



澳大利亞中醫藥學會

CHINESE MEDICINE & ACUPUNCTURE SOCIETY OF AUSTRALIA LTD

1/23 John Street Cabramatta NSW 2166 Email: member@cmasaoffice.org Tel: 61 2 97276831

行醫保險購買參考指引

根據澳洲中醫註冊局 (CMBA)、澳洲中醫藥學會 (CMASA) 及私人健康保險公司的政策要求，所有學會會員必須持有有效的行醫保險 (Professional Indemnity Insurance, PII)，並提供有效保單 (Certificate of Currency)，以確保：

- 維持合法合規的執業資格
- 被納入 CMASA 的健康保險提供者名單

最低保額要求：

- 註冊針灸師、中醫師及中藥調劑師
 - 專業責任險：最低 500 萬澳元；公共責任險：最低 1000 萬澳元
- 推拿/按摩師
 - 專業責任險：最低 200 萬澳元；公共責任險：最低 1000 萬澳元

只有符合上述要求，方能合法執業，並確保享有私人保險公司之回扣。

有關行醫保險的法規詳情，請參考中醫註冊局網站：

<http://www.chinesemedicineboard.gov.au/Registration-Standards.aspx>

請於您的行醫保險到期前完成以下操作：

- 將新保單之掃描件電郵至 member@cmasaoffice.org
- 郵件主題請註明「行醫保險」或「PII」
- 若您已完成更新，請提供新的保單（僅需 *Certificate of Currency* 當頁，不需付款收據或保險細節）
- 郵件內請清楚標註您的全名及會員號，以便學會及時更新您的資料，確保您的私人保險回扣權益不受影響。

重要提示：

- 若您的行醫保險 (PII) 失效，CMBA 可能會採取紀律處分。
- 自保險到期之日起，健康保險公司將暫停您的提供者認可資格。

為避免影響，請務必在到期日前提交更新後的保險證書 (Certificate of Currency)。

學會推薦之行醫保險公司：

Insurance House (中英文服務)

電話：02 8913 9100

(僅限 CMASA 會員。平均而言，會員可享有 20% 保險折扣)

線上申請：<https://www.insurance.com.au/business-insurance/health-professionals/cmasa>

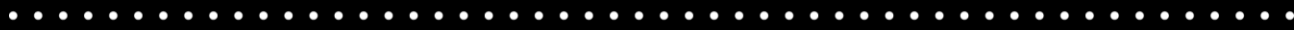
感謝您對 CMASA 的支持與合作！

此致

澳大利亞中醫藥學會 全國辦公室



Chinese Medicine & Acupuncture Society of Australia (CMASA)



Digital Member Journey

1. Link provided to CMASA members by CMASA to apply for new insurance.
CMASA向会员提供链接，用于申请新保险。

2. The member will be shown our Duty of Disclosure, a copy of our FSG and privacy policy.
会员有责任履行我们的FSG副本和隐私政策。

3. Once the member has agreed to the Duty of Disclosure, the following quote and risk questions will be asked.

一旦会员同意了履行披露责任，会员需回答一下基础资料和风险问题。

Note: Each question is asked on a separate screen. The journey is guided by the system. Our client Services Team can support at any stage.

每个问题将在独立的屏幕上提问。整个过程由系统引导。
我们的客户服务团队可以在任何阶段提供支持。



Health Professionals Insurance

Let's get your insurance sorted...

It is important you tell us everything you know about your business so that we can provide cover for you.

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something

If you do not tell the insurer something you are required to, they may cancel your contract or reduce the amount they will pay you if you make a claim, or both.

If your failure to tell them is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

By getting a quote you acknowledge that you have read and understood our [FSG](#), made available on this website, and you agree with the [privacy statement](#)

I understand

Questionnaire	Available Responses Rules (if any)
<p>Where is your business located? <i>*Our policy will automatically cover you for your activities anywhere throughout Australia *</i></p> <p>我们的保单将自动为您在澳大利亚任何地方进行的活动提供保障。</p>	<p>Suburb / Postcode search ACT, NSW, NT, QLD, SA, TAS, VIC, WA</p> <p><i>*When NSW is selected, additional Small Business Declaration displayed (as below)*</i></p> <p>当选择NSW时，会显示额外的小型企业声明（如下所示）。</p>
<p>Small Business Declaration <i>I hereby declare that I am a small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth). I am a small business individual / partnership/ company and/ or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2 million</i></p> <p>我在此声明，我是一个小型企业实体（根据1997年联邦所得税评估法案第152-10(1AA)条的定义）。我是一个小型企业的个人/合伙企业/公司和/或信托，从事商业活动，并且该企业的累计营业额低于200万元。</p>	<p>Yes No</p>
<p>What do you expect to earn in the next 12 months? 您在接下来的12个月内预计能赚多少钱？</p> <p><i>* Income is the total amount received from clientele for the provision of products and services, before any deductions.</i></p> <p>收入是从客户那里获得的总金额，包含所提供的服务和产品。</p>	<p>Numeric Textbox</p>

Questionnaire	Available Responses Rules (if any)
<p>What services do you need cover for?</p> <p>您需要哪些服务的保险覆盖？</p>	<p><i>Occupation Listing (Multiselect)</i></p> <p>Certain services may carry an additional premium. Click here to read the modalities list.</p> <p>某些服务可能会附加额外费用。 点击这里阅读模式清单</p>
<p>Are you a member of any of the following associations?</p> <p>您是否是以下任何一个协会的会员？ CMASA 会员将选择 CMASA</p> <ul style="list-style-type: none"> • CMASA – Chinese Medicine & Acupuncture Society of Australia 	<p>Select CMASA</p>
<p>Professional Indemnity Limit</p> <p><i>*Professional Indemnity protects you for claims made against your business in the course of you providing your professional services.</i></p> <p>职业责任保险为您提供保护及防范在您提供职业服务过程中针对您的业务提出的索赔。</p>	<p>Customise your cover</p> <div data-bbox="958 772 2063 1015"> <p>Professional Indemnity ⓘ \$1 million - +</p> <p>Public Liability ⓘ \$10 million - +</p> </div> <p>会员可以自行调整所需额度</p>

Questionnaire	Available Responses Rules (if any)
<p>Public Liability Limit <i>*Public Liability protects you and your business against any liability if someone is injured on your premises or while you are providing your services.</i></p> <p>公共责任保险为您和您的企业提供保护，以防止他人您的场所受伤或您提供服务时发生任何责任。</p>	<p>Customise your cover</p> <div data-bbox="958 344 2096 592"> <p>Professional Indemnity ⓘ \$1 million <input type="button" value="-"/> <input type="button" value="+"/></p> <p>Public Liability ⓘ \$10 million <input type="button" value="-"/> <input type="button" value="+"/></p> </div> <p>会员可以自行调整所需额度</p>
<p>Policy Start Date 保单起始日期</p>	<p><i>Members can choose a start date up to 60 days from today.</i></p> <p>会员可以选择从今天起最多60天的起始日期。</p>
<p>What are your contact details? 输入基本信息</p> <ul style="list-style-type: none"> - First name - Last name - Mobile phone number - Other phone number (Optional) - Email address 	<p><i>The information provided is used to create an account for you.</i></p> <p>提供的信息将用于为您创建一个账户。</p>



Questionnaire	Available Responses Rules (if any)
<p>If there are no occupational guidelines that require you to carry out the following, please answer "yes"</p> <p>如果没有职业准则要求您执行以下操作，请回答“Yes”。</p> <p>Do you:</p> <ol style="list-style-type: none"> 1.) Use a medical history or information form for each client? 对每位客户使用医疗史或信息表格吗？ 2.) Obtain informed consent in all cases? 在所有情况下获得知情同意吗？ 3.) Maintain accurate and descriptive records of all therapeutic services provided? 保持准确和描述性的所有治疗服务记录吗？ 	<p>Yes No</p>
<p>Are you qualified to provide the services selected?</p> <p>您是否具备提供所选择服务的资格？</p> <p>Qualified means that you have the required professional qualifications and/or registrations to perform the services you have selected.</p> <p>合格意味着您具备执行所选择服务所需的专业资格和/或证件。</p>	<p>Yes No</p>





Questionnaire	Available Responses Rules (if any)
<p>Do you have an ABN or ACN?</p> <p>填写企业名称或者是个人名称</p> <ul style="list-style-type: none"> - What is your ABN or ACN? - What is the name of your business? - Do you also have a trading name? 	<p><i>If yes, then ABN</i></p> <p><i>If no, then business name</i></p> <p><i>Either one can have trading name</i></p>
<p>What type of business do you have?</p> <p>您的业务是属于什么类型的?</p>	<p><i>Private Company ("Pty Ltd") 私人公司</i></p> <p><i>Public Company ("Ltd") 上市公司</i></p> <p><i>Individual 个人</i></p> <p><i>Partnership 合伙</i></p> <p><i>Association 协会</i></p>
<p>Business Address:</p> <p>商业地址</p> <ul style="list-style-type: none"> - Street Address Line 1 - Street Address Line 2 - Postcode / Suburb 	<p><i>Mandatory fields</i></p>



Questionnaire	Available Responses Rules (if any)
<p>1.). <i>After reasonable investigation, are you aware of any facts or circumstances that may give rise to a claim in relation to the insurance policies you are applying to purchase?</i> 经过合理调查，您是否知道与您正在申请购买的保险政策相关的可能引发索赔的任何事实或情况？</p> <p>2). <i>Have you ever had an insurer decline your insurance application, refuse to renew your policy or impose any special conditions?</i> 您是否曾经被保险公司拒绝过保险申请、拒绝续保您的保单或者对您加以任何特殊条件？</p> <p>3). <i>Have you, your principals, employees, or contractors ever been the subject of a complaint to a professional society or statutory registration board?</i> 您、您的负责人、员工或承包商是否曾经成为向专业协会或法定注册委员会投诉的对象？</p> <p>4). <i>Have you or anyone else within your organisation, been convicted of a criminal offense?</i> 您或您机构内的其他人是否曾经被判犯有刑事罪行？</p>	<p>Yes No</p> <p><i>If response is YES, ability to Add Comments / Details in multi-line text box. If response is YES application will Refer to underwriter.</i></p> <p>如果回答是“YES”，则可以在多行文本框中添加评论/详细信息。</p> <p>如果回答是“YES”，申请将转介给核保人员。</p>
<p>During the past 5 years have any claims been made against you, your principals, employees, or contractors, or have any circumstances been notified to the insurers that might give rise to a claim?</p> <p>在过去的5年中，是否有人向您、您的负责人、员工或承包商提出索赔，或者有通知保险公司可能引发索赔的情况？</p>	<p><i>If the answer is YES, Show Add Claim History section:</i></p> <p>如果回答是“YES”，则需填写以下信息</p> <ul style="list-style-type: none"> - <i>Year of Claim</i> 索赔年份 - <i>Claimant Name</i> 索赔人姓名 - <i>Brief Description</i> 简要描述 - <i>Amount Paid</i> 支付金额 - <i>Claim Status</i> 索赔状态



Questionnaire	Available Responses Rules (if any)
<p><i>I agree that the policy wording and FSG have been made available to me on this website and I have told you everything about my business, personal circumstances, and previous claims history and for insurance.com.au to send me information from time to time about its goods, services and promotions via email or phone.</i></p> <p>我同意保单条款和FSG已在本网站上提供给我，并且我已向您提供了关于我的企业、个人情况和之前的索赔记录的所有信息，并同意 insurance.com.au 通过电子邮件或电话不时向我发送有关其产品、服务和促销的信息。</p>	<p>Checkbox</p> <p>Marketing opt-in is mandatory</p>
<p><i>'Your business is a little bit more unique'</i></p> <p><i>Once you submit your application, it will be forwarded to our insurer, and one of our team members will reach out to you for additional information.</i></p> <p>一旦您提交申请，我们将转交给我们的保险商，并由我们的团队成员与您联系以获取更多信息。</p>	<p><i>To complete the application, members are required to 'tick' and 'agree' to the FSG and Privacy Policy. Afterwards, simply click on 'Submit now' to finalize the application.</i></p> <p>为了完成申请，会员需要在FSG和隐私政策上“勾选”并“同意”。然后，只需点击“立即提交”以完成申请。</p> <div data-bbox="929 858 2116 1284">  <div data-bbox="1227 863 1653 901">  Your quote number: PS-HLT-8YZVWJX </div> <h3 data-bbox="1227 922 1769 957">Health Professionals Insurance</h3> <p data-bbox="1227 973 1321 997">Message</p> <hr/> <div data-bbox="990 1117 1505 1276"> <input checked="" type="checkbox"/> agree that the FSG and Privacy Policy have been made available to me on this website and I have told you everything about my business, personal circumstances, and previous claims history and for insurance.com.au to send me information from time to time about its goods, services and promotions via email or phone. </div> <div data-bbox="1608 1133 1836 1260"> <p>We can't provide you with a quote right now, but you can hit "submit application" and one of our specialists will be in touch in the next 24 hours.</p> </div> <div data-bbox="1915 1109 2116 1260"> <div data-bbox="1915 1109 2116 1204" style="border: 2px solid yellow; border-radius: 15px; padding: 5px; display: inline-block;">Submit now</div> <div data-bbox="1937 1220 2094 1260" style="border: 1px solid gray; padding: 2px; display: inline-block;">Save your quote</div> </div> </div>

Questionnaire**Available Responses
Rules (if any)***Payment Methods*

付款方式

1. Member selects to purchase and can pay for their policy via Debit/Credit card, PAYPAL or premium fundings/instalments.

会员可以通过借记/信用卡、PAYPAL或保费融资/分期付款支付保费进行购买。

2. Policy schedule, Certificate of Currency and Policy wording are issued automatically by the system.

保单计划表、保险凭证和保单条款将由系统自动发出。

3. At renewal, the system will automatically send renewal invites to members 45, 21 & days from expiry.

在续保时，系统将自动在到期前45天、21天和7天发送续保邀请给会员。