

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）： _____

* 刪去不適用者

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。

**FORM MPF(S) – W(T)/
FORM MMB – W(T)**

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 Regulation¹.

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.*

¹ 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.