

Our Ref. : SME-S-003XXX

Tel. No. : 28XXXXXX

XXXX SOCIAL SECURITY FIELD UNIT
SAU MAU PING SHOPPING CENTRE, 3/F
SHOP XXX, SAU MING RD, KWUN TONG

05/04/2016

MS XX XXX

FLAT/RM XXX, XXX HOUSE
PO TAT ESTATE
KOWLOON

Dear Madam,

Notification of Successful Application

With reference to your application for Normal Disability Allowance, I would like to inform you that allowance for a period of 24 months, commencing on 01/05/2015, has been approved. The monthly payment will be credited to the bank account no. 012-891-10XXXXXX. We shall review your case upon expiry of payment. (See remarks)

You will receive the allowance normally on the 11/12 day of each month. The monthly payments are listed below for your reference :-

1. \$0 per month from 01/05/2015 to 29/02/2016 including

Normal Disability Allowance	\$	1,580.00
TRANSPORT SUPPLEMENT	\$	255.00
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TOTAL	\$	1,835.00
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LESS		
Received amount	\$	1,835.00(-)
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AMOUNT TO BE PAID	\$	0.00(ROUNDED TO 0)

2. \$1,835 per month from 01/03/2016 to 30/04/2017 including

Normal Disability Allowance	\$	1,580.00
TRANSPORT SUPPLEMENT	\$	255.00
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TOTAL	\$	1,835.00(ROUNDED TO 1,835)

If you have any enquiries or require further explanation, please contact MS XX XXX of our field unit (Tel. No. 23XXXXXX). If you are still not satisfied with our decision, you may lodge an appeal to the SOCIAL SECURITY APPEAL BOARD either through our field unit or directly at the Board's office (24/F, Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong, Tel. No. 2835 1946) within 4 weeks from the date of this notification.

Absence from Hong Kong/Guangdong (applicable to Guangdong Scheme) exceeding the

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permissible limit, imprisonment, death, will affect an Old Age Allowance/Old Age Living Allowance/Disability Allowance/Guangdong Scheme recipient's entitlement, if any of these things happens, you are required to report it immediately to this social security field unit so that a re-assessment of the allowance payable can be duly made. We shall conduct a review on the applicant's case when necessary.

Reminder

The information provided by the applicant or his/her guardian/appointee must be true, correct and complete. You are reminded that it is an offence for any person to obtain property/pecuniary advantage/benefits by deception, with a view to gain for himself/herself or another or with intent to cause loss to another to procure deposit entry to a bank account by deception. An applicant or his/her guardian/appointee who knowingly or wilfully provides false statement or withholds any information in order to obtain allowance by deception or intentionally fails to report changes in information previously provided which may cause a reduction of the amount of allowance payable or disqualification for SSA may be liable to prosecution for an offence under the Theft Ordinance. Furthermore, any overpaid allowance must be refunded to the Department.

Beware of impostors. Under no circumstances would staff of the Social Welfare Department ask you for monetary or other rewards.

Yours faithfully,

XX XXXX

Supervisor,

XXXX SOCIAL SECURITY FIELD UNIT

Social Welfare Department

Remarks

- (1) This is a computer print out. No signature is required.
- (2) For Disability Allowance recipient, upon expiry of the validity period of the current Medical Assessment Form, he/she will have to attend a fresh medical assessment to establish his/her eligibility for continued allowance.

If you wish to have an appointment with the responsible caseworker, please make arrangement by phone beforehand.