

APPLICATION FOR DISABILITY PENSION

由申請人填寫 TO BE COMPLETED BY APPLICANT

姓名 **Chan Tai Man** 澳門居民身份證編號 **1234567(X)**
Full name Macao SAR Resident ID Card no. (須附同身份證影印本 required to attach a photocopy of ID card)
銀行 **Banco Macau** 澳門元銀行帳號 **987654321X**
Bank MOP bank account no. (須附同帳號影印本 required to attach a photocopy of the bank account)

☒ 本人同意以流動短訊(SMS)接收社會保障基金發出有關本人殘疾金之訊息。

I agree to receive information relating to my disability pension being sent by the FSS via text messages (SMS).

1. 本人知悉：倘本人重新擔任有薪酬的工作，須即時通知社會保障基金停止殘疾金發放，並退還於工作期間已收取的殘疾金；如停止工作後欲再次領取殘疾金，必須重新申請及接受會診委員會的健康檢查。
I know that if I return to paid work, I must immediately report this to the FSS in order to stop the payment of my disability pension and that I need to repay the disability pension that I received during the work period; and if I wish to receive disability pension again after I stop working, I must reapply again and undergo a health examination by the FSS medical board.

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.

聯絡人資料 Information about the contact person:

姓名 **Chan Sio Man** 與本人關係 **brother** 澳門居民身份證編號 **12345XX(X)**
Full name (Relationship to me) Macao SAR Resident ID Card no.
聯絡電話 **6123456X** 聯絡地址 **Rua Macao, Ed. Macao, no.1 2/andar A, Macao**
Phone no. Address

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 **23** 日 **11** 月 **2023** 年
Macao day month year

需遞交文件 Documents required to be submitted:

- 申請人的澳門居民身份證影印本（須出示正本）；
Photocopy of the applicant's Macao SAR Resident ID Card (required to produce the original);
- 最近 3 個月內由澳門特別行政區政府衛生局註冊醫生發出的患病證明；
Medical certificate issued in the past three months by a registered medical practitioner of the Health Bureau of the Government of the Macao SAR;
- 載有住址的文件（如水、電、電話費單）；
A document that contains the residential address (e.g., a utility bill, a phone bill);
- 申請人的個人澳門元銀行帳戶資料影印本或聯名澳門元銀行帳戶資料影印本（須另外填妥「DP1 格式第二頁之使用聯名帳戶聲明書」及遞交聯名人身份證明文件影印本）。
Photocopy of the applicant's personal MOP bank account or joint MOP bank account (also required to complete the Declaration about the Use of a Joint Account on Page 2 of Form DP1 and submit photocopy(ies) of the identification document(s) of the other owner(s) of the joint account).

殘疾金申請表收條 RECEIPT FOR YOUR APPLICATION FOR DISABILITY PENSION

注意：倘重新擔任有薪酬的工作，須即時通知社會保障基金停止殘疾金發放，並退還於工作期間已收取的殘疾金；如停止工作後欲再次領取殘疾金，必須重新申請及接受會診委員會的健康檢查。

NOTE: If you return to paid work, you must immediately report this to the FSS in order to stop the payment of disability pension and you need to repay the disability pension that you receive during the work period. If you wish to receive disability pension again after you stop working, you must reapply again and undergo a health examination by the FSS medical board.