## THE CHINESE UNIVERSITY OF HONG KONG

## <u>Mandatory Provident Fund Scheme (MPFS) Form</u> <u>for Checking / Clearance of Exemption Status</u>

## **Part I Relevant Exemption Provisions**

In accordance with the MPFS Ordinance (Cap 485), the University has to enroll its employees into an MPFS unless an employee is an 'MPFS Exempt Person'.

	Meet any one of the Exemption Provisions below?	How will this be ascertained?
1	Age below 18	Auto-determined based on your date of birth on University record
2	Age 65 or above by commencement of employment at the University	Auto-determined based on your date of birth on University record
3	Employment in the University for a period shorter than 60 consecutive days	Auto-determined based on your employment information on University record
4	Holding an employment visa for employment and within the limited period of the initial 13 months	Auto-determined based on your visa information on University record
5	Holding or will enter Hong Kong on the strength of an employment visa and is a member of an overseas retirement scheme	Employees meeting this criterion who wish to be exempted from joining MPFS need to complete and return the following declaration (Part II below) together with a copy of supporting document(s) to the Payroll and Superannuation Unit within 30 days after commencement of appointment at the University

## Part II Declaration

	Kong on the strength of an employment visa and I am a
retirement scheme ) in	( name of an overseas ( country ). I wish to be exempted from joining
the University's MPFS on ground	of the exemption provision no. 5 in Part I above. A copy of
	embership of an overseas retirement scheme is enclosed for the
	If and when I cease to be a member of the aforementioned
•	y in writing within two weeks from date of cessation of membership.
(e.g. being granted unconditional s	when there is any change in my condition of stay in Hong Kong tay, or right of abode, or staying in Hong Kong as a dependent e to the University in writing within two weeks.
Name:	Staff ID: Department:
Signature:	Date:
Signature:	Date: