

# Hospitalisation Statement of Request

**Applicable to Distributions under the Non-Mandatory  
Central Provident Fund and Wealth Partaking Scheme**

For FSS Use Only <b>RP-10</b>
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To the Social Security Fund:

I hereby request the distribution of funds for the year 20\_\_\_. For the above reason, **I was present in the Macao SAR for fewer than 183 days in the calendar year immediately preceding the distribution of funds.** Accordingly, I declare as follows:

\* Each Statement of Request applies to only one distribution year. If more than one year is involved, a separate Statement of Request must be completed, and supporting documents for the calendar year immediately preceding the distribution of funds must be submitted.

I	Identity Information:		
Full Name		Macao SAR Resident ID Card Number	
II	Hospitalisation Details: (Please see overleaf for the requirements and sample of the supporting document)		
Place of Hospitalisation	_____ (Country/Region)	Period of Hospitalisation	From ____ (day) ____ (month) of the preceding calendar year to ____ (day) ____ (month)

- **I acknowledge and agree that the Social Security Fund may verify or obtain, from public departments or institutions in Macao or other countries or regions, the information or documents necessary to assess my above request.**
- **I clearly understand that if I provide false declarations or incorrect or inaccurate information, I may incur criminal liability and be required to repay any payments received.**

**Applicant**

\_\_\_\_\_  
Signature (must match the Macao SAR Resident ID Card)  
(If unable to sign, please affix your right thumbprint)  
\_\_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

### List of Required Documents


1. Copy of the applicant's Macao SAR Resident ID Card.
  2. Hospitalisation certificate (supporting document requirements are detailed in the sample on the back).
- Note: For verification and investigation purposes, other relevant supporting documents as required by the Social Security Fund must also be submitted.**

## Requirements for Hospitalisation Certificate

A hospitalisation certificate must be issued by a medical institution or practitioner and cover the calendar year immediately preceding the distribution of funds. The certificate must clearly state the patient's full name, consistent with the applicant's Macao SAR Resident ID Card, specify the period of hospitalisation, and bear the hospital's official stamp and the date of issue.

### Sample Hospitalisation Certificate

A hospitalisation certificate issued by a hospital must include the following information:

(Letterhead of Hospital)	
Name of Hospital	
Address and Phone Number	
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Hospitalisation Certificate	
I hereby certify the hospitalisation condition of the following person:	
Full name	Chan Tai Man
Macao SAR Resident Identity Card No.	1234567(8)
Period of Hospitalisation:	10 February 2025 to 30 March 2025 25 November 2025 to 18 January 2026
Stamp of Hospital:	
Title of Person-in-Charge:	Chief of In-patient Department
Name of Person-in-Charge:	Lei Sei
Signature of Person-in-Charge:	<i>Lei Si</i>
Date of Signature:	1 April 2026

**This information must match the details on the applicant's Macao SAR Resident ID Card. If there is any discrepancy, additional supporting documents must be provided to confirm that both refer to the same person.**

**If a request is made for the 2026 distribution, the hospitalisation period outside Macao for 2025 must be included.**

**The hospitalisation certificate must be issued after the hospitalisation period.**