

**Native-speaking English Teacher (NET) Scheme in Primary Schools
Application for Reimbursement of Medical Insurance Premium Payment**

Notes:

1. Only the ORIGINAL copy of the form will be accepted.
2. Please ensure that sufficient postage is paid to avoid unsuccessful delivery of application. Any underpaid mail items will be disposed of by the Hongkong Post.

Please insert a ✓ the appropriate box

*Delete as appropriate

Section 1: Personal Particulars

1. Full name of applicant: Mr./Mrs./Ms./Miss.*
(Given names) (Surname)
2. Nationality/Nationalities held: _____ 3. Passport number: _____
4. Hong Kong Identity Card number: _____
(Mandatory to be provided once available)
5. Marital status: single separated widowed divorced
 married, accompanied by spouse married, unaccompanied by spouse
6. Full name of spouse: Mr./Mrs./Ms./Miss.*
(Given names) (Surname)
7. Nationality/Nationalities held: _____ 8. Passport number: _____
9. Hong Kong Identity Card number: _____
(Mandatory to be provided once available)
10. Spouse's occupation: _____
11. Spouse's employer: _____

Section 2: Details of Insurance Policy

1. Details of the insurance policy
 - (a) Name of the Insurance Company: _____

- (b) Details of family members **in Hong Kong** insured:

Name	Relationship	Date of birth (dd/mm/yyyy)
1.	Husband/Wife*	
2.		
3.		
4.		

- (c) Insured period (i.e. the period covered by the policy):

From _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)

2. I attach herewith the receipt(s) of the medical insurance premium payment as stated in paragraph 1 at a total of HK\$_____. (Please specify the currency if not in Hong Kong Dollars.)

Section 3: Declaration by Applicant and Spouse

To: Supervisor/Principal of _____ (School)

1. I hereby apply for the reimbursement of medical insurance premium payment for **myself / and my family member(s)*** included in Section 2 for the _____ / _____ school year.
2. I confirm that I have read and understood the EDB Circular No. 8/2009 including the Notes for Completing PNET-Forms A-E and the stipulations related to Medical Allowance in the Memorandum on the Terms and Conditions of Service. I agree to abide by the provisions of the Medical Allowance for Native-speaking English Teachers employed under the NET Scheme in Primary Schools.
3. **I / I and my spouse*** declare that I and my family members included in this application are eligible for the Medical Allowance claimed and that **I am / we are*** not receiving **any medical benefit** arising from my employment with the school and my spouse's employment.
4. **I / I and my spouse*** declare that the information provided in this application form is true and correct. **I / We*** understand that if **I / I and my spouse*** give any false or incorrect information / declaration, **I / we*** will be subject to the consequences, including disqualification from all forms of fringe benefits under the NET Scheme, being required to refund the benefits to the Government, and being subject to disciplinary punishment and / or termination of contract and / or legal proceedings and / or criminal prosecution.
5. I undertake to report to the school **within 30 days** any changes of my marital status and family particulars that might affect my entitlement to the Medical Allowance.
6. I undertake to inform you and to cease drawing the Medical Allowance immediately once I and/or my spouse begin(s) to receive any form of medical benefits in cash or in kind under my / my spouse's terms of employment with an employer.
7. I agree to repay the Government immediately if any overpayment of fringe benefits under the NET Scheme is made. The Government reserves the right to deduct from my Salaries and recover from my accrued benefits derived from voluntary contributions under any provident fund scheme any amount that it may have overpaid me, together with the interest accrued on such amount, as appropriate, from the date on which the overpayment was made to the date of deduction/the date that the amount is recovered, and all costs and expenses incurred in recovery. I also agree that the Government may set-off any sums due from me against any sums due to me.
8. **My / Our*** consent is hereby given to the EDB, in assessing my eligibility for the fringe benefits under the NET Scheme, to check and match **my / our*** personal data relating to this application (including but not limited to the personal data given on this application form and other relevant documents submitted) with **my / our*** personal data collected for any other purpose (whether it is by manual means). **I / We*** hereby authorise the EDB to approach other government departments, public/private organisations, or employer(s), landlord(s) or solicitor(s) concerned and expressly agree that they may give access to the EDB **my / our*** personal data they possess, so that the EDB can use such data for the purpose of processing my application, ascertaining my compliance with the rules of the NET Scheme and/or taking appropriate actions against **me/us*** if necessary.
9. **I / We*** agree that **my / our*** personal data relating to this application (including but not limited to the personal data given on this application form and other relevant documents submitted) can be used by the EDB in activities relating to the administration of the fringe benefits under the NET Scheme and may be disclosed to other connected bodies for such purposes.
10. I understand that it will not be possible to process my application if I fail to provide the information requested.
11. **I / We*** have read, understand and agree to the Personal Information Collection Statement in the Appendix of this application form.

Signature of applicant: _____ Date: _____

Full name of applicant: _____
 (Given names) (Surname)

Signature of spouse: _____ Date: _____

Full name of spouse: _____
 (Given names) (Surname)

Section 4: Certification by Applicant’s School (to be completed by aided schools/special schools with primary section only)

To: Secretary for Education
 [Attn: NET Administration Team, Education Bureau]
 Room W304, 3/F, West Block, EDB Kowloon Tong Education Services Centre,
 19 Suffolk Road, Kowloon Tong, Kowloon

1. I certify that the applicant _____ (Full name):
 - (a) is appointed as a Native-speaking English Teacher under the NET Scheme in Primary Schools in my school from _____ to _____ (For the contract renewed/appointment contract period extended, the previous appointment/extension contract period is from _____ to _____);
 - (b) is eligible for reimbursement of medical insurance premium payment at the **single / married** * rate; and
 - (c) **have applied / have not applied*** for reimbursement of medical insurance premium payment for the _____/_____ school year as specified in paragraph 1 of Section 3.
2. The grant of reimbursement of medical insurance premium payment for the period from _____ to _____** in the amount of HK\$_____ (Please specify the currency if not in Hong Kong Dollars) is approved. I should be grateful if you would arrange the payment.

****If the coverage period of the insurance begins before or extends beyond the NET’s contract period, reimbursement of the medical insurance premium will be made on a pro-rata basis, up to the maximum amount specified in the contract.** For example, if the insurance premium costing HK\$1,500 covers an insured period from 1.10.2013 to 30.9.2014 but the NET’s contract expires on 15.8.2014, the amount to be reimbursed will be HK\$1,310.96 (HK\$1500 ÷ 365 days × 319 days) for the period from 1.10.2013 to 15.8.2014.

3. **I certify that relevant receipts have been sighted by me and are kept in the school for record purpose.**

Signature of supervisor/principal*: _____ Date: _____

Name of supervisor/principal*: Mr./Mrs./Ms./Miss.*

Name of school: _____ (School code: _____)

School address: _____

Fax no.: _____

Contact person for enquiry: Mr./Mrs./Ms./Miss.* Tel. no.: _____

Post of contact person: _____

Section 5: Certification by the NET Administration Team, the Education Bureau

I confirm that _____ (**Full name of the NET**) has already established that his/her normal place of residence as outside Hong Kong and he/she is entitled to receive the reimbursement of Medical Insurance Premium in the amount of _____ (please specify the currency if not in Hong Kong dollars).

Signature: _____

Name: _____

Post : _____

Date: _____

Section 6: For Official Use of the Recurrent Subventions Section, the Education Bureau

<i>Received on</i>	<i>Input Prepared by</i>	<i>Date</i>	<i>Checked by</i>	<i>Date</i>

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Native-speaking English Teacher (NET) Scheme in Primary Schools
Application for Reimbursement of Medical Insurance Premium Payment
Personal Information Collection Statement

Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:

- (a) Activities relating to the processing, authentication and counter-checking of employment-related matters including appointments, training and career developments, remuneration and benefits, staff relation, communications and compliance with procedures;
- (b) Activities relating to matching of the personal data with the database of relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of employment-related matters mentioned in (a) above;
- (c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB, and
- (d) Activities relating to compilation of statistics, research and Government publications.

2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the form.

Classes of Transferees

3. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-

- (a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;
- (b) personnel, agent, service provider or organisations engaged by EDB to provide services or advice for the purposes mentioned in paragraph 1 above;
- (c) where you have given your prescribed consent to such disclosure; and
- (d) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

4. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to the Controlling Officer (Data Protection) at 15/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to edbinfo@edb.gov.hk.

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