

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

Renewal of Long Serving Retiree's Card / Long Serving Retiree's Spouse Card
Application Form
更換長期服務退休員工證/長期服務退休員工配偶證
申請表

Notes 注意事項：

1. Please complete this form in BLOCK LETTERS. 請用正楷填寫申請表格。
2. Attach a recent photograph (size 1" x 1.5") of yourself and/or your spouse as appropriate. 請附上您及/或您配偶的近照一張 (1" x 1.5")。
3. Return the completed and signed renewal form to the Human Resources Office one month before card expiry. The renewal form is obtainable at HRO Homepage (<http://www.polyu.edu.hk/hro/retiree/main.htm>). 請於證件到期前一個月將填妥及已簽署的續證表格，交回人力資源處。請登入人力資源處網頁 (<http://www.polyu.edu.hk/hro/retiree/main.htm>) 下載續證表格。
4. If deemed necessary, applicants will be required to produce documentary evidence, e.g. copy of HKID card, marriage certificate, etc., to support their application or upon card collection. 如有需要，在提出申請或領取長期服務退休員工證時，申請人須提供證明文件以供查閱(如：香港身份證副本、結婚證明書副本等)。
5. If Long Serving Retiree's Spouse chooses to opt for medical and/or dental benefits, the benefits opted should follow Long Serving Retiree's benefits choice. 長期服務退休員工及其配偶的醫療或/和牙科服務選項須一致。
6. Long Serving Retiree's Card / Long Serving Retiree's Spouse Card can be collected at the Human Resources Office 3 working days prior to its effective date. Old LSR Card(s) should be returned. 長期服務退休員工證及其配偶證可於生效日期前三個工作天於人力資源處領取，並交還舊證。
7. **No individual reminder on card renewal will be issued. 人力資源處不會個別通知辦理續證。**
8. The provision of the Long Serving Retiree benefits is at the discretion of the University and the University reserves the right to withdraw the provision of such benefits at any time as deemed appropriate. 長期服務退休員工的福利由大學全權決定，大學有權於適當時候撤回此類福利。

Part I: Application for Renewal of Long Serving Retiree's Card

第一部份:申請更換長期服務退休員工證

Name of Applicant:
申請人姓名 (Surname first, followed by given names 姓氏、名字)

LSR No. 長期服務退休員工證號碼 Department 部門:

Contact Address 聯絡地址:

Personal Email Address 電郵地址:

Mobile Phone No. 手提電話:

Part II: Application for Renewal of Long Serving Retiree's Spouse Card (if applicable)

第二部份:申請更換長期服務退休員工配偶證(如適用)

Name of Applicant's Spouse
申請人配偶姓名 (Surname first, followed by given names 姓氏、名字)

Name in Chinese (if any):
中文姓名(如適用):

Date of Birth: HKID / Passport No.:
出生日期 (DD日/MM月/YY年) 香港身份證/護照號碼

Mobile Phone No. (if different from the above):
手提電話(如跟以上不同):

Part III: Dental Service Option Upon Renewal of Card(s)

第三部份:牙科服務選擇

- I and my spouse (if applicable) opt to receive dental service provided in the clinics of the University's appointed dentist, (including the on-campus staff dental clinic), at an annual rate per person to be deducted from the overall annual medical and dental benefit limit.

本人和配偶(如適用)選擇接受大學指定的牙科醫生(包括校內員工牙科診所)所提供的服務，年費會從每人每年可享受之醫療及牙科保健服務限額中扣除。

- I and my spouse (if applicable) do not wish to receive dental service.

本人和配偶(如適用)選擇不接受牙科服務。

Please tick the appropriate box 請於適當的方格內加上√號

Declaration 聲明:

I hereby declare that all the information provided herein is true, complete and correct. I confirm that I fully understand and agree to observe the regulations relating to the Long Serving Retiree's Scheme, which may be revised from time to time, applicable to me/my spouse. I also undertake not to engage in any conduct or activities which may adversely affect the University's operation or may bring the University into disrepute.

Should there be any changes to the above information (including marital status, decease, etc.), I/my spouse/my immediate family members shall give immediate notification, verbally or in writing, to the Human Resources Office of any such change and return the card(s) to the Human Resources Office for disposal.

I also understand that in accordance with the provisions of the Personal Data (Privacy) Ordinance, my/my spouse's personal information will be used for the purposes of administration of the Long Serving Retiree's Scheme, and be divulged to external parties, e.g. the University's appointed dentist, etc. in the provision of medical/dental services, as appropriate.

I understand that I shall be responsible for settling any medical and dental charges incurred by me or my spouse, which are in excess of the limits of the medical and dental benefits set out in the Long Serving Retiree's Scheme.

本人謹此聲明，以上所提供的資料全屬確實無訛，並無遺漏。本人完全了解及同意遵守長期服務退休員工計劃內適用於本人/本人配偶的規條，並理解該等規條會隨時作出修訂。本人亦聲明，本人承諾不會從事任何可能對大學的運營產生不利影響或使大學聲名受損的行為或活動。

如上述資料有變(包括婚姻狀況、身故等)，本人/本人的配偶/本人的直系親屬將立即以口頭或書面方式知會人力資源處，並將有關證件交還人力資源處處處理。

本人亦明白大學於管理長期服務退休員工計劃時，會根據個人資料(私隱)條例收集及使用本人/本人配偶的個人資料，並在有需要時將該等資料交予校外人士，如大學委任的牙醫等。

本人明白超出長期服務退休員工計劃內所列出的本人或本人配偶的醫療及牙科福利上限費用，須由本人負責清還。

Signature of Applicant
申請人簽署

Signature of Applicant's Spouse (if applicable)
申請人配偶簽署(如適用)

Date 日期

For Office Use Only

LSR Card No.:

LSRS Card No.:

LSR Card valid from:

LSRS Card valid from:

Expiry Date:

Expiry Date:

(DD / MM / YY)

(DD / MM / YY)

(DD / MM / YY)

(DD / MM / YY)

Printed on: _____

Printed on: _____

Action by: _____

Action by: _____

(Signature / Post)

(Signature / Post)

To: Human Resources Office

致: 人力資源處

Collection of Long Serving Retiree's Card / Long Serving Retiree's Spouse Card

領取長期服務退休員工證/長期服務退休員工配偶證

I acknowledge receipt of the Long Serving Retiree's Card / Long Serving Retiree's Spouse Card.

本人確認已領取長期服務退休員工證/長期服務退休員工配偶證。

Signature of Applicant
申請人簽署

Date 日期