Labour and Welfare Bureau

Financial Assistance Scheme for Family Members of Those who Sacrifice their Lives to Save Others

Application Form

(A) Personal Particulars of the Applicant[1]

	Applicant (1)	Applicant (2)	Applicant (3)
Name (Chinese and English)			
Date of Birth			
Identification Document No.(HK/ other countries)			
Gender	Male/ Female	Male/ Female	Male/ Female
Occupation			
Address			
Contact No.: Residential/ Office/ Mobile			
Relationship with the Deceased			
For applicant who is a family member as specified in para. (d) of section 3 of the Employees' Compensation Ordinance (see Annex), please indicate whether he/she was living with the deceased as a member of the same household and has been so living for the period of 24 months immediately preceding the concerned incident			

[1] The applicant(s) should be family member(s) of the deceased as defined in Section 3 of the Employees' Compensation Ordinance (see Annex).

(B) Personal Particulars of the Deceased

Name (Chinese and English)	
Date of Birth	
Identification Document No. (HK/ other countries)	
Gender	Male/ Female
Whether he/she was legally staying in HK at the time of the incident	Yes/ No
Occupation	
Any specified retirement age for his/ her occupation	
Address	
Contact No.: Residential/ Office/ Mobile	

(C) Details of the Death Causing Incident

Date of the Incident	
Date of Death	
Location of the Incident	
Please briefly describe the background of the death causing incident and, the action taken by the deceased that constitutes the assistance to save or protect the life of another person:	

(D) Declarations

1. I/We consent to the release of information related to this application, by Government departments and other parties, to the Labour and Welfare Bureau, for the purpose of this application.

2. I/We declare that to the best of my/our knowledge, apart from the applicant(s) as listed in part (A) above, there are no other parties who are eligible to apply for financial assistance under this Scheme, as regards the concerned deceased.

3. I/We confirm that I/ we have a need for financial assistance.

4. I/We declare that to the best of my/our knowledge, the information provided by me/us in this application form is true.

Date of Application: _____

Signature of Applicant (1): _____

Signature of Applicant (2): _____

Signature of Applicant (3): _____

(E) Notes to Applicants

(1) Completed application form should be submitted with the following supporting documents:

(a) a photocopy of identity documents of the deceased and the applicant(s);

(b) a photocopy of identity documents on the relationship between the deceased and the applicant(s);

(c) if the deceased is not a Hong Kong resident, please submit documents supporting that he/she was lawfully residing in Hong Kong at the time of death; and

(d) for applicant(s) who are family member(s) as specified in para. (d) of section 3 of the Employees' Compensation Ordinance (see Annex), please also submit a copy of document(s) supporting that the concerned applicant(s) has/have been living with the deceased in 24 months immediately preceding the concerned incident.

(2) Please submit the application form, with supporting documents, to:

Labour and Welfare Bureau
8/F West Wing, Central Government Offices
11 Ice House Street
Central, Hong Kong
(Attn.: Assistant Secretary (Welfare) 1B)

or fax to 2524 7635 (Attn.: Assistant Secretary (Welfare) 1B)

(3) Notes about personal data of the applicants

The information provided will be used for processing your application under the Scheme. The information may be divulged to other departments/bureaux/agencies for the same purpose or where the disclosure is permitted or required by law.

The Labour and Welfare Bureau may not be able to process your application if you do not provide sufficient information.

For correction of or access to personal data contained in this application, please contact the following officer -

Assistant Secretary (Welfare) 1B
Labour and Welfare Bureau
8/F West Wing, Central Government Offices
11 Ice House Street
Central, Hong Kong
Tel. No.: 2810 3933

(4) For enquiry, please contact:

(a) Miss Peggy SIU
Assistant Secretary (Welfare) 1B
Tel: 2810 3933

(b) Miss Belle HO
Executive Manager (Welfare) 1
Tel: 2810 3431

Annex

Section 3 of the Employees' Compensation Ordinance

Section 3 of the Employees' Compensation Ordinance specifies, among other things, that "member of the family", in relation to an employee, means a person who has any of the following relationships in respect of the employee, whether by blood or an adoption :

(a) a spouse or cohabitee;

(b) a child;

(c) a parent or grandparent; or

(d) a grandson, granddaughter, stepfather, stepmother, stepson, stepdaughter, son-in-law, daughter-in-law, brother, sister, half-brother, half-sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, and child of a brother or sister of the whole blood, any of whom has been living with the employee as a member of the same household and has been so living for the period of 24 months immediately preceding the accident concerned.

For the purpose of the definition of “member of the family” as specified in this section, an adoption means an adoption :

(a) made under an adoption order made in accordance with the Adoption Ordinance (Cap. 290);

(b) to which section 17 of the Adoption Ordinance applies; or

(c) made in Hong Kong in accordance with Chinese law and custom before 1 January 1973; and

any person so adopted shall be treated as the child of the adopter, and not as the child of any other person, and all relationships to the adopted person shall be deduced accordingly.