

The updated version of Insuright PIC is available for download from its website: [www.insuright.com.hk](http://www.insuright.com.hk), and is made available upon request.

Remarks : "Insuright" refers to Insuright Employee Benefits Ltd

Signature of Member

Date :

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