



社會保障基金
F U N D O
DE SEGURANÇA
S O C I A L

Sample

APPLICATION FOR SICKNESS ALLOWANCE

TO BE COMPLETED BY APPLICANT

Full Name Chan Tai Man Macao SAR Resident ID Card no. 1234567(X)

Bank Account Information for Deposit:

Use the most recent bank account successfully used to receive Social Security System benefits _____ ; *or*
(Bank Name)

Bank: Macau Bank Personal MOP Bank Account No.: 987654321X
(A copy of the bank account must be attached)

I agree to receive notifications from the Social Security Fund via mobile text message (SMS).

I have previously received medical consultation at a hospital or health centre under the Health Bureau of the Macao SAR Government and requested the issuance of a medical certificate, covering the period of illness from 01/03/2026 (Day/Month/Year) to 23/03/2026 (Day/Month/Year). I hereby consent to the Social Security Fund accessing and obtaining the medical certificate covering the above-mentioned period, together with the relevant information from the Health Bureau, for the purpose of my application for the sickness allowance.

I hereby apply for the sickness allowance for the period of illness as certified by the medical certificate, and make the following declaration:

- During the above-mentioned period, I was ill and did not engage in any remunerated activities.
- The illness in question does not fall under any of the following circumstances: it was not caused by work-related accidents or occupational diseases; it did not result from the actions of a third party for which they are liable to compensate; nor was it intentionally caused by me. I hereby acknowledge that if the illness falls under any of these circumstances, the sickness allowance shall not be granted under the law.
- I acknowledge that old-age pension, disability pension, unemployment allowance, and sickness allowance may not be received concurrently under the law. Old-age pension and disability pension are calculated on a monthly basis, while unemployment allowance and sickness allowance are calculated on a daily basis. In the event of any overlap, I elect to receive, for the same period, the benefit with the higher amount. If the amounts are equal, I elect to receive the benefit applied for under this submission.

FOR FSS USE ONLY

Chan Tai Man

Signature of Applicant

(must match the signature on the Macao SAR Resident ID Card)

Documents to be Attached:

- Present the applicant's valid Macao SAR Resident ID Card (original or copy);
- The medical certificate on the reverse side of this application form must be certified by the diagnosing medical institution or the hospital of admission located in the Macao SAR or in the Guangdong-Macao In-Depth Cooperation Zone in Hengqin, and issued and duly signed by a medical practitioner licensed by the Macao SAR Government or the Mainland authorities;
 - If, at the time of consultation, the applicant requests a medical certificate from a medical institution under the Health Bureau of Macao and declares consent for the Social Security Fund to access and obtain the relevant medical certificate, the submission of the certificate may be waived.
 - If the medical certificate submitted is other than the one attached to the Sickness Allowance Application Form, a photocopy may be accepted, provided that the original is presented for verification.
- If the applicant was employed during the period of illness, either a "Social Security Fund Sickness Allowance Application – Employer's Declaration" duly completed by the employer, or an Employer-Issued Absence Declaration must be submitted. Such a document must bear the signature and official seal of the employer or their legal representative. A photocopy may be accepted, provided that the original is presented for verification.
- If the applicant's contact address, telephone number, or mobile phone number for receiving SMS has changed, the applicant may update the contact information with the Identification Services Bureau by accessing the Bureau's "Address Registration and Modification Service" through the "Macao One Account" mobile application or online platform. By updating the contact information, the applicant authorises the Bureau to simultaneously provide the updated information to the Social Security Fund for information update, or alternatively, the applicant may complete the "Change of Personal Particulars Form".

Deadline for Submission of Application:

The beneficiary may apply for the sickness allowance starting on the day following the onset of illness and no later than thirty days after the illness has ended. If the illness continues beyond the maximum entitlement period of the sickness allowance, the application must be filed within thirty days after the end of that entitlement period.

RECEIPT FOR YOUR APPLICATION FOR SICKNESS ALLOWANCE

NOTE: During the period of illness for which you receive the sickness allowance, you cannot engage in any paid work.

03/2026

格式 FSS/DP/SUB-5 社會保障基金

MEDICAL CERTIFICATE (WITH HOSPITALISATION)

I, Lei I San, holder of Medical Practitioner's Licence No. M9999, issued by the Macao SAR Government / Mainland authorities, hereby certify that the beneficiary (Full Name) Chan Tai Man, holder of Macao SAR Resident ID Card No. 1234567(X), is unable to work due to illness for the following reason(s).

Natural disease Accident Occupational disease Work accident Childbirth

Start date of hospital stay 01 day 03 month 2026 year

End date of hospital stay 15 day 03 month 2026 year

24 day 03 month 2026 year

Lei I San



Medical practitioner's signature and
Seal of the diagnosing medical institution or hospital of admission
located in the Macao SAR or in the Cooperation Zone

MEDICAL CERTIFICATE (WITHOUT HOSPITALISATION)

I, Lei I San, holder of Medical Practitioner's Licence No. M9999, issued by the Macao SAR Government / Mainland authorities, hereby certify that the beneficiary (Full Name) Chan Tai Man, holder of Macao SAR Resident ID Card No. 1234567(X), is unable to work due to illness for the following reason(s).

Natural disease Accident Occupational disease Work accident Childbirth

Start date of sick leave 16 day 03 month 2026 year

End date of sick leave 23 day 03 month 2026 year

24 day 03 month 2026 year

Lei I San



Medical practitioner's signature and
Seal of the diagnosing medical institution or hospital of admission
located in the Macao SAR or in the Cooperation Zone