第 MPF(S) - W(T)號表格/ 第 MMB - W(T)號表格/

《強制性公積金計劃條例》(第485章)

證明成員罹患屬

《強制性公積金計劃(一般)規例》(《一般規例》) 第 158(3)條或

《強制性公積金計劃(豁免)規例》(《豁免規例》) 附表 2 第 6(12G)條

所指的末期疾病證明書

病人姓名:
病人香港身分證/護照*#號碼:
本人認為上述病人罹患屬《一般規例》第 158(3)條或《豁免規例》附表 2 第 6(12G)條所指的末期疾病 ^{1。}
註冊醫生/註冊中醫*簽署:
註冊醫生/註冊中醫*姓名:
電話號碼:
地址:
日期:
公章/註冊編號*(如有):

^{*} 删去不適用者

[#] 病人應只在沒有香港身分證的情況下才填報護照號碼

¹ 根據《一般規例》第 158(3)條及《豁免規例》附表 2 第 6(12G)條,凡某成員患有相當可能令該成員的預期壽命減至 12 個月或以下的任何疾病,則該成員屬罹患末期疾病。

 $\begin{aligned} & FORM \; MPF(S) - W(T) / \\ & FORM \; MMB - W(T) \end{aligned}$

MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)

CERTIFICATE OF A PERSON HAVING A TERMINAL ILLNESS THAT FALLS WITHIN SECTION 158(3) OF THE MANDATORY PROVIDENT FUND SCHEMES (GENERAL) REGULATION (the General Regulation) or

SECTION 6(12G) OF SCHEDULE 2 TO THE MANDATORY PROVIDENT FUND SCHEMES (EXEMPTION) REGULATION (the Exemption Regulation)

Name of the patient:
Hong Kong Identity Card/Passport*# No. of the patient:
I am of the opinion that the above patient has a terminal illness that falls within section 158(3) of the General Regulation or section 6(12G) of Schedule 2 to the Exemption Regulation ¹ .
Signature of registered medical practitioner/ registered Chinese medicine practitioner*:
Name in block letters:
Telephone number:
Address:
Date:
Official seal/registration number* (if any):
* Delete whichever is not applicable # The patient should give the passport number ONLY when he/she does NOT possess a Hong Kong Identity Card

Version 14 – March 2019

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According to section 158(3) of the General Regulation and section 6(12G) of Schedule 2 to the Exemption Regulation, a member who has an illness that is likely to reduce the life expectancy of the member to 12 months or less has a terminal illness.