

For Persons Aged under 65 Residing in the Chinese Mainland for Health Reasons
Statement of Request
Applicable to Distributions under the Non-Mandatory Central Provident Fund and Wealth Partaking Scheme

For FSS Use Only **RP-12**

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 during 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	Residence and Illness in the Chinese Mainland:		
Name of Illness	Name of illness in the preceding calendar year: _____ (Please see overleaf for the requirements and a sample of the supporting document)		

Reason for residing in the Chinese Mainland due to the above illness: _____

Proof Method for Residence in the Chinese Mainland (Please tick "✓" to indicate one proof method)	<input type="checkbox"/> Submission of residence proof for the preceding calendar year (Please see overleaf for the requirements and a sample of the supporting document)
	<input type="checkbox"/> Provision of two witnesses to attest to the applicant's residence in the Chinese Mainland, as follows: (Witnesses must be Macao residents aged 18 or above and have adequate knowledge of the applicant's residence situation)
	1. Period of Residence: From ___ (day) ___ (month) of the preceding calendar year to ___ (day) ___ (month) 2. Address in the Chinese Mainland: China _____ / _____ / _____ <small>(Province / Direct-administered Municipality / Autonomous Region) (City / Autonomous Prefecture / District) (Detailed Address)</small>
	_____ <small>(Detailed Address)</small> We, the two witnesses, hereby declare that the information provided by the above applicant is true and accurate. We clearly understand that providing false, incorrect, or inaccurate information may subject us to criminal liability. <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Witness _____ Signature (must match the Macao SAR Resident ID Card) <small>(If unable to sign, please affix your right thumbprint)</small> _____ day _____ month _____ year </div> <div style="text-align: center;"> Witness _____ Signature (must match the Macao SAR Resident ID Card) <small>(If unable to sign, please affix your right thumbprint)</small> _____ day _____ month _____ year </div> </div>

- 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

- | |
|--|
| List of Required Documents
1. Copy of the applicant's Macao SAR Resident ID Card.
2. Medical certificate (please refer to the requirements and the sample provided on the back).
3. When submitting proof of residence, please refer to the requirements and the sample provided on the back.
4. Where confirmation from two witnesses is provided, copies of the witnesses' Macao SAR Resident ID Cards must also be submitted.
Note: For verification and investigation purposes, other relevant supporting documents as required by the Social Security Fund must also be submitted. |
|--|

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

Requirements for Medical Certificate

The medical certificate must be issued by a hospital in the Chinese Mainland for the calendar year preceding the distribution of funds. It must specify the patient's full name consistent with the applicant's Macao SAR Resident ID Card, the name of the illness, the period of illness (year/month/day), the type of treatment required, and the severity of the illness (including whether the illness causes mobility difficulties or requires family care).

Requirements for Proof of Residence

Proof of residence issued by civil affairs departments, Residents' Committees, Villagers' Committees, or residential institutions in the Chinese Mainland. (If submitting in person, a copy may be provided, but the original must be presented for verification; if submitting by post, the original must be provided.) The proof of residence must be issued on the institution's official letterhead and include: the issuing institution's full name, address, and telephone number; the applicant's full name and identity card number, consistent with the Macao SAR Resident ID Card; the period of residence; and the Chinese Mainland residential address. The proof must also bear the institution's official stamp and date of issue.

Sample
Medical
Certificate
of Illness

A medical certificate of illness issued by a medical institution must include the following information:

(Letterhead of Medical Institution)

Name of Medical Institution

Address and Phone Number

Medical Certificate of Illness

I hereby certify the medical condition of the following person:

Full Name: Chan Tai Man

Macao SAR Resident Identity Card No.: 1234567(8)

Name of Illness: Lung cancer

Approach to Treatment: Surgery [Treatment Period:]
 Chemotherapy [Treatment Period:]
 Radiotherapy [Treatment Period:]

Period of Illness: 10 February 2025 to 28 October 2025

Medical Condition: **The illness must be described in detail, including its severity and its adverse impact on the applicant's health and daily life, such as the inability to live independently or the need for ongoing treatment.**

Seal of Institution: **Seal of Institution**

Practitioner's Title: Chief Physician

Practitioner's Name: Lei Sei

Signature of Practitioner: *Lei Si*

Date of Signature: 1 April 2026

The medical certificate of illness must be issued after the period of illness.

FSS-DAG

1/1

03/2026

Sample
Proof of Residence

Proof of Residence in the Chinese Mainland issued by the local civil affairs departments, Residents' Committees, or Villagers' Committees must include the following information:

(Letterhead of Institution)

Name of Institution

Address and Phone Number

Proof of Residence

This is to certify the residence status of the following person:

Full Name: Chan Tai Man

Macao SAR Resident Identity Card No.: 1234567(8)

Place of Residence: Apartment X, Floor X, Block X, Building X, No. X, Road X, Xiangzhou District, Zhuhai

Period of Residence: 1 March 2025 to 31 December 2025

If a request is made for the 2026 distribution, the residence period for 2025 must be included.

Seal of Institution: **Seal of Institution**

Date of Signature: 1 April 2026

The proof of residence must be issued after the residence period.

FSS-DAG

1/1

03/2026