

**Declaration Form for “Employment Incentive Programme for Disability Pension Beneficiaries”**

(Revised in 2020)

**DP7**

**FOR FSS USE ONLY**

**To: Social Security Fund**

Name: \_\_\_\_\_, Macao SAR Resident ID Card number : \_\_\_\_\_

(required to attach a photocopy of the ID card)

I hereby declare the following(s):

☐ Since \_\_\_\_\_ Date (year/month/day), I have been working for \_\_\_\_\_, (name of company) which is located at \_\_\_\_\_  
(company address).

☐ My last day of employment at \_\_\_\_\_ (name of company) is \_\_\_\_\_  
Date (year/month/day).

☐ I have worked for \_\_\_\_\_ (name of company) for more than 90 days.

**DECLARATION**

I hereby declare to the Social Security Fund that I have tried to enter the labour market, and I understand that I have to fulfil the rights and obligations during the trial work period. At the same time, I know that:

1. Each trial work period is 90 days, and 12 months is considered as one term. I may have up to two times of trial work for each term. In addition, if I work for two different employers, I will be considered as doing the trial work for two times. In the case of the same employer, the trial work period shall be calculated continuously from the start of trial work, even if the working days are not consecutive (e.g. casual worker).
2. Each time of trial work must be independently reported to the Social Security Fund and must be no later than 30 days after the start of trial work, and 30 days after finishing the trial work or 30 days after the end of the maximum period of each trial work (90 days).
3. If I work beyond the trial work period (including the maximum period of each trial work – 90 days, or the upper limit of trial work for each term – two times) or I fail to report on time the termination of employment, my disability pension will be stopped and all the improperly received benefit must be repaid.

- ☐ I agree to receive information relating to my disability pension being sent by the Social Security Fund via mobile text message (SMS).
- ☐ I am a member of \_\_\_\_\_ (name of organization/association), and I agree to transfer the information relating to my participation in the Employment Incentive Programme to the above organization/association in order for them to provide relevant employment support service.
- ☐ I agree to transfer the information relating to my participation in the Employment Incentive Programme to the Labour Affairs Bureau and the Social Welfare Bureau in order for them to provide relevant employment support service.

**Contact person information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of declarant (It must match the signature on the ID card)

Macao \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day