

APPLICATION FOR SICKNESS ALLOWANCE

由申請人填寫 TO BE COMPLETED BY APPLICANT

姓名 Chan Tai Man  
Full name

澳門居民身份證編號 1234567(X)  
Macao SAR Resident ID Card no.

存入銀行帳戶資料：

Information about the bank account to which the allowance is to be deposited:

☐ 按最近期已成功收取社會保障基金給付之 銀行帳戶記錄；  
Bank account that I recently used to successfully receive a benefit payment from the Social Security Fund (the FSS) (銀行名稱 Name of bank)  
或 or

☒ 銀行 Bank Macao 個人澳門幣銀行帳號 987654321X  
Bank Personal MOP bank account no. (須附同帳號影印本 required to attach a photocopy of bank account)

☒ 本人同意以流動短訊(SMS)接收社會保障基金發出有關是次申請之訊息。

I agree to receive information relating to this application being sent by the FSS via text messages (SMS).

1. 本人聲明在患病期間沒有從事任何有報酬的活動。

I hereby declare that I did not engage in any paid work during the period of illness.

2. 根據第 4/2010 號法律《社會保障制度》第 25 條第 3 及 4 款，養老金、殘疾金、失業津貼及疾病津貼的給付不得互相重疊，倘有重疊收取給付，本人選擇收取相同時段金額較多的給付；倘重疊給付金額與是次申請給付金額相等，本人選擇是次申請之給付。

According to paragraphs 3 and 4 of Article 25 of Law 4/2010, Social Security System, the payments of old-age pension, disability pension, unemployment allowance and sickness allowance cannot overlap. If the said benefit payments overlap, I choose to receive the higher benefit of the same period; if the amount of the overlapping benefit equals the benefit amount for this application, I choose to receive the benefit of this application.

由社會保障基金填寫 FOR FSS USE ONLY

Chan Tai Man

申請人簽名（須與身份證一致）  
Signature of applicant (must match the signature on ID card)

澳門 01 日 02 月 2017 年  
Macao day month year

（須填寫續頁第1項僱主機構聲明、第2、3項醫生證明）

(Required to fill in (1) Declaration of Employer Entity and (2) and (3) about the Medical Certificate, which are on the reverse of this form)

需遞交文件 Documents required to be submitted:

1. 出示申請人的澳門居民身份證正本；

Produce the original of the applicant's Macao SAR Resident ID Card;

2. 專用表格上列有之醫生證明須由澳門特別行政區衛生局註冊醫生、澳門的醫院、或澳門衛生中心醫生填寫。

The medical certificate on the back of this form is to be completed by a registered medical practitioner of the Health Bureau of the Macao SAR, or by a medical practitioner of a hospital or a health centre in Macao.

遞交申請期限 Period for filing the application:

患病翌日起至有權收取最後疾病津貼日起 30 日內。

From the beneficiary's second day of illness to the 30th day from the last day of his/her right to receive the sickness allowance.

疾病津貼申請表收條 RECEIPT FOR YOUR APPLICATION FOR SICKNESS ALLOWANCE

注意：在領取疾病津貼的患病期間不可從事任何有報酬的活動。

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

1 僱主機構聲明 DECLARATION OF EMPLOYER ENTITY

(倘患病期間並非受僱，不須填寫此欄 Not required to fill in this part if the beneficiary is not employed during the period of illness)

僱主機構名稱 ABCXX.CO. 僱主註冊編號 11111222X  
Name of employer entity: Employer registration no.  
現聲明僱員 (姓名) Chan Tai Man 受益人編號 111222333X  
hereby declare that employee (name) beneficiary no.

由 01 日 01 月 2017 年 至 25 日 01 月 2017 年 缺勤  
was absent from work from (day/month/year) to (day/month/year)

澳門 26 日 01 月 2017 年  
Macao day month year

Boss  
簽名及蓋章 (印章須與僱主名稱一致)  
Signature and company chop (The name on company chop must be consistent with the name of employer)

2 醫生證明 (住院) MEDICAL CERTIFICATE (WITH HOSPITALIZATION)

本人 Dr. Lee 屬澳門特區衛生局註冊醫生、澳門的醫院、或澳門衛生中心醫生，  
I, am a registered medical practitioner of the Health Bureau of the Macao SAR, a medical practitioner of a hospital or a health centre in Macao,

編號 M1234X 以名譽保證受益人 (姓名) Chan Tai Man 因以下理由患病不能工作。  
registration no. certify on my honor that the beneficiary (name) is unable to work due to the following reason:

☒ 自然病 ☐ 意外事故 ☐ 職業病 ☐ 工作意外 ☐ 分娩  
Natural disease Accident Occupational disease Work accident Childbirth

住院始於 01 日 01 月 2017 年  
Start date of hospital stay (day/month/year)

住院止於 15 日 01 月 2017 年  
End date of hospital stay (day/month/year)

澳門 25 日 01 月 2017 年  
Macao day month year

Dr. Lee  
醫生  
Medical practitioner (簽名及蓋章 Signature and official seal)

3 醫生證明 (非住院) MEDICAL CERTIFICATE (WITHOUT HOSPITALIZATION)

本人 Dr. Lee 屬澳門特區衛生局註冊醫生、澳門的醫院、或澳門衛生中心醫生，  
I, am a registered medical practitioner of the Health Bureau of the Macao SAR, a medical practitioner of a hospital or a health centre in Macao,

編號 M1234X 以名譽保證受益人 (姓名) Chan Tai Man 因以下理由患病不能工作。  
registration no. certify on my honor that the beneficiary (name) is unable to work due to the following reason:

☒ 自然病 ☐ 意外事故 ☐ 職業病 ☐ 工作意外 ☐ 分娩  
Natural disease Accident Occupational disease Work accident Childbirth

病假始於 16 日 01 月 2017 年  
Start date of sick leave (day/month/year)

病假止於 25 日 01 月 2017 年  
End date of sick leave (day/month/year)

澳門 25 日 01 月 2017 年  
Macao day month year

Dr. Lee  
醫生  
Medical practitioner (簽名及蓋章 Signature and official seal)