

For bearing huge medical expenses

C/11

(To be completed by the patient) ← Please note

SAMPLE

To: Social Security Fund

For the effect of paragraphs (2)(a) and (3)(a) of Article 19 of Law No. 7/2017 (Non-Mandatory Central Provident Fund System), I hereby declare that because I am suffering from a serious injury or illness, I/my relative below have/has to bear huge medical expenses. I declare that the relevant medical expense(s) is/are as follows:

If the patient him/herself and his/her relative apply for fund withdrawal at the same time, two options can be selected ✓ at the same time.

I Applicant Information

I CHAN TAI MAN (Patient name), ID number: 1234567(8)

My relative: _____ (Name of applicant), ID number: _____, is my _____ (e.g. spouse, child, grandchild, grandparent, parent of my wife, parent of my husband, son-in-law, daughter-in-law, etc.)

II Amount of medical expenses (can select ✓ more than one option)

Already paid: The total amount of my medical expenses during the period of fund withdrawal was _____ patacas, and I hereby submit the following medical expenses.

Estimated expenditure: My **average monthly** medical expenses from the application date of fund withdrawal will be _____ patacas used respectively for the following medical expense(s) (can select more than one option):

Surgical expenses/cancer treatment expenses/hospital expenses (a quotation issued by the hospital must be provided)

Auxiliary medical equipment, including: _____ (a relevant quotation must be provided)

Medical expenses (e.g. acupuncture/Chinese medicine/physiotherapy, etc.) are as follows: (a quotation or receipt issued by the medical institution must be provided)

- Name of medical institution: _____
- The cost for each treatment is _____ patacas. The number of continuous treatments required: _____ times per month.

Medicinal supplies/supplements, including: _____ (a relevant quotation or receipt must be provided)

The cost for each supply is _____ patacas. The number of times that must be taken continuously: _____ times per month.

Fill in the estimated **average monthly** medical expenses for the next 12 months, then select ✓ and fill in which expense(s) to be included, and **provide a quotation or receipt as proof.** (Does not include living expenses, transportation expenses, nursing home or private nursing expenses)

Any document that can show the cost of relevant supplies will be considered.

The patient him/herself

I clearly understand that I can be criminally prosecuted if I make a false declaration.

CHAN TAI MAN

Signature (must match the signature on the ID card) (If you cannot/unable to sign, please leave your right thumbprint here)

_____ day _____ month _____ year

The patient's relative

I clearly understand that I can be criminally prosecuted if I make a false declaration.

Signature (must match the signature on the ID card) (If you cannot/unable to sign, please leave your right thumbprint here)

_____ day _____ month _____ year

The patient him/herself must sign here, except in the following cases:

- If the patient is a minor, he/she is not required to sign.
- If the patient is an incapacitated person, his/her agent will sign here.

If the applicant is a relative of the patient, he/she must sign here.

THE Macao SAR Resident ID Cards of the applicant and the patient, the patient's proof of illness and the proof of medical expenses.

2. If the applicant is the patient's spouse or relative, the proof of kinship must be submitted. For example, if the applicant is the patient's son-in-law, the marriage certificate of the applicant and the patient's daughter as well as the birth certificate of the patient's daughter must be submitted.
3. Proof of illness issued by a locally recognized medical unit during the 12 months prior to the date of application (the document must indicate the name of illness, the severity of illness, the period of treatment and the patient's condition)