醫院管理局
HOSPITAL AUTHORITY

Application for Waiving of Medical Charges
Eligibility Declaration and Undertaking
(For use where the household includes any recipients of Old Age Living Allowance for exemption of financial assessment documents)

Part I: Personal Particulars of Old Age Living Allowance Recipient(s)

Name (as shown on Hong Kong Identity Card)	Hong Kong Identity Card No.

Part II: Eligibility Declaration and Undertaking

I/We, the undersigned, hereby confirm the following declarations:

1. I/We am/are currently valid recipient(s) of the Old Age Living Allowance (OALA) administered by the Social Welfare Department (SWD).
2. I/We declare that all household member information, monthly income and assets reported to the SWD for the purpose of the OALA application were complete, accurate, up-to-date and true.
3. Following the most recent case review or post-approval check of my/our eligibility for the OALA by the SWD, my/our household's financial status has not changed in any material way that would exceed the income and/or asset limits prescribed for the OALA. Should there have been any change, I/we have already reported it to the SWD and the SWD has accepted that my/our OALA recipient status remains valid.
4. I/We understand that, in respect of the relevant medical fee waiving application, the Hospital Authority (HA) has agreed to exempt submission of part or all documentary proof for financial assessment on the basis of my/our valid OALA recipient(s) status.
5. After the submission of the relevant medical fee waiving application, if my/our household's financial status changes in any material way that would exceed the income and/or asset limits prescribed for the OALA, I/we agree to, as soon as I/we become aware of it, immediately notify such change and provide all relevant information to the HA/SWD. I/We further understand and agree that, in the event of any change in my/our OALA recipient status, HA/SWD may partially or wholly withdraw any medical fee waiver previously granted. Any medical fees waived prior to withdrawal shall be recoverable by the HA as a debt repayable on demand and I/We undertake to repay to the HA the medical fees waived.

Part III: Signature and Confirmation

Signature of OALA Recipient	Name of OALA Recipient	Date (DD/MM/YYYY)
Signature of OALA Recipient	Name of OALA Recipient	Date (DD/MM/YYYY)