



**Subsidy Scheme for Abolition of MPF Offsetting Arrangement  
Subsidy Application for Shortfall in Aggregate Benefits  
Deceased Employee's Long Service Payment Beneficiary  
Supplementary Form**

(Official Use Only)

Date and Time: \_\_\_\_\_

Application No.: \_\_\_\_\_

(Please use one Supplementary Form to provide the particulars of up to three Long Service Payment Beneficiaries. If the space is not sufficient, please use additional Supplementary Form. Each Supplementary Form should be marked in numerical order starting from "1".)

Supplementary Form No.: \_\_\_\_\_

**Part I Particulars of Applicant**

1. **Name of Applicant** Mr / Ms \*  
(as shown on Hong Kong Identity Card ("HKID")/passport)  
(English) \_\_\_\_\_  
Surname First Name  
(Chinese) \_\_\_\_\_  
Surname First Name
2. **HKID No.** \_\_\_\_\_
3. **Passport No.** (only for Applicant not possessing HKID) \_\_\_\_\_  
  
**Issuing Country/Region of Passport** \_\_\_\_\_ **Expiry Date of Passport** \_\_\_\_\_  
(dd/mm/yyyy)
4. **I declare that, to the best of my knowledge: †**
  - ☐ Other than myself, there is/are \_\_\_\_\_ (number) family member(s) of the deceased Employee who is/are entitled to receive the long service payment ("LSP") of the deceased Employee (Name: \_\_\_\_\_; HKID/Passport\* No.: \_\_\_\_\_) according to section 31RA of the Employment Ordinance ("EO") (Chapter 57 of the Laws of Hong Kong). I am authorised by the family member(s) listed in Part II of this Form to handle all matters related to the application for subsidy on the deceased Employee's shortfall in aggregate benefits after abolition of the Mandatory Provident Fund ("MPF") offsetting arrangement. The listed family member(s) and I understand and agree that the subsidy (if any) shall be divided equally amongst the eligible beneficiary(ies) listed in Part II of this Form and me.
  - ☐ Other than myself, there is/are \_\_\_\_\_ (number) family member(s) of the deceased Employee who is/are entitled to receive the long service payment ("LSP") of the deceased employee (Name: \_\_\_\_\_; HKID/Passport\* No.: \_\_\_\_\_) according to section 31RA of the Employment Ordinance ("EO") (Chapter 57 of the Laws of Hong Kong). I have NOT been authorised by any of the aforementioned family member(s) to make application on his/her/their\* behalf for subsidy on the deceased Employee's shortfall in aggregate benefits after abolition of the Mandatory Provident Fund ("MPF") offsetting arrangement. I understand and agree that the Labour Department and/or its appointed agent(s), after ascertaining the deceased Employee's shortfall in aggregate benefits (if any) after abolition of the MPF offsetting arrangement, would only release to me a subsidy amount in proportion to the amount of the deceased Employee's LSP which I am entitled to receive.  
(Not required to complete Part II of this Form)

Name of Applicant

Signature of Applicant

Date (dd/mm/yyyy)

## Part II Particulars of LSP Beneficiaries

### LSP Beneficiary A

5. **Name of Beneficiary** *Mr / Ms \**  
(as shown on HKID/passport)
- (English) \_\_\_\_\_  
Surname First Name
- (Chinese) \_\_\_\_\_  
Surname First Name
6. **HKID No.** \_\_\_\_\_
7. **Passport No.** (only for Beneficiary not possessing HKID) \_\_\_\_\_
- Issuing Country/Region of Passport** \_\_\_\_\_ **Expiry Date of Passport** \_\_\_\_\_  
(dd/mm/yyyy)
8. **Contact Tel. No.** \_\_\_\_\_ 9. **Email Address** ^ \_\_\_\_\_
10. **Relationship of Beneficiary with Deceased Employee** †
- ☐ Parent of Deceased Employee ☐ Child of Deceased Employee

*I (LSP Beneficiary A) hereby authorise the Applicant in Part I of this Form to handle all matters related to the application for subsidy on the deceased Employee's (Name: \_\_\_\_\_) shortfall in aggregate benefits after abolition of the MPF offsetting arrangement on my behalf. I understand and agree that the subsidy (if any) shall be divided equally amongst the Applicant and all eligible beneficiary(ies) listed in Part II of this Form, including me. I agree that if the application is approved, the Applicant in Part I of this Form would receive the subsidy on my behalf.*

Name of LSP Beneficiary A

Signature of LSP Beneficiary A

Date (dd/mm/yyyy)

### LSP Beneficiary B

11. **Name of Beneficiary** *Mr / Ms \**  
(as shown on HKID/passport)
- (English) \_\_\_\_\_  
Surname First Name
- (Chinese) \_\_\_\_\_  
Surname First Name
12. **HKID No.** \_\_\_\_\_
13. **Passport No.** (only for Beneficiary not possessing HKID) \_\_\_\_\_
- Issuing Country/Region of Passport** \_\_\_\_\_ **Expiry Date of Passport** \_\_\_\_\_  
(dd/mm/yyyy)

\*Please delete where appropriate

†Please put a "✓" in the appropriate box

^Optional items

14. **Contact Tel. No.** \_\_\_\_\_ 15. **Email Address** ^ \_\_\_\_\_

16. **Relationship of Beneficiary with Deceased Employee** †

☐ Parent of Deceased Employee ☐ Child of Deceased Employee

*I (LSP Beneficiary B) hereby authorise the Applicant in Part I of this Form to handle all matters related to the application for subsidy on the deceased Employee's (Name: \_\_\_\_\_) shortfall in aggregate benefits after abolition of the MPF offsetting arrangement on my behalf. I understand and agree that the subsidy (if any) shall be divided equally amongst the Applicant and all eligible beneficiary(ies) listed in Part II of this Form, including me. I agree that if the application is approved, the Applicant in Part I of this Form would receive the subsidy on my behalf.*

**Name of LSP Beneficiary B**

**Signature of LSP Beneficiary B**

**Date (dd/mm/yyyy)**

### LSP Beneficiary C

17. **Name of Beneficiary**  
(as shown on HKID/passport)

Mr / Ms \*

(English) \_\_\_\_\_  
Surname First Name

(Chinese) \_\_\_\_\_  
Surname First Name

18. **HKID No.** \_\_\_\_\_

19. **Passport No.** (only for Beneficiary not possessing HKID) \_\_\_\_\_

**Issuing Country/Region  
of Passport**

\_\_\_\_\_

**Expiry Date of Passport**

\_\_\_\_\_ (dd/mm/yyyy)

20. **Contact Tel. No.** \_\_\_\_\_ 21. **Email Address** ^ \_\_\_\_\_

22. **Relationship of Beneficiary with Deceased Employee** †

☐ Parent of Deceased Employee ☐ Child of Deceased Employee

*I (LSP Beneficiary C) hereby authorise the Applicant in Part I of this Form to handle all matters related to the application for subsidy on the deceased Employee's (Name: \_\_\_\_\_) shortfall in aggregate benefits after abolition of the MPF offsetting arrangement on my behalf. I understand and agree that the subsidy (if any) shall be divided equally amongst the Applicant and all eligible beneficiary(ies) listed in Part II of this Form, including me. I agree that if the application is approved, the Applicant in Part I of this Form would receive the subsidy on my behalf.*

**Name of LSP Beneficiary C**

**Signature of LSP Beneficiary C**

**Date (dd/mm/yyyy)**