



**EMPLOYEES' COMPENSATION INSURANCE
PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM**

FORM A

僱員補償保險 保費調整及僱員收入申報表

N.B. PLEASE SEE OVERLEAF FOR GUIDELINES FOR COMPLETING THIS FORM
注意: 請參閱背頁指引填寫本表格

Policy Number : _____ Period of Insurance : _____
保單編號 : _____ 保單有效日期 : _____
Insured's Name : _____
保戶名稱 : _____

(a) Description of Occupations 職業類別	Total Earnings for the current period of insurance 保險期內之僱員收入總額		Estimated Total Earnings for renewal period 來年度僱員收入總額估計	
	No. of Persons Employed 僱員人數	(b) Total Earnings 僱員收入總額	No. of Persons Employed 僱員人數估計	Estimated Total Earnings 僱員收入總額估計
Total 總額				

Pursuant to the Insurance Premium Clause of the abovementioned Policy, I/We affirm that the above amount of all earnings paid by me/us to every employee in my/our employment during the said Period of Insurance is true and correct to the best of my/our knowledge.

依據上述保單內之保費條款，本人/吾等謹此聲明以上申報在保單有效期內由本人/吾等支付給僱員的收入總額正確無訛。

SIGNATURE OF INSURED 保戶簽署
COMPANY CHOP WHERE APPLICABLE 公司印章

NAME & TITLE OF PERSON SIGNING 簽署人之姓名及職位

DATE 日期: _____



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IMPORTANT NOTICE

- (1) Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guidelines (c) below)

GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

(a) Description of Occupations

Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.

(b) Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282))

Please declare the actual total gross earnings for the period of insurance.

(c) Submission

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within **90 days** after the expiry or termination of the policy together with the following:

- i) Signature of an authorised officer;
- ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee).

重要通知

- (1) 任何未有按照《僱員補償條例》（香港法例第 282 章）第 40(1)條中規定購買僱員補償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。
- (2) 根據保單條款，閣下必須在指定日期內向保險公司提交已填妥的保費調整及僱員收入申報表。詳情請參閱以下(c)項指引。

填寫保費調整及僱員收入申報表指引

(a) 職業類別

每一項職業類別必須分別申報，例如：文員、銷售/市場推廣員、信差、接待員、私家車司機等等。

(b) 收入總額（與《僱員補償條例》（香港法例第 282 章）第 3 節中相關詞語的涵義相同）

請如實申報所有僱員在保單有效日期內的實際收入金額。

(c) 提交

閣下必須在保單到期或取消保單後 **90 天**內，向保險公司提交已填妥之保費調整及僱員收入申報表，並包括：

- (i) 授權人士之簽署；
- (ii) 保單有效日期內之強積金月結單（須列明各僱員的職業類別）。