

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

**Notes:**

1. Only the ORIGINAL copy of the form and any subsequent amendments 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

**PART I (To be completed by the NET)**

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 paragraph 2 below for the \_\_\_\_\_/\_\_\_\_\_ school year.

2. 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)
	Husband/Wife*	

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

From \_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy)

3. I attach herewith the receipt(s) of my medical insurance premium payment at a total of HK\$ \_\_\_\_\_. (Please specify the currency if not in Hong Kong Dollars.)

4.  I am single.

I am married and my spouse's particulars are provided as follows:

Full name of my spouse: \_\_\_\_\_

Hong Kong Identity Card Number (if any): \_\_\_\_\_

I declare that my spouse of particulars stated above **is / is not** \* employed under the Enhanced NET Scheme in Secondary Schools or the NET Scheme in Primary Schools. If the answer is in the affirmative, please provide the employment details of your spouse as specified below:

Name of school: \_\_\_\_\_

Contract period: from \_\_\_\_\_ to \_\_\_\_\_

5.  I declare that I and my family members included in this application are eligible for the medical allowance claimed and that I and my spouse are not receiving any double medical benefit arising from my employment with the school and my spouse's employment. I undertake to notify the school at once should there be any subsequent change to this information.

6.  I confirm that I have read and understood the EDB Circular No. 9/2009 including the Notes for Completing NET-Forms A-E and the stipulations related to medical allowance in the Memorandum on the Terms and Conditions of Service.

Signature of NET: \_\_\_\_\_ Date: \_\_\_\_\_

Hong Kong Identity Card Number: \_\_\_\_\_  
(Mandatory to be provided once available)

Full name of NET: \_\_\_\_\_  
(Given names) (Surname)

**PART II (To be completed by aided schools/special schools with secondary section only)**

To: Secretary for Education  
[Attn: NET Administration Team, Education Bureau]  
Room 1110, 11/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

1. I certify that the applicant \_\_\_\_\_ (Full name):
- (a) is appointed as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary 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 Part I.

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: \_\_\_\_\_

**PART III (To be completed and retained by caput schools)**

1. I certify that the applicant \_\_\_\_\_ (Full name):
  - (a) is appointed as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary Schools in my school from \_\_\_\_\_ to \_\_\_\_\_ (For the contract renewed/appointment contract period extended, the previous appointment/extension contract period was 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 Part I.
  
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.
  
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: \_\_\_\_\_

**Part IV (To be completed 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: \_\_\_\_\_

**Part V (To be completed by 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>