



**EMPLOYER PAYMENT OF BENEFITS FORM 僱主利益支付表格**

**PENSION PLAN 退休金計劃 :** \_\_\_\_\_

**SPONSOR (EMPLOYER) 參與法人(僱主) :** \_\_\_\_\_

**Please pay the following member (employee) the accrued benefits according to the Regulations of Pension Plan : 請根據退休金計劃規例支付以下參與人(僱員)的既得利益 :**

Name of Member (Employee) 參與人(僱員)姓名 : _____
Staff Code 職員編號 : _____ BIR(P) No. 身份證號碼 : _____
Date of Leaving Employment 離職日期 : _____ / _____ / _____ (dd/mm/yyyy 日/月/年)
Date of Benefit Entitlement 利益享有權日期 * : _____ / _____ / _____ (dd/mm/yyyy 日/月/年) (* Please state if different from Date of Leaving Employment 若與離職日期不同請填寫)
Remarks (if any) 備註(如有) : _____ _____

**CONDITION FOR BENEFIT PAYMENT 支付利益之條件**

Please "√" the appropriate box 請在合適的空格上填上"√" :

- Employee's Resignation Complying Rules 僱員按規定辭職
- Employee's Resignation Not Complying Rules 僱員非按規定辭職
- Termination of Employment Relationship by Employer with Good Cause 被僱主合理解僱
- Termination of Employment Relationship by Employer without Good Cause 被僱主非合理解僱
- Old Age Retirement 年老退休
- Deferred Retirement 延期退休
- Permanent Incapacity for Work 長期無工作能力
- Serious Illness 嚴重疾病
- Death 死亡
- Others, please specify 其他, 請說明 : \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Signature 參與法人簽署

\_\_\_\_\_  
Date 日期 (dd/mm/yyyy 日/月/年)