

**EMPLOYEES' COMPENSATION INSURANCE  
PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM**

N.B. PLEASE SEE OVERLEAF FOR GUIDELINES FOR COMPLETING THIS FORM

| INSURED                                                                       |                                   | POLICY NO.                                                                        |                                                                                                         | PERIOD OF INSURANCE |         |
|-------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|---------|
|                                                                               |                                   |                                                                                   |                                                                                                         |                     |         |
| Number of Persons Employed                                                    | (1)<br>Description of Occupations | (2)<br>Total Earnings                                                             | FOR OFFICE USE ONLY                                                                                     |                     |         |
|                                                                               |                                   |                                                                                   | ICC                                                                                                     | RATE                | PREMIUM |
|                                                                               |                                   |                                                                                   |                                                                                                         |                     |         |
|                                                                               | <b>TOTAL</b>                      |                                                                                   |                                                                                                         |                     |         |
| (3)<br>Contractors'/Sub-contractors' Employees (If covered under this Policy) |                                   |                                                                                   |                                                                                                         |                     |         |
| Name of Contractor/<br>Sub-contractor                                         | Nature of Works sub-contracted    | Total Amount Paid/<br>Payable to<br>Sub-contractor for the<br>Period of Insurance |                                                                                                         |                     |         |
|                                                                               |                                   |                                                                                   | Actual<br>Premium<br>calculated based<br>on minimum<br>annual earnings<br>of HK\$41,880<br>per employee |                     |         |
|                                                                               |                                   |                                                                                   | Premium<br>Paid                                                                                         |                     |         |
|                                                                               |                                   |                                                                                   | Policy Minimum<br>Premium                                                                               |                     |         |
| <b>TOTAL</b>                                                                  |                                   |                                                                                   | Difference                                                                                              |                     |         |
| <b>Grand TOTAL</b>                                                            |                                   |                                                                                   |                                                                                                         |                     |         |

Pursuant to the Insurance Premium Clause of the abovementioned Policy, I/we affirm that the above amount of all earnings paid by me/us to every employee in my/our employment during the said Period of Insurance is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
SIGNATURE OF INSURED  
COMPANY CHOP WHERE APPLICABLE

\_\_\_\_\_  
NAME & TITLE OF PERSON SIGNING

DESIGNATION: \_\_\_\_\_

DATE: \_\_\_\_\_

## **IMPORTANT NOTICE**

- (1) Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guidelines (d) below)

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### **GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM**

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**(a) Description of Occupations**

Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.

**(b) Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282))**

Please declare the actual total gross earnings for the period of insurance.

**(c) Contractors & Sub-contractor's Employees**

If you contract out any of the work in connection with your business, please provide particulars as specified therein.

**(d) Submission**

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within **90 days** after the expiry or termination of the policy together with the following:

- i) Signature of an authorized officer.
- ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee).