

Notice of Employee Termination
僱員終止受僱通知書

Notes:

- This form is used for the purpose of notifying Manulife about the termination of employment of your employee, and request for Long Service Payment (LSP) / Severance Payment (SP) offsetting, if applicable. For the cases with no LSP/SP offsetting required, employer may simply report the termination online or by completing the "Notice of Termination for Multiple Employees".
- This form consists of 5 pages. P.4 and P.5 are for important points and explanatory notes for completing this form. If this form is used to report the termination of employment of an employee, irrespective of whether LSP/SP offsetting is involved, the employer must complete and submit the first 3 pages of this form in order to be regarded as a complete request.
- Please read the "Important Notes" on the page 4 before completing this form.
- Please complete this form in BLOCK LETTERS and put a "✓" in the appropriate boxes.
- Please initial with company chop (where applicable) next to any corrections you make on this form.

注意事項：

- 此表格適用於通知宏利有關僱員終止受僱事宜，及要求長期服務金 / 遣散費抵銷 (如適用)。如毋須作及要求長期服務金 / 遣散費抵銷安排，僱主只需於網上帳戶申報有關僱員離職或填寫「多位成員終止受僱通知書」。
- 此表格共5頁，第4及5頁為填報此表格之重要事項及註釋。如以此表格申報僱員離職，無論是否涉及長期服務金 / 遣散費抵銷安排，僱主必須填妥相關部份並遞交首3頁，方被視為完整指示辦理。
- 填寫本表格前，請細閱第四頁之「重要事項」。
- 請以正楷填寫本表格，並在適當空格內加「✓」。
- 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)。

Sub-Scheme No.:

附屬計劃編號

Employer (Company) Name:

僱主 (公司) 名稱

Name of Sub-Scheme Member (as shown on ID Card) 附屬計劃成員姓名 (必須與身份證相同):

Member A/C Number:

成員帳戶號碼

Surname in English 英文姓氏

Given Name in English 英文名字

Name in Chinese 中文姓名

HKID Card No.:

香港身份證號碼

_____ (____)

A. Last Employment Day 最後受僱日

The last employment day of this Employee is 此僱員的最後受僱日期為 _____ - _____ - _____ (dd日 - mm月 - yyyy年).

Important Note: If there are any outstanding contributions, surcharge or unresolved Calculation Discrepancy Reports, the termination process will be deferred.**重要提示** : 若有任何尚欠供款、附加費或未妥為處理的計算差異報告，此項終止受僱程序將被延誤。

B. Reason for Termination 終止受僱理由

Please put a "✓" in the appropriate box(es) below. If no choice is specified, Option 1 "Termination of Employment" is deemed to be chosen. 請在以下適用選項加「✓」。若沒有任何指示，將被視為選項 1「終止受僱」。

1. Termination of Employment (NT) 終止受僱**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。 Normal Retirement (NR) 退休 Total Incapacity (TI) 完全喪失行為能力 Dismissal for Cause (Dis.)^{Remark 1} 因故革職^{註1}

(Forfeiture of Vested Benefits from Employer's Voluntary Contributions 不獲發放已歸屬之僱主自願性供款權益)

If the employee will be transferred to an associated employer under intra-group transfer arrangement, existing employer is not required to submit this Notice of Termination. Please refer to the Notes on "Transfer of Accrued Benefits Upon Intra-group Transfer / Change of Business Ownership Form" for details of the intra-group transfer arrangement procedure and the required documents.

如僱員將轉職至有聯繫公司，現僱主毋須遞交此僱員終止受僱通知書。就有聯繫公司轉移安排詳情及所需文件，請參閱「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」上之注意事項。

2. Death (D)^{Remark 2} (if LSP/SP offsetting involved, please refer to Remark 2 on P.5)身故^{註2} (如涉及長期服務金 / 遣散費抵銷，請參閱第5頁註2)

Please provide the name, contact number and address of the deceased's relative, (if known):

請提供死者親屬的姓名、聯絡電話及地址 (如有此資料):

Name of Relative 親屬姓名: _____ Contact Number 聯絡電話: _____

Correspondence Address 通訊地址: _____



C. Request for Offsetting of Long Service Payment / Severance Payment (LSP/SP) 要求抵銷長期服務金/遣散費

This page must be included in the submission as a complete request, irrespective of whether LSP/SP offsetting arrangement is involved. 無論是否涉及長期服務金 / 遣散費抵銷，作為一個完整指示請務必連同此頁一併遞交。

PLEASE READ THE BELOW AND "GUIDANCE NOTES ON LSP/SP OFFSET" ON THE LAST PAGE CAREFULLY. EMPLOYERS ARE REMINDED TO CHECK WITH THE EMPLOYEES AND/OR TRUSTEE THE REMAINING BALANCE AVAILABLE FOR OFFSETTING.
請務必細閱以下內容，以及末頁之「抵銷長期服務金/遣散費須知」。僱主應先了解僱員於帳戶內可供抵銷之結餘詳情。

Please put a "✓" in the appropriate box to indicate the payment type for the offset amount 請在適當空格內加「✓」以顯示需抵銷之款項類別
If no choice is specified, the payment is deemed to be Severance Payment. 若沒有任何指示，以下選擇將被視為遣散費。
 Long Service Payment (LSP) 長期服務金 (Employment period must not be less than 5 years) (需受僱不少於5年) **OR 或** **Severance Payment (SP) 遣散費** (Employment period must not be less than 2 years) (需受僱不少於2年)

Please provide the amount in the appropriate part below; part 1 (**Refund to Employer**) OR part 2 (**Refund to Employee/Claimant**)
請於以下合適的部份寫上金額；第1部份 (**退款予僱主**) 或第2部份 (**退款予僱員 / 申索人**)。

<u>For the case Employer has paid the LSP/SP to the Employee/Claimant</u> <u>僱主已向僱員/申索人支付長期服務金 / 遣散費</u>	
1.	We confirm that an amount of HK\$ _____ has been paid by the Employer to the Employee/Claimant as LSP/SP in respect of this cessation of employment. 吾等謹確認，僱主已因應僱員終止受僱而支付 _____ 港元長期服務金 / 遣散費予此僱員 / 申索人。
<u>For the case Employer has not paid the LSP/SP to the Employee/Claimant</u> <u>僱主未曾向僱員 / 申索人支付長期服務金 / 遣散費</u>	
2.	We confirm that an LSP/SP amount of HK\$ _____ has not been paid by the Employer to the Employee/Claimant. 吾等謹確認，僱主並未向僱員 / 申索人支付有關長期服務金 / 遣散費，款額為 _____ 港元。

If Employee **has accrued benefits in an ORSO scheme with Manulife for LSP/SP offset purpose** ^{Remark 3}, please indicate Group Policy No. and Certificate No. of the concerned policy.
如僱員**持有宏利職業退休計劃的累算權益並作抵銷長期服務金 / 遣散費安排**，請填寫該僱員的團體保單編號及證書編號 ^{註3}。

Group Policy No. 團體保單編號 GD _____ Certificate No. 證書編號 _____

If LSP/SP offset request in respect of the Employee had also been submitted under a member account of an MPF/ORSO scheme with another trustee/scheme administrator other than Manulife, please indicate the offset amount below. Otherwise, the offset will be arranged under the member account as stated in this form ONLY. (Please attach the document(s) issued by the relevant trustee/scheme administrator, showing the details of LSP/SP offset amount made)
如就此僱員之長期服務金 / 遣散費亦曾於宏利以外其他受託人 / 計劃管理人所管理的成員帳戶遞交抵銷安排的要求，請於下方填寫抵銷金額。否則，此項抵銷僅會在此表格列明的成員帳戶內作安排。(請附上由有關受託人 / 計劃管理人發出並載有所抵銷金額詳情之文件)

HK\$ _____ 港元

D. Employee Declaration and Authorization 僱員聲明及授權

I, as Employee / Claimant, hereby AGREED, UNDERSTOOD AND DECLARED that:
本人作為僱員 / 申索人謹此同意，明白及聲明：

The reason for termination stated in Part B is accurate.
在B部份所申報之終止受僱理由為正確無誤。

The LSP/SP amount stated in Part C is calculated in accordance with Employment Ordinance (Chapter 57).
在C部份所列明長期服務金 / 遣散費之金額是根據僱傭條例 (第 57 章) 計算。

The LSP/SP amount specified in Part C1, if applicable, are fully received by me.
本人已收妥C1部份所列明之長期服務金 / 遣散費之金額 (如適用)。

I have never received the outstanding LSP/SP amount specified in Part C2 paid by the Employer, if applicable.
本人從未有收到由僱主支付於C2部份所列之長期服務金 / 遣散費金額欠款 (如適用)。

I understand that the offset of LSP/SP from the accrued benefits derived from the Employer's contribution in sequence of i) the vested portion of the Employer's contribution in the ORSO Scheme with Manulife ii) the vested portion of the Employer's MPF voluntary sub-account; and iii) the Employer's MPF mandatory sub-account.

本人明白長期服務金 / 遣散費從本人的帳戶內之僱主供款部份之累算權益中按次序以 i) 於宏利之職業退休計劃的僱主供款部份內之僱員已歸屬權益；ii) 強積金計劃內僱主自願性附屬帳戶之已歸屬部份；及 iii) 強積金計劃內僱主強制性附屬帳戶。

If the above LSP/SP offset request cannot be processed before the transfer of accrued benefits held in the above contribution account to my other MPF account under a Manulife MPF scheme, by signing this form, I agree to authorize Manulife to redeem the relevant fund units from such MPF account under a Manulife MPF scheme to which my accrued benefits derived from the previous Employer's contributions for the purpose of the LSP/SP offset.

若抵銷長期服務金 / 遣散費的要求未能在上述供款帳戶之累算權益轉移至本人於宏利其他強積金帳戶前處理，通過簽署本表格，本人同意授權宏利從該宏利強積金計劃下的強積金帳戶，贖回自前僱主供款所衍生的累算權益的有關基金單位，以作抵銷長期服務金 / 遣散費。

I fully understand the eligibility of the LSP/SP as stipulated under the Employment Ordinance. To the best of my knowledge and belief, the information given in this form / its attachment(s) is / are correct and complete. Failure to provide any information requested herein may result in Manulife's inability to process my request.

本人完全明白《僱傭條例》內訂明有關長期服務金 / 遣散費的資格規定。據本人所知及所信，本表格 / 附件提供的資料均屬正確及完整。若未能提供所要求的任何資料，可導致宏利不能處理有關的申請。

I acknowledge and confirm that I have read and understood and agree with the terms of the "Notice to Customers relating to the Personal Data (Privacy) Ordinance".

本人知悉及確認本人已閱讀並明白及同意《有關〈個人資料 (私隱) 條例〉的客戶通知》的條款。

Signature of Employee / Claimant
僱員 / 申索人簽署

Name (in Block Letters) of Employee / Claimant
僱員 / 申索人姓名 (正楷)

Contact Tel. No. of Employee / Claimant
僱員 / 申索人聯絡電話號碼

Date
日期

E. Declaration of Employer and Authorization 僱主聲明及授權

I/We hereby AGREED, UNDERSTOOD AND DECLARED that:
本人 / 吾等謹此同意，明白及聲明：

I/We hereby indemnify and hold Manulife (International) Limited and Manulife Provident Funds Trust Company Limited (hereafter collectively referred to as "Manulife") harmless on demand against any costs, expenses, losses, claims, proceedings and damages, suffered or incurred as a result thereof, in respect of the followings:

本人 / 吾等，就以下情況而蒙受或引致的一切成本、費用、損失、索賠、訴訟或損害，向宏利人壽保險（國際）有限公司及宏利公積金信託有限公司（以下統稱為「宏利」）作出彌償並確保宏利免受損害：

- With "Dismissal for Cause" chosen as the reason for termination under Part B, Manulife complies with the Employer's request for not paying the Employer's voluntary contributions to this Employee.
宏利就B部份所示「因故革職」為終止受僱理由遵照僱主之要求而不支付僱主自願性供款予此僱員。
- Manulife proceeds the Employer's request for offsetting of LSP/SP with the supporting documents provided which satisfy the LSP/SP offset requirement.
宏利根據僱主所提供符合抵銷長期服務金 / 遣散費要求的證明文件，按僱主的要求作出長期服務金 / 遣散費抵銷。
- For LSP paid to the Claimant, I/we confirm that we have verified the identity of the Claimant, his/her relationship with the deceased employee with the provided documents in accordance with the priority sequence listed under the Employment Ordinance, Chapter 57, Section 31RA and Manulife proceeds the Employer's request.
就長期服務金支付予申索人情況，本人 / 吾等確認已按照《僱傭條例》第 57 章第 31RA 條列出的優先順序，核實了申索人的身份、他 / 她與已故僱員的關係及所提供的文件，而宏利處理僱主有關指示。

If no amount is specified in Part C, means that no LSP/SP is required to be paid to this terminating Employee by the Employer and Manulife shall not be responsible for any claims or loss suffered by the Employer arising out of his omission or error in filling this part.

若於C部份沒有填報金額，即代表僱主不需支付長期服務金 / 遣散費予此終止受僱僱員，而宏利將不會負責因僱主漏報或誤報此部份而引致的任何索償或損失。

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 Trust Deed of relevant scheme and Manulife shall not be liable for any loss or damage arising therefrom.

僱員的所有成員供款是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相關計劃的信託契約內有關條文處理，宏利毋須就其引起的任何損失或損害負責。

I/We fully understand the eligibility of the LSP/SP as stipulated under the Employment Ordinance. To the best of my/our knowledge and belief, the information given in this form / its attachment(s) is / are correct and complete. Failure to provide any information requested herein may result in Manulife's inability to process my/our request. I/We agree to indemnify and keep Manulife indemnified against any and all losses, cost, expenses, actions, proceedings suffered by the Manulife as a result of any inaccuracy of the information provided for the purpose of processing this request.

本人 / 吾等完全明白《僱傭條例》內訂明有關長期服務金 / 遣散費的資格規定。據本人 / 吾等所知及所信，本表格 / 附件提供的資料均屬正確及完整。若未能提供所要求的任何資料，可導致宏利不能處理有關的申請。倘若因所填報之資料為錯誤而導致宏利在處理此申請中蒙受任何損失、費用、支出、行動或訴訟，本人 / 吾等同意作出有關賠償予宏利並確保宏利免受損害。

I/We understand that in case of any dispute between the Employee and me/us relating to the terms of the termination of employment and/or MPF scheme membership of the employee concerned, I/we will assume full responsibility in resolving such dispute.

如本人 / 吾等和有關僱員之間因其離職及 / 或終止其於強積金計劃內的成員資格之條款產生爭議，本人 / 吾等自當負責解決有關之爭議。

I/We acknowledge and confirm that I/we have read and understood and agree with the terms of the "Notice to Customers relating to the Personal Data (Privacy) Ordinance".

本人 / 吾等知悉及確認本人 / 吾等已閱讀並明白及同意《有關〈個人資料（私隱）條例〉的客戶通知》的條款。

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。

Important Notes 重要事項

1. 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。
2. 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。
3. 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 and read such Notice through Manulife’s website at www.manulife.com.hk, or simply scan the QR code.
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 或掃描此二維碼索取及查閱該通知。

(PDPO_English) 
(PDPO_中文)
4. 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。
5. By writing to the Privacy Officer of Manulife Provident Funds Trust Company Limited, member can correct and have access to his/her personal data.
成員可以書面向宏利公積金信託有限公司之個人資料主任更改及查閱其個人資料。
6. This form is used to report termination of membership under a Manulife MPF scheme and 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.
本表格僅適用於申報終止宏利強積金計劃的成員身份，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。
7. 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按需要填寫「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。
8. 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。
9. If the accrued benefits of the terminated Employee are currently invested according to the default investment strategy (“DIS”) of the scheme, he/she should be aware that the de-risking mechanism of the DIS starts at the age of 50. When one or more instructions from members, such as subscription, redemption or switching instructions, are also being processed and with units to be issued/redeemed (in the case of the Interest Fund where investment to be made in or monies to be withdrawn from) on the same dealing day as the dealing day scheduled for the annual de-risking for a relevant member, such instruction(s) and the annual de-risking in respect of such member will take place on the same day. In such case, the annual de-risking will only take place after processing those instruction(s).
如終止受僱成員的累算權益是按照計劃的預設投資策略投資，請留意預設投資策略的降低投資風險機制，會由計劃成員年滿50歲開始運作。若一項或多項指示，如認購、贖回或轉換指示，於有關成員的每年降低風險之預定交易日辦理，而在同一交易日發行 / 贖回有關單位（利息基金則為對其進行投資或從中提取款項），該等指示將與有關成員的每年降低風險安排同日進行。在此情況下，每年降低風險安排僅會在該等指示獲處理後進行。

Contact Details of the Terminated Employee 終止受僱僱員之聯絡資料

To ensure we can communicate with the terminated Employee promptly on his/her member account related matters in future, Employer should advise him/her to check if the contact details in Manulife’s record is valid. If there is any change, the terminated Employee may update the contact details:
為確保我們日後能就終止受僱僱員之成員帳戶適時與其聯絡，僱主應知會該僱員核實其於宏利的聯絡資料。如有任何變更，該僱員可以下列方式更新紀錄：

- via Manulife online service at www.manulife.com; or
經宏利網上服務 www.manulife.com; 或
- via “Manulife HK” Mobile App (Simply scan the below QR code to download the App); or
透過「宏利香港」流動應用程式（掃描下方的二維碼以下載此應用程式）；或
- complete and return the **“Change of Contact Details Form”** to Manulife. Simply scan the below QR code to download the form.
掃描下方的二維碼以下載「更改聯絡資料表格」，填妥及寄回宏利處理。



(MIL Mobile App)



(CS01a)

Remarks 註釋

1. Dismissal for Cause - It is an instruction given to Manulife that the 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. 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 Employee Termination if no member signature in Part D.
因故革職 - 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。於提交本僱員終止受僱通知書時，如D部份未有僱員簽署，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。
2. If Long Service Payment (LSP) is required to be paid to the Claimant in accordance with the priority sequence listed under the Employment Ordinance, Chapter 57, Section 31RA, please provide the following documents:
如需根據《僱傭條例》（第57章）第31RA條所列的先後次序而支付長期服務金予申索人，請提交下列文件：
 - (i) "Notice of Employee Termination" signed by the Employer and the Claimant; and
已由僱主和申索人簽署之「僱員終止受僱通知書」；及
 - (ii) Copy of Death Certificate of the deceased Employee or the Letter of Probate/Letter of Administration granted by the Probate Registry; and
死亡證副本或遺產承辦處發出的遺囑認證書 / 遺產管理書副本；及
 - (iii) HKID copy of the Claimant; and
申索人的身份證副本；及
 - (iv) Supporting document(s) (e.g. Marriage Certificate, Birth Certificate) to show the relationship between the deceased Employee and the Claimant.
已故僱員和申索人的關係證明文件（例如：結婚證書、出世紙）。
3. If needed, please duly submit the "Employee Withdrawal Form for Manulife ORSO Registered Scheme" or "Benefit Withdrawal Form for Manulife MPF Exempted ORSO Registered Scheme", failing which, only termination of membership under the MPF sub-scheme will be processed.
如有需要，請提交適當的「宏利職業退休註冊計劃僱員利益提取表格」或「利益提取表格—獲強積金豁免之職業退休註冊計劃」，如無提交所需表格，則宏利只會處理強積金附屬計劃之成員終止程序。

Guidance Notes On LSP/SP Offset 抵銷長期服務金 / 遣散費須知

1. Both the Employee and the Employer are required to sign on this Notice of Employee Termination to acknowledge and agree on the LSP/SP offset arrangement.
僱員及僱主雙方必須簽署本「僱員終止受僱通知書」以確認及同意有關抵銷長期服務金/遣散費之安排。
2. Employees may claim for part or all of the MPF accrued benefits during employment on certain grounds under the Mandatory Provident Fund Schemes Ordinance (Cap. 485). Moreover, part or all of the vested accrued benefits from Employer Voluntary Contributions may be forfeited to the Scheme or vested to the government or an entity appointed by the government due to the special circumstance of the employee. When such employees terminate employment where LSP/SP offset with the MPF benefits is involved, employers are reminded to check with the employees and/or trustee (i) his/ her entitlement of the accrued benefits derived from the Employer Voluntary Contributions; and (ii) the benefit amount already withdrawn from employer portion; and (iii) the remaining balance available for the offsetting.
在《強制性公積金計劃條例》(第485章)下，僱員可於受僱期間以某些理由提取部份或全部強積金累算權益。此外，因應僱員的特殊情況，部份或全部僱員之已歸屬僱主自願性供款權益有可能會被計劃沒收或歸屬於政府或政府所委任的機構。我們謹提醒僱主，當該等僱員離職並涉及以強積金抵銷長期服務金 / 遣散費的情況下，務必先向有關僱員及 / 或受託人查核其(i)是否仍享有已歸屬之僱主自願性供款；(ii) 已由僱主部份提取之款額；及(iii)可供抵銷之帳戶結存。
3. The offsetting amount will be redeemed proportionally according to the fund allocation as of the day on which Manulife redeems the benefits.
抵銷金額將根據宏利贖回權益當日的資金分配按比例從帳戶中贖回。
4. If the signature of Employee is not the same as filed with the Manulife, employer may be requested to provide additional supporting documents.
若僱員之簽署與已備存於宏利之紀錄不符或未有提供，僱主可能被要求提供額外證明文件。