



Subsidy Scheme for Abolition of MPF Offsetting Arrangement

Employer Application Form Supplementary Form for Part II

(Official Use Only)

Date and Time: _____

Application No.: _____

Supplementary Form No.: _____

(Please use one Supplementary Form to provide the particulars and employment details of one employee.
Each Supplementary Form should be marked in numerical order starting from "1".)

Part II Severance Payment ("SP")/Long Service Payment ("LSP") Paid to the Employee

Section A: Particulars of Employee to whom SP/LSP has been Paid

31. **Name of Employee** *Mr / Ms **
(as shown on Hong Kong Identity Card ("HKID")/
passport)
- (English) _____
Surname First Name
- (Chinese) _____
Surname First Name
32. Please indicate whether Employer's expenses on the net amount of post-transition portion of SP/LSP actually paid to the Employee has been/will be fully covered/subsidised by other government funding: † (Note 10)
- ☐ Yes ☐ No
- If the answer is "Yes", the Employer is not eligible for subsidy. If the answer is "No", please proceed to the next item.
33. Please indicate whether the Employer had made mandatory provident fund ("MPF") contributions for the Employee in accordance with the Mandatory Provident Fund Schemes Ordinance ("MPFSO") (Chapter 485 of the Laws of Hong Kong) (or had made contributions to the relevant occupational retirement scheme ("ORS") for the Employee in accordance with the terms of the ORS): † (Note 11)
- ☐ Yes ☐ No
- If the answer is "No", the Employer is not eligible for subsidy. If the answer is "Yes", please proceed to item (34) if the Employer is a sole proprietor or an individual employer; and for other types of business entities, please proceed to item (35).
34. (Only applicable to sole proprietorship and individual employer)
- Please indicate whether the Employee is a family member of the Employer: †
- ☐ Yes (please complete items (a) to (c) below) ☐ No (please proceed to item (35))
- (a) Please indicate whether the Employee lived in the same dwelling with the Employer during the employment: †
- ☐ Yes ☐ No
- (b) Please indicate whether the Employee is the husband or wife of the Employer: †
- ☐ Yes ☐ No

*Please delete where appropriate

†Please put a "✓" in the appropriate box

^Optional items

(c) Please indicate whether the Employee worked as a domestic servant in the private household of the Employer: †

☐ Yes ☐ No

If the answer to any one of the items (a), (b) and (c) above is “Yes”, the Employer is not eligible for subsidy. If all the answers are “No”, please proceed to the next item.

35. **HKID No. of Employee** _____

36. **Passport No.** *(only for employee not possessing HKID)* _____

**Issuing Country/Region
of Passport**

37. **Date of Birth** _____
(dd/mm/yyyy)

38. **Contact Tel. No.** ^ _____

39. **Email Address** ^ _____

40. **Correspondence Address** ^ _____
Flat / Unit / Room Floor Block

_____ Name of Building

_____ Estate / Court / Village

_____ No. and Name of Street

_____ District

☐ Hong Kong ☐ Kowloon ☐ New Territories

Section B: Employment Details of Employee

41. **Post Title** _____

42. (a) **Commencement Date of Employment under a Continuous Contract** ^(Note 12) _____
(dd/mm/yyyy)

(b) **Please indicate whether the Employee had been continuously under the employ of the Employer provided in item (1) of Part I since the commencement date of employment up to the termination date of the employment: †**

☐ **Yes** (please proceed to item (43)) ☐ **No** (please complete item (c)(i) below)

(c) (i) **Please provide the period(s) during which the Employee was NOT under the employ of the Employer and the name of the employing entity for the respective period(s):**

Period <u>NOT</u> under the Employ of the Employer	Name of the Employing Entity during that Period	Had the period been recognised by the Employer in calculating the Employee's SP/LSP entitlement? †
		<input type="checkbox"/> Yes (please proceed to item (43)) <input type="checkbox"/> No (please complete item (c)(ii) below)
		<input type="checkbox"/> Yes (please proceed to item (43)) <input type="checkbox"/> No (please complete item (c)(ii) below)

(ii) **Please provide the commencement date of the last employment of the Employee under a continuous contract which was recognised by the Employer:**

(dd/mm/yyyy)

43. **Employee's employment was terminated by:** †

(Please select one of the termination reasons in items (a) to (h) below, and provide the date on which the period of termination notice ended, the date up to which wages were calculated or the date up to which payment in lieu of notice ("PILON") was calculated, etc. as required. The termination of employment must fall within the 25-year subsidy period, i.e. between 1 May 2025 and 30 April 2050, both dates inclusive.)

<input type="checkbox"/> (a) Redundancy/Dismissal	<input type="checkbox"/> <u>With notice</u> Period of notice ended on: _____ <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div> <p style="text-align: center;">or</p> <input type="checkbox"/> <u>With PILON</u> Date up to which PILON was calculated: _____ inclusive <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div> <p style="text-align: center;">or</p> <input type="checkbox"/> <u>With both notice and PILON</u> (i) Period of notice ended on: _____ and <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div> (ii) Date up to which PILON was calculated: _____ inclusive <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div>
<input type="checkbox"/> (b) Employee resigned at the age of 65 or above	
<input type="checkbox"/> (c) Fixed-term contract expired	Date on which the contract term expired: _____ inclusive <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div>
<input type="checkbox"/> (d) Employee retired at the age specified in employment contract	Date up to which wages were calculated: _____ inclusive <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div>
<input type="checkbox"/> (e) Employee died during employment	Date of his/her death: _____ <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div>
<input type="checkbox"/> (f) Employee terminated contract of employment without notice on condition specified under the Employment Ordinance (“EO”) (Chapter 57 of the Laws of Hong Kong) <small>(Note 13)</small>	(i) Date on which termination took effect: _____ and <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div> (ii) Date up to which PILON was calculated: _____ inclusive <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div>
<input type="checkbox"/> (g) Employee terminated his/her contract of employment on the ground of being certified as permanently unfit for the particular type of work for which he/she was employed by a registered medical practitioner or a registered Chinese medicine practitioner	(i) Date on which termination took effect: _____ and <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div> (ii) Date up to which wages were calculated: _____ inclusive <div style="text-align: right;"><i>(dd/mm/yyyy)</i></div>
<input type="checkbox"/> (h) Other reasons (please provide details): _____	

44. Type of Payment†

- ☐ SP (the employment period must not be less than 2 years)
- ☐ LSP (the employment period must not be less than 5 years)

45. Date of Payment of SP/LSP to Employee

(dd/mm/yyyy)

46. **Employee's Wages for Calculating the Pre-transition Portion of SP/LSP Entitlement** *(Note 14 and 15)*

(Please complete this item if the Employee commenced employment before 1 May 2025; otherwise, please proceed to item (48).)

(Please select the remuneration mode of the Employee and complete item (a), (b) or (c) below to provide the wages for calculating his/her pre-transition portion of SP/LSP entitlement.)

<input type="checkbox"/> Monthly-rated employee †	<input type="checkbox"/> Non-monthly rated employee †
(a) If the employment period preceding 1 May 2025 was not less than 12 months †	
<input type="checkbox"/> Last full month's wages immediately preceding 1 May 2025: \$ _____ or <input type="checkbox"/> The average monthly wages over the last 12 months immediately preceding 1 May 2025: \$ _____	<input type="checkbox"/> 18 days' wages chosen out of the last 30 normal working days immediately preceding 1 May 2025: \$ _____ or <input type="checkbox"/> 18 times the average daily wages over the last 12 months immediately preceding 1 May 2025: \$ _____
(b) If the employment period preceding 1 May 2025 was less than 12 months but not less than one month or 30 normal working days †	
<input type="checkbox"/> Last full month's wages immediately preceding 1 May 2025: \$ _____ or <input type="checkbox"/> The average monthly wages over the employment period immediately preceding 1 May 2025: \$ _____	<input type="checkbox"/> 18 days' wages chosen out of the last 30 normal working days immediately preceding 1 May 2025: \$ _____ or <input type="checkbox"/> 18 times the average daily wages over the employment period immediately preceding 1 May 2025: \$ _____
(c) If the employment period preceding 1 May 2025 was less than one month or 30 normal working days †	
<input type="checkbox"/> First full month's wages after commencement of employment: \$ _____	<input type="checkbox"/> 18 days' wages chosen out of the first 30 normal working days after commencement of employment: \$ _____

47. **Amount of Pre-transition Portion of SP/LSP Entitlement** *(Note 16)* \$ _____

48. **Employee's Wages for Calculating the Post-transition Portion of SP/LSP Entitlement** *(Note 14 and 15)*

(Please select the remuneration mode of the Employee and provide the wages for calculating his/her post-transition portion of SP/LSP entitlement.)

<input type="checkbox"/> Monthly-rated employees †	<input type="checkbox"/> Non-monthly rated employees †
<input type="checkbox"/> Last full month's wages immediately preceding termination of employment: \$ _____ or <input type="checkbox"/> The average monthly wages over the last 12 months immediately preceding termination of employment: \$ _____	<input type="checkbox"/> 18 days' wages chosen out of the last 30 normal working days immediately preceding termination of employment: \$ _____ or <input type="checkbox"/> 18 times the average daily wages over the last 12 months immediately preceding termination of employment: \$ _____

49. **Amount of Post-transition Portion of SP/LSP Entitlement** *(Note 16)* \$ _____

50. If the Employer has used the following allowable offsetting item(s) to offset the post-transition portion of SP/LSP of the Employee, please put a “✓” in the appropriate box below and provide the amount used for offsetting: †

☐ Employer-funded (voluntary) MPF scheme benefits ^(Note 17) \$ _____

☐ Employer-funded (specified) ORS benefits ^(Note 18) \$ _____

☐ Gratuities based on the length of service of Employee \$ _____

51. Net Amount of Post-transition Portion of SP/LSP Actually Paid to the Employee after Netting the above Allowable Offsetting Item(s): \$ _____

If the net amount is “zero”, i.e. the post-transition portion of SP/LSP had been fully offset, the Employer is not eligible for subsidy. If the amount is more than zero, please proceed to the next item.

Section C: Details of MPF Scheme or ORS in which the Employee was Enrolled During Employment

52. Please provide the details of the MPF scheme(s) and/or ORS which the Employee was enrolled in and had kept the employer-funded contributions until the termination of employment:

	Name of MPF Scheme/ORS (as shown on MPF Scheme/ ORS statement)	Name of Approved Trustee of MPF Scheme ^(Note 19) / Administrator of ORS	Scheme Membership No.	Date of Enrolment in the Scheme
(1)				_____ (dd/mm/yyyy)
(2)				_____ (dd/mm/yyyy)
(3)				_____ (dd/mm/yyyy)
(4)				_____ (dd/mm/yyyy)
(5)				_____ (dd/mm/yyyy)

(Please put a “✓” in the box below)

☐ I, in my own right as the Employer/for and on behalf of the Employer*, declare that to the best of my knowledge and belief, the information provided above is true, complete and accurate, and agree to provide supporting documents for verification if required.

Name

Post Title

Signature

Date (dd/mm/yyyy)

Company/Organisation Chop

*Please delete where appropriate

†Please put a “✓” in the appropriate box

^Optional items