**Discount of Hospital Charges for Staff**

For Hong Kong Baptist Hospital

No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received：

Date completed：

For Hong Kong Baptist Convention

No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received:

**of Baptist Convention of Hong Kong**

**Record of Full time Staff**

**(Member Churches of BCHK and their Chapels and Eligible Institutions)**

|  |  |  |
| --- | --- | --- |
| **Application Categories：** | |  |
| * Join the Plan | * Withdraw from the plan |  |
| * Add Family Member | * Delete Family Member | **Effective Date：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(compulsory)** |
| * Retired (having served for not less than 20 consecutive years) | |

**（Please tick the appropriate box）**

Church／Institution： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Time Staff (Complete in capital letter)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position**  **（Please tick the appropriate box）** | **Name**  **( Must match exactly as it shown on HKID or Passport )** | **Sex** | **DOB**  **(DD-MM-YY)** | **HKID / Passport No.** | **Medical Insurance?**  **(Personal/Group)** |
| □Pastor/Minister/Missionary\*  □Staff |  |  | - - |  | Yes / No **\*** |
| Mobile Phone Number |  | Email Address | |  | |

(**\***Please delete the inappropriate one)

**Eligible Family Members（Spouse, Children under 18, Children age 18-21 having full time study#）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Relationship** | **Name** | **Sex** | **DOB**  **(DD-MM-YY)** | **HKID /**  **Passport No.** | **Medical Insurance?**  **(Personal/Group)** |
|  |  |  | - - |  | Yes / No **\*** |
|  |  |  | - - |  | Yes / No **\*** |
|  |  |  | - - |  | Yes / No **\*** |
|  |  |  | - - |  | Yes / No **\*** |

(**\***Please delete the inappropriate one)

**Notes：**

1. For details of discount, please refer to “Discount of Hospital Charges for Staff of Baptist Convention of Hong Kong – Terms and Conditions”.
2. One form is for one staff only. If the form is not enough, it can be photocopied.
3. # Children age 18-21 should submit the copy of full-time student card.
4. **Twelve working days after receiving the completed form** by Hong Kong Baptist Hospital, staff and family members can enjoy the discount of hospital charges. The application will be delayed if the form is not complete.
5. Please send the completed form to BCHK by mail at **12/F Union Park Centre, 771-775 Nathan Road, Mong Kok, Kowloon, Hong Kong**. Forms sent by fax or via email are not acceptable.

Signature of Person-in-charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp of Church / Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_