

致：稅務局局長
To : Commissioner of Inland Revenue
香港郵政總局郵箱132號
傳真：2877 1232
G.P.O. Box 132, Hong Kong
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檔案號碼：
File No : _____

申請扣除根據自願醫保計劃保單繳付的合資格保費
Claim for Deduction for qualifying premiums paid
under the Voluntary Health Insurance Scheme Policy
課稅年度 Year of Assessment _____ / _____

- 為本人繳付的合資格保費
Qualifying premiums paid for self
- 為指明親屬繳付的合資格保費
Qualifying premiums paid for specified relative(s)
- (1) 親屬的姓名 (請用正楷填寫)
Name of the relative (Please use BLOCK LETTERS)
- (2) 香港身分證號碼
Hong Kong Identity Card Number
- (3) 親屬的出生日期
Date of birth of the relative
- (4) 你與親屬的關係
Your relationship with the relative
- (5) 親屬為子女/兄弟/姊妹，其在該年度內年滿18歲；
For child/brother/sister, if aged 18 or more during the year;
- (6) 親屬為子女/兄弟/姊妹，其在該年度內未滿11歲及並非香港身分證持有人，其父/母的香港身分證號碼
For child/brother/sister under the age of 11 and not a HKID card holder, enter the HKID Card Number of a parent of that child/brother/sister.
- (7) 親屬為父母/祖父母/外祖父母，其在該年度內未滿55歲，但有資格按政府傷殘津貼計劃申索津貼
For parent/grandparent under the age of 55, he/she was eligible to claim an allowance under the Government's Disability Allowance Scheme during the year
- (8) 申請的合資格保費
Amount of premiums claimed

\$		
親屬1 Relative 1	親屬2 Relative 2	
()	()	
<input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Your child <input type="checkbox"/> 你或你配偶的兄弟/姊妹 Your/your spouse's brother/sister <input type="checkbox"/> 你或你配偶的父母 Your/your spouse's parent <input type="checkbox"/> 你或你配偶的祖父母/外祖父母 Your/your spouse's grandparent	<input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Your child <input type="checkbox"/> 你或你配偶的兄弟/姊妹 Your/your spouse's brother/sister <input type="checkbox"/> 你或你配偶的父母 Your/your spouse's parent <input type="checkbox"/> 你或你配偶的祖父母/外祖父母 Your/your spouse's grandparent	
但未滿25歲， 並接受全日制教育 but under 25 and receiving full time education <input type="checkbox"/>	但因殘疾 而不能工作 but incapacitated for work with disability <input type="checkbox"/>	但未滿25歲， 並接受全日制教育 but under 25 and receiving full time education <input type="checkbox"/>
()	()	
是Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	是Yes <input type="checkbox"/>
\$	\$	

本人謹此聲明，在本表格內所填報的資料均屬真確，並無遺漏。

I declare that the information given above is true, correct and complete.

簽署：
Signature : _____
姓名：
Name : _____

日間聯絡電話：
Daytime Contact Phone No.: _____
日期：
Date : _____

請在適當空格內加上「✓」號。 Please '✓' in the appropriate boxes.

註：如超過2名親屬，請在另紙上以同樣格式提供有關資料。

Note : If more than 2 relatives are involved, please supply information on a separate sheet in the same format.

就本表格的要求及於本局處理你的申請的過程中提供個人資料屬自願性質。然而，如你未能提供充分資料，本局可能無法處理你的申請。本局會把你提供的資料，用於施行本局專責執行的法例。本局並可在法律授權或准許的情況下，向任何其他人士或機構披露/轉移該等資料的任何或全部內容。你有權要求查閱及改正你的個人資料，但屬《個人資料(私隱)條例》豁免披露的情況除外。如欲查閱或改正個人資料，請致函評稅主任(地址為香港郵政總局郵箱132號)，同時請註明你於本局的檔案號碼。The provision of personal data required by this form and during the processing of your application is voluntary. However, if you do not provide sufficient information, the Department may not be able to process your application. The Department will use the information provided by you for the purposes of the Ordinances administered by it and may disclose/transfer any or all of such information to any other parties provided that the disclosure/transfer is authorized or permitted by law. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have the right to request access to and correction of your personal data. You should send such request in writing to the Assessor at GPO Box 132, Hong Kong and quote your file number in this Department.