

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

Renewal of Long Serving Retiree's Card
Application Form

更換長期服務退休員工證
申請表

(For Approved Early Retirement Cases 獲准提早退休個案)

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. 請附上您的近照一張(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>). 請於證件到期日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, copy of passport, 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、護照副本等)。
5. Full-time staff members leaving the University's service on approved early retirement under the early retirement mechanism introduced after July 2001 or on completion of contract initiated and approved by the University in connection with organisation restructuring who have served the University for at least 15 years shall be eligible for medical and dental services subject to the conditions as set out in the Annex. 參加二零零一年七月或以後推出的提早退休機制而離職的全職員工，或由於架構重整而應大學要求於完成合約時離職、並已在大學服務十五年或以上的員工，將按附件上列出的條件享有醫療和牙科服務。
6. The card is valid for 1 year and is renewable upon application. 此證有效期為一年及可申請更換續期。
7. Long Serving Retiree's 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。
8. **No individual reminder on card renewal will be issued.** 人力資源處不會個別通知辦理續證。
9. 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: Dental Service Option Upon Renewal of Card(s)

第二部份：牙科服務選擇

I 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用之醫療及牙科保健服務限額中扣除。

I do not wish to receive dental service.

本人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. I am fully aware that the provision of long-serving retiree benefits to staff members who leave the service of the University on approved early retirement is subject to the general principle of no double benefit provisions. The medical and dental benefits shall cease immediately if I enter into another employment that provides medical benefits. Besides, I also understand that upon receiving the medical and dental benefits provided by the University, I will not receive any medical and dental benefits from my spouse's employer or another source not purchased by me or 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 decease, etc.) or should I enter into another employment that provides medical benefits or should I receive any medical and dental benefits from my spouse's employer or another source not purchased by me or my spouse, 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 to the Human Resources Office for disposal.

I also understand that in accordance with the provisions of the Personal Data (Privacy) Ordinance, my 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, 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的規條，並理解該等規條會隨時作出修訂。本人完全明白為獲准提早退休僱員提供的長期服務退休員工福利須按“不支取雙重福利”的原則辦理。假若本人從大學離職後獲其他僱主聘用，並享有醫療福利，大學會立即停止向本人提供醫療及牙科保健服務。此外，本人亦明白在享用大學所提供的醫療及牙科保健服務期間，將不能同時接受由本人配偶之僱主或其他非由本人或配偶購買的保障所提供的醫療及牙科福利。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(如身故等)，或本人獲另一僱主聘用並提供醫療福利，或接受由本人配偶之僱主或其他非由本人或配偶購買的保障所提供的醫療及牙科福利，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，並將該證交還人力資源處處理。

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的個人資料，並在有需要時將該等資料交予校外人仕，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

Date 日期

For Office Use Only

LSR Card No.:

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LSR Card valid from:

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(DD / MM / YY)

Expiry Date:

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(DD / MM / YY)

Printed on: _____

Action by: _____
(Signature / Post)

To: Human Resources Office
致: 人力資源處

Collection of Long Serving Retiree's Card
領取長期服務退休員工證

I acknowledge receipt of the Long Serving Retiree's Card.
本人確認已領取長期服務退休員工證。

Signature of Applicant

申請人簽署

Date 日期