

社會保障基金基金發放處處長台鑒：

To the Head of Division of Benefits, Social Security Fund

DP 7

本人 _____, 聯絡電話 _____
I, Contact number:

及地址 _____
Address: _____

現為受益人 _____, 澳門居民身份證編號 _____,
遞交辦理在生證明之文件，上述受益人因下列原因未能親臨社會保障基金辦理本
年度之在生證明：

Hereby submit the Proof of Life documents for the beneficiary _____,
Macao SAR Resident ID Card Number: _____. The beneficiary mentioned above is unable
to appear in person at the Social Security Fund to provide this year's Proof of Life for the following reason:

現居本澳，因健康狀況而未能親臨，附上相關在生證明文件， 見背頁 / 見
附件 _____ 頁。

The beneficiary is currently residing in Macao and is unable to appear in person due to health conditions.
Relevant Proof of Life documents are attached. See reverse page / See attachment (____ pages).

現居澳門以外的國家/地區 _____, 聯絡電話 _____ ;

現居地住址 _____

附上由居住地發出的相關在生證明文件，見附件 _____ 頁。

The beneficiary is currently residing outside Macao, in the country/region of _____. Contact
number: _____. Residential address: _____. Relevant Proof
of Life documents issued by the place of residence are attached. Please see attachment (____
pages).

日期： _____ 日 _____ 月 _____ 年
Date dd mm yyyy

簽名 (須與身份證明文件一致)
Signature (must be consistent with the identity document)

注意：

於 4 月後辦理，有關在生證明的確認結果將透過受益人已登記的澳門流動電話以短訊(SMS)方式通知，如沒有登記以
澳門流動電話接收短訊(SMS)，將以信函通知。

Note:

For Proof of Life submissions provided after April, the confirmation result will be sent via SMS to the beneficiary's
registered Macao mobile phone number. If no Macao mobile phone number has been registered, the notification will
be delivered by letter.

醫生證明書
Medical Certificate

本人_____屬澳門特別行政區政府發出執照的醫生，
I, _____, am a medical practitioner licensed by the Government of the Macao SAR,

編號_____，於_____ / _____ / 2026
License Number _____ . On (日 dd / 月 mm)

在本澳為_____，澳門居民身份證編號_____
I provided medical consultation in Macao for (full name of beneficiary), Macao SAR Resident ID Card Number
診症。

現以本人名譽聲明上述人士仍然生存，因患病故未能於 2026 年親臨社會保障基金辦理在生證明。

I hereby declare, on my honour, that the above-mentioned person is still alive and is unable to appear in person at the Social Security Fund to provide the Proof of Life for the year 2026 due to illness.

此致

社會保障基金

To the Social Security Fund

醫生_____

Medical Practitioner (簽名及蓋章 Signature and Seal)

_____ / _____ / 2026
日 dd 月 mm