



MSIG Insurance (Hong Kong) Limited  
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**EMPLOYEES' COMPENSATION INSURANCE 僱員補償保險**

**PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM 保費調整及收入聲明表格**

N.B. Please see overleaf for guidelines for completing this form 註：請參照背頁之指引以填妥表格

Policy No. 保單號碼:		Insured 受保人:		
Description of Occupations 職業描述(a)	Past Period of Insurance 上年度保險期內		Renewal Period of Insurance 本年度保險期內	
	Number of Persons Employed 聘用之員工人數	Total Earnings 總收入(b)	Estimated Number of Persons Employed 預計聘用之員工人數	Estimated Total Earnings 預計總收入
<b>TOTAL 合共</b>				
<i>Please use separate sheet if the space provided is not sufficient 如空位不敷應用·請另頁書寫</i>				
<b>Please provide copy of monthly MPF Contribution Statements / Tax Returns / Financial Statements for substantiating the Total Earnings as declared above. 請提供強積金供款月結單、報稅表或財務報表副本以證明上述所申報之年度總收入。</b>				

**Contractors' / Sub-contractors' Employees 總承判商 / 次承判商之員工**

(if covered under this Policy 如受此保單保障) (c)

Name of Contractor/ Sub-contractor 總承判商 / 次承判商之名稱	Nature of Works sub-contracted 外判之工種性質	Total Amount Paid / Payable to Sub-contractor for the Period of Insurance 保險期內支付予次承判商之總額
<b>TOTAL 合共</b>		
<b>Grand TOTAL 總數</b>		

Pursuant to the Insurance Premium clause of the above-mentioned 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.

根據上述保單之保費條款，本人(等)確認於上述保險期內所有由本人(等)支付予每位員工於受聘期間之薪酬，據本人(等)確信，均為正確無訛。

Signature of Insured 投保人簽署

Company chop where applicable 公司蓋印(如適用)

Title 職銜:

Name of person signing 簽署人之姓名

Date 日期:

**IMPORTANCE NOTICE 重要提示**

- (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.  
任何僱主未有根據僱員補償條例第 282 章 40 ( 1 ) 條投保，即屬違法，一經定罪最高可被判罰款港幣 100,000 元及監禁兩年。
- (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 (e) below).  
閣下需於限定日期內（請參照下列指引（e）），根據保單條款，向保險公司提交保費調整及收入聲明表格。
- (3) Under-reporting of earnings will result in proportionate reduction in indemnity for compensable claims.  
若申報收入與實際收入不符，可獲賠償金額會因此按比例減少。

**GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT DECLARATION OF EARNINGS FORM****填寫保費調整及收入聲明表格指引**

- (a) **Description of Occupations 職業描述**  
Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/ Marketing, Messenger, Lorry Driver, Welder etc.  
請分別列出不同職業之類別，如：文員、銷售及市場工作、信差、貨車司機、焊工等。
- (b) **Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282)) 總收入（根據僱員補償條例第 282 章 3 條之詳盡定義）**  
Please declare the actual total gross earnings for the period of insurance.  
請申報於保險期內之實際總收入。
- (c) **Contractors & Sub-contractor's Employees 總承判商 / 次承判商之員工**  
If you contract out any of the work in connection with your business, please provide particulars as specified therein.  
如閣下外判任何與閣下業務有關之工作，請提供有關資料。
- (d) **Minimum Annual Earnings 最低年薪**  
For the purpose of premium calculation, any employee (including any articulated pupil or apprentice whether indentured or not) whose earnings are at a rate less than \$63,720 per annum, earnings must be assessed at not less than \$63,720 per annum.  
計算保費時，任何僱員（包括訂有期約學徒或無訂約學徒）其每年酬益少於六萬三千七百二十元者則估計其不得低於六萬三千七百二十元論。
- (e) **Submission 遞交**  
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 with the Signature of an authorized officer.  
閣下需於保險到期日或保單完結後 90 日內填妥保費調整及收入聲明表格，並連同授權人之簽署提交予保險公司。

**Sun Flower Insurance Brokers Limited**

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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.