

Notice of Termination for Multiple Employees 多位成員終止受僱通知書 (For reporting employees termination WITHOUT Long Service Payment/Severance Payment under MPF scheme) (只供匯報強積金計劃下並無牽涉任何長期服務金/遣散費的離職僱員資料)

Important Note 重要提示:

Please read all the information and content (including the "Notes" provided overleaf) before completing this form.
填寫本表格前, 請先閱讀所有資料及內容(包括背頁所提供之「注意事項」)。

A. Details of Terminated Employee 終止僱員資料

Sub-Scheme No. : _____ Employer (Company) Name : _____
附屬計劃編號 _____ 僱主(公司)名稱 _____

*** Reason for Termination 終止受僱理由**

- | | | |
|---|--|---|
| (1) Termination of Employment (NT) 終止受僱 | (4) Total Incapacity (TI) 完全喪失行為能力# | (7) Intra-group Transfer (ITF) 轉職至有聯繫公司 |
| (2) Normal Retirement (NR) 退休# | (5) Dismissal for Cause (Dis.) 因故革職# ▲ | |
| (3) Early Retirement (ER) 提前退休# | (6) Death (D) 身故# | |

If the employee has Employer Voluntary Contributions, please specify the appropriate reason for termination for the purpose of determining his/her vested benefits. Otherwise it is not necessary for employer to disclose the employee's personal status apart from termination of employment.
如僱員享有僱主自願性供款, 請選擇適當的終止受僱理由以作計算僱員應得的歸屬權益。否則僱主毋須披露該僱員終止受僱以外之個人狀況。

▲ Forfeiture of Vested Benefits from Employer's Voluntary Contributions. Documents to prove such claim (e.g. written consent from the Employee agreeing any vested accrued benefits from Employer's Voluntary Contributions be forfeited) is required to be submitted with this notice.
不獲發放已歸屬之僱主自願性供款權益。於提交本通知書時, 僱主必須提交有關文件(例如: 僱員之書面聲明, 以確認同意放棄任何已歸屬的僱主自願性供款權益)證明是項申索。

Member Account Number 成員帳戶號碼	Member Name (in English & Block Letters, as shown on HKID Card) 成員姓名 (請以英文正楷填寫並必須與身份証相同)	HKID Card No. 香港身份証號碼	Last Date of Employment 最後受僱日期 (dd/mm/yyyy年)	Reason for Termination * 終止受僱理由*						
				Please put a "✓" in the appropriate box below. If no choice is selected, reason "Termination of Employment (NT)" is deemed to be chosen. 請在以下適當空格加「✓」。若沒有任何指示, 將假定選擇為「終止受僱(NT)」。						
		()	/ /	<input type="checkbox"/> (NT)	<input type="checkbox"/> (NR)	<input type="checkbox"/> (ER)	<input type="checkbox"/> (TI)	<input type="checkbox"/> (Dis.)	<input type="checkbox"/> (D)	<input type="checkbox"/> (ITF)
		()	/ /	<input type="checkbox"/> (NT)	<input type="checkbox"/> (NR)	<input type="checkbox"/> (ER)	<input type="checkbox"/> (TI)	<input type="checkbox"/> (Dis.)	<input type="checkbox"/> (D)	<input type="checkbox"/> (ITF)
		()	/ /	<input type="checkbox"/> (NT)	<input type="checkbox"/> (NR)	<input type="checkbox"/> (ER)	<input type="checkbox"/> (TI)	<input type="checkbox"/> (Dis.)	<input type="checkbox"/> (D)	<input type="checkbox"/> (ITF)
		()	/ /	<input type="checkbox"/> (NT)	<input type="checkbox"/> (NR)	<input type="checkbox"/> (ER)	<input type="checkbox"/> (TI)	<input type="checkbox"/> (Dis.)	<input type="checkbox"/> (D)	<input type="checkbox"/> (ITF)
		()	/ /	<input type="checkbox"/> (NT)	<input type="checkbox"/> (NR)	<input type="checkbox"/> (ER)	<input type="checkbox"/> (TI)	<input type="checkbox"/> (Dis.)	<input type="checkbox"/> (D)	<input type="checkbox"/> (ITF)

B. Declaration 聲明

It is DECLARED, UNDERSTOOD AND AGREED that:

If "Dismissal for Cause" is chosen as the reason for termination for any terminated employees, it is deemed as an instruction given to Manulife that Employee is not entitled to any vested accrued benefits from the Employer's voluntary contributions because of debts or liabilities owing to the Employer arising out of criminal, negligence, fraudulent act or omission of this Employee Member. Documents to prove such claim (e.g. written consent from the Employee agreeing any vested accrued benefits from Employer's Voluntary Contributions be forfeited) is required to be submitted with this Notice of Termination for Multiple Employees. In consideration of Manulife complying with the Employer's request for not paying the Employer's voluntary contributions to this Employee, the Employer hereby indemnifies and holds Manulife harmless on demand against any costs, expenses, losses, claims, proceedings and damages, suffered or incurred as a result thereof.

Manulife shall be deemed to have the instructions from the Employer that all the member's contributions in respect of the Employee are deducted by the Employer from the Employee's payroll and any fund withdrawal or transfer of accrued benefits attributable to such contributions will be effected in accordance with the relevant provisions of the Master Trust Deed and Manulife shall not be liable for any loss or damage.

No LSP/SP is required to be paid by the Employer to any of the terminated employee(s) stated on this form and Manulife shall not be held responsible for any claims or loss suffered by the erroneous usage of this form to report termination of employees with LSP/SP.

To the best of our knowledge and belief, the information given in this form/its attachment(s) is/are correct and complete. ◆

吾等明白, 同意並謹此聲明:

如本公司就任何終止受僱的僱員選擇「因故革職」作為終止受僱理由, 即代表此僱員因刑事罪行、疏忽、欺詐或遺漏等行為, 而欠下僱主款項或需承擔法律責任。僱主特此向宏利作出指示, 此僱員並無權利享有任何已歸屬的僱主自願性供款。於提交此「多位成員終止受僱通知書」時, 僱主必須提交有關文件(例如: 僱員之書面聲明, 以確認同意放棄任何已歸屬的僱主自願性供款權益)證明是項申索。鑑於宏利乃遵照僱主之要求而不支付僱主自願性供款部份予此僱員, 故此僱主向宏利作出擔保保證, 僱主願意承擔宏利就此事而可能引致之一切費用、開支、損失、索償、訴訟或損害。

宏利將假設僱員的所有成員供款乃依僱主指示經僱主於僱員薪金中扣除, 其供款或累算權益的提取或轉移將按照本計劃規條內有關條文處理, 宏利將不會就任何損失負責。

此表格上所述之終止受僱僱員均毋須支付長期服務金/遣散費。宏利將不會就僱主因誤用此表格申報終止受僱已支付長期服務金/遣散費的僱員所引致的任何索償或損失而負上責任。

據吾等所知及所信, 本表格/附件提供的資料均屬完整無誤。◆



Authorized Signature & Company Chop of Employer
僱主的獲授權人簽署及公司印章

Name & Title (in Block Letters)
姓名及職銜(正楷)

Date
日期

◆ Warning: Under section 43E of the Mandatory Provident Fund Schemes Ordinance (Cap. 485), a person who, in any document given to the Mandatory Provident Fund Schemes Authority or an approved trustee, knowingly or recklessly makes a statement which is false or misleading in a material respect commits an offence and is liable to a maximum penalty of a \$100,000 fine and 1 year's imprisonment on the first conviction and a \$200,000 fine and 2 years' imprisonment on each subsequent conviction. A person who knowingly and wilfully makes a statutory declaration false in a material particular also commits an offence under section 36 of the Crimes Ordinance (Cap. 200) and is liable on conviction to imprisonment for 2 years and to a fine.

◆ 注意: 根據《強制性公積金計劃條例》(第485章)第43E條, 任何人在給予強制性公積金管理局或核准受託人的任何文件中, 明知或罔顧後果地作出在要項上屬虛假或具誤導性的陳述, 即屬犯罪。首次定罪者, 最高可處罰款\$100,000及監禁一年; 其後每次定罪, 最高可處罰款\$200,000及監禁兩年。根據《刑事罪行條例》(第200章)第36條, 任何人明知而故意在法定聲明中作出在要項上屬虛假的陳述, 亦屬犯罪。一經定罪, 可處監禁兩年及罰款。



C. Notes 注意事項

- (1) Please complete this form in BLOCK LETTERS and put a ✓ in the appropriate boxes.
請以正楷填寫本表格，並在適當空格內加「✓」號。
- (2) Please initial with company chop (where applicable) next to any corrections you make on this form.
如須作出任何刪改，請於刪改之位置旁簽署並蓋上公司印章（如適用）。
- (3) This form is ONLY used to report MPF member termination of employment which does not involve any Long Service Payment (LSP)/Severance Payment (SP). Please use the "Notice of Employee Termination" for reporting termination of employment with LSP/SP.
此表格只供僱主申報並無任何長期服務金/遣散費的強積金僱員離職之用。如有關僱員的離職涉及長期服務金/遣散費，應填寫「僱員終止受僱通知書」以作處理。
- (4) This form is not applicable for the termination of the MPF sub-scheme, termination of membership under a Manulife ORSO scheme and/or termination of the ORSO scheme.
本表格並不適用於終止強積金附屬計劃、終止宏利職業退休計劃的成員身份及/或終止宏利職業退休計劃。
- (5) For regular employee, please complete and return this form together with the last contributions to Manulife within 10 days after the last day of the calendar month in which the employee ceases employment.
請為一般僱員於僱員終止受僱所在的公曆月之最後一天的10日內把填妥的表格及最後供款交回宏利。
- (6) For casual employee, please complete and return this form to Manulife within 30 days after the employee ceases employment and make the last contributions to Manulife within 10 days after the last contribution period.
請為臨時僱員於僱員終止受僱後的30日內把填妥的表格交回宏利，並於最後一個供款期之後的10日內向宏利提交最後供款。
- (7) If there are any outstanding contributions, surcharge or unresolved Calculation Discrepancy Reports, the termination process will be deferred.
若有任何尚欠供款、附加費或未妥為處理的計算差異報告，終止受僱程序將被延誤。
- (8) Completed form can be returned by fax to (852) 2104 3504 or by mail to our correspondence address stated at the bottom of this page. Employer may also report employee termination WITHOUT LSP/SP under MPF scheme via Manulife website www.manulife.com.hk for prompt processing of the termination.
請將填妥的表格傳真至(852) 2104 3504或郵寄至本表格下述所示之宏利通訊地址。僱主亦可透過宏利網頁www.manulife.com.hk匯報強積金計劃下並無牽涉長期服務金/遣散費的離職僱員資料，以加快處理終止受僱程序。
- (9) Employer should advise the terminated Employee to complete a "Claim Form For Payment Of Accrued Benefits On Ground Of Attaining The Retirement Age Of 65 Or Early Retirement", "Claim Form For Payment Of Accrued Benefits On Ground Of Permanent Departure From Hong Kong / Total Incapacity / Terminal Illness / Small Balance / Death" or a "Scheme Member's Request For Fund Transfer Form" to claim or transfer his/her MPF accrued benefits as appropriate.
僱主應知會終止受僱的僱員填寫「基於已達到65歲退休年齡或提早退休的理由而申索累算權益的表格」、「基於永久性地離開香港 / 完全喪失行為能力 / 罹患末期疾病 / 小額結餘 / 死亡的理由而申索累算權益的表格」或「計劃成員資金轉移申請表」以申索或轉移其強積金累算權益。
- (10) Employer is vested with the responsibility to ensure that all accrued benefits which the terminated Employee is entitled are accumulated from contributions made pursuant to the statutory and/or employment requirements and not from any unidentified source of fund.
僱主需確保此終止受僱僱員應得的所有累算權益乃根據法定及/或受聘的條款所規定的供款積存所得，而非不明來歷的資金。
- (11) If the Employee will be transferred to an associated employer under intra-group transfer arrangement, the original copy of a completed "Transfer of Accrued Benefits Upon Intra-group Transfer / Change of Business Ownership Form" signed by the employee, the existing employer and the new employer together with the original copy of a completed "Employer's Request For Fund Transfer Form" signed by the new employer have to be submitted to the trustee of the new employer's scheme to effect the transfer of accrued benefits. Please note that the Employee still remains active in our record until intra-group transfer request has been completed. Employer is obliged by law to make MPF contributions on time and in full for the Employee. Failure to do so may be subject to surcharge imposed, or other enforcement actions taken by the Mandatory Provident Fund Schemes Authority.
如此僱員將轉職至有聯繫公司，由僱員、現僱主及新僱主所簽署之「有聯繫公司間或更改業務擁有權時之成員累算權益轉移表格」及由新僱主所簽署之「僱主資金轉移申請表」的正本需送交至新僱主計劃的受託人，以處理累算權益轉移之申請。敬請注意，在累算權益轉移完成前，此僱員之紀錄仍然生效，僱主仍需配合法例為有關僱員準時並悉數作出強積金供款，否則積金局可能會向僱主徵收附加費或採取其他執法行動。
- (12) All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice"). In case you have not read the Notice before, you can obtain such Notice through Manulife's website at www.manulife.com.hk.
宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）所述，處理有關資料。假如您未有細閱該通知，您可透過宏利網址www.manulife.com.hk取得該通知。
- (13) The information of the contact person(s)/authorized person(s) is collected in their official capacities.
聯絡人 / 獲授權人士的資料乃因應其職務身份而收集。
- (14) By writing to the Privacy Officer of the scheme administrator, member can correct and have access to his/her personal data.
成員可以書面向計劃管理人之個人資料主任更改及查閱其個人資料。

Please sign and return this form by fax to (852) 2104 3504 or by mail to the scheme administrator,

"Provident Funds Services, Manulife (International) Limited, 21/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".

If you choose to fax this form, please keep the fax journal for future reference and DO NOT post it again to avoid duplication.

請填妥及簽署本表格，並傳真至(852) 2104 3504 或寄交計劃管理人「香港九龍觀塘偉業街223-231號宏利金融中心A座21樓宏利人壽保險(國際)有限公司公積金服務部」。

如選擇傳真本表格，請保留傳真紀錄以作日後參考；為免重複，已傳真之表格，無須再寄回宏利。