



# 香港基督教教牧醫療福利計劃

## Medical Benefit Scheme for Christian Pastoral Staff (MBSCPS)

Organizer: Hong Kong Christian Medical & Dental Fellowship (CMDFF)

Co-organizer: Association of HK Hospital Christian Chaplaincy Ministry Ltd. (AHKHCCM)

### Application Form

A. Applicant's Personal Data (your personal data will only be used for this application)

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Sex: M/F Marital Status: M/S Phone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Seminary/Degree: \_\_\_\_\_

You are serving at (Church/Organization Name): \_\_\_\_\_

Position: \_\_\_\_\_

Group:  Full-time pastoral staff  Full-time student of HK seminaries

Full-time Hospital Chaplain  Missionaries

Full-time lecturer of HK seminaries

B. Personal Information of Applicant's Spouse & Children (who are under 21 years of age)

(Please do not fill in this section if the applicant's spouse/children do not wish to join the scheme)

Spouse Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Children	Sex	Day of Birth	Children	Sex	Day of Birth
1) _____ (E) _____ (C)	M/F		3) _____ (E) _____ (C)	M/F	
2) _____ (E) _____ (C)	M/F		4) _____ (E) _____ (C)	M/F	

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. Church/Organization/Seminary Approval: (without approval, application will not be accepted)

Here I approve the above information is accurate.

Representative Signature & Chop of Church/Organization/Seminary : \_\_\_\_\_

Representative of Church/Organization/Seminary:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please fax this application form to 2339 0966 or send to G/F, 4-6 Heng Lam St., Lok Fu, Kowloon and write down "MBSCPS" on the envelope. No application fee for MBSCPS. For any enquiries, please contact Miss Fung at 2339 0660.

.....For "AHKHCCM" Use Only.....

Form Received Date: \_\_\_\_\_

Approved  Not Approved (Reason: \_\_\_\_\_)

MBSCPS Card No.: \_\_\_\_\_ Issued Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_