

長者生活津貼簡易表格

Old Age Living Allowance Simplified Form

此欄供本署填寫 For office use																													
檔案編號 Casefile Reference																													
申請/申報日期 Date of Application / Declaration	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>年</td><td></td><td></td><td></td><td>月</td><td></td><td></td><td></td><td>日</td> </tr> <tr> <td colspan="4"></td> <td>Year</td> <td colspan="4"></td> <td>Month</td> <td colspan="4"></td> <td>Day</td> </tr> </table>					年				月				日					Year					Month					Day
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注意：填寫前，請先詳閱「長者生活津貼申請人/受惠人/受委人須知」。請用黑色或藍色原子筆，以正楷填寫。如書寫錯誤，請用筆劃線刪改，並在旁簽署作實，切勿使用塗改液。

Note: Please read carefully the "Notice to Old Age Living Allowance Applicants/Recipients/Appointees" and complete all items in this form in block letters with a blue or black pen. Please cross out any incorrect entries and sign against the amendment. Do not use correction fluid.

填寫本表格的目的是為（請選擇下列其中一項）The purpose of completing this form (please select one):

- 轉換至長者生活津貼 Switching to Old Age Living Allowance
- 申報狀況改變 Report of Changes
- 個案覆檢 Case Review

第一部分 申請人的個人資料 Part 1 Personal data of Applicant	
姓名(中文) Name in Chinese _____	姓名(英文) Name in English _____
身份證明文件號碼 Identity document number _____	性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
婚姻狀況 Marital status	出生日期 Date of birth _____
<input type="checkbox"/> 未婚 Never Married <input type="checkbox"/> #已婚 #Married <input type="checkbox"/> #同居(註) #Cohabiting(Note) <input type="checkbox"/> 分居 Separated <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 喪偶 Widowed	
<p><i>(#婚姻狀況為「已婚」或「同居」的申請人請填寫第二部分。 #For an applicant whose marital status is "Married" or "Cohabiting", please fill in Part 2.)</i></p> <p>註：只適用於符合以下條件的申請個案：(i) 申請人與同居人士同居於同一處所；(ii) 申請人與同居人士共同分享經濟來源；和 (iii) 申請人同意向社會福利署提供其同居人士的個人資料和經濟狀況，姑勿論其同居人士有否正領取長者生活津貼/其他津貼。有關申請將以「夫婦經濟來源限額」進行經濟審查，以評核申請人領取長者生活津貼的資格。</p> <p>Note: Only applicable to cases where the applicant (i) is currently living with a cohabiting partner in the same household; (ii) is living on shared resources with the cohabiting partner; and (iii) agrees to provide the personal and financial information of the cohabiting partner to the Social Welfare Department, regardless of whether the applicant's cohabiting partner is / is not currently receiving the Old Age Living Allowance / other allowance. Such application will be subject to the means test assessment based on the "Financial Resource Limits for Married Couples".</p>	
現時住址 Present residential address	_____
通訊地址 Correspondence address (如與住址不同，始須填寫) (Only if different from residential address)	_____
住宅電話號碼 Home telephone number _____	流動電話號碼 Mobile phone number _____

*申請人/受委人*簽名/指模 _____ 日期
*Signature/Thumbprint of *applicant/appointee _____ Date _____

△見證人*簽名/指模 _____
*Signature/Thumbprint of △witness _____

請在適當方格內填上「√」號。 Tick as appropriate. * 請刪去不適用字句。 Delete whichever is inappropriate.

△ 如有見證人則須簽署及填寫。 Applicable if there is a witness.

第二部分 申請人配偶／申請人同居人士的個人資料（只適用於婚姻狀況為「已婚」或「同居」的申請人）
Part 2 Personal data of applicant's spouse/cohabiting partner (only applicable to an applicant whose marital status is "Married" or "Cohabiting")

姓名(中文) Name in Chinese _____	姓名(英文) Name in English _____
身份證明文件號碼 Identity document number _____	性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生日期 Date of birth _____	
住址 Residential address (如與申請人住址不同，始須填寫) (Only if different from applicant's residential address)	_____

第三部分 受委人的個人資料（只適用於未能親自提出申請的人士）
Part 3 Appointee's personal data (only applicable to an applicant who is unable to make application by himself/herself)

姓名(中文) Name in Chinese _____	姓名(英文) Name in English _____
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第四部分 申請人及其配偶／同居人士（只適用於婚姻狀況為「已婚」或「同居」的申請人）的人息及資產
Part 4 Income and asset value of the applicant and his/her spouse/cohabiting partner (only applicable to an applicant whose marital status is "Married" or "Cohabiting")

甲. 每月入息 (以港幣計算)
A. Income per month (in Hong Kong dollars)

	申請人 Applicant		*配偶／同居人士 *Spouse/Cohabiting Partner		
	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	
1. 工資、手工業或生意上的入息等 Wages from employment, income from handiwork, business, etc.	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	
2. 退休金／長俸 Retirement benefits/pensions	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	
3. 收租所得的淨收益 Net income on rentals collected	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	
4. 從年金計劃所得的固定年金 Payout from the annuity scheme(s)	a) 「香港年金計劃」 HKMC Annuity Plan	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
	b) 其他年金計劃 Other Annuity Scheme(s)	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
每月總入息 Monthly total income		合計 Total \$ _____		合計 Total \$ _____	

*申請人／受委人*簽名／指模

*Signature/Thumbprint of *applicant/appointee

日期

Date

△見證人*簽名／指模

*Signature/Thumbprint of △witness

請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

△ 如有見證人則須簽署及填寫。 Applicable if there is a witness.

乙. 資產 (包括在香港、澳門、內地或海外所擁有的資產) (以港幣計算)				
B. Assets (including those in Hong Kong, Macao, the Mainland or overseas) (in Hong Kong dollars)				
	申請人 Applicant		*配偶/同居人士 *Spouse/Cohabiting Partner	
1. 土地/非自住物業 Land/non-owner-occupied property	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
2. 現金 Cash in hand	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
3. 銀行儲蓄 Bank savings	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
4. 股票及股份的投資(包括債券、基金及累算退休權益) Investments in stocks and shares (including bonds, trust fund and accrued retirement benefits)	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
5. 金條及金幣等 Gold bars and gold coins, etc.	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
6. 商業/作投資用途的車輛(例如的士及公共小巴)及其營業牌照 Vehicle for commercial use/investment (e.g. taxi and public light bus) and its business licence	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes \$ _____
總值 Total value		合計 Total \$ _____		合計 Total \$ _____
第五部分 旅遊證件 (如所申報的資料有改變, 請填寫此部分, 並提供載有個人資料的頁面副本) Part 5 Travel Document (In case of change in the reported information, please complete this part and provide the copy of the pages showing the personal particulars)				
證件類別 Document type	證件號碼 Document number	簽發日期 Date of issue	有效期至 Date of expiry	
第六部分 其他資料 (隨意提供) Part 6 Other information (optional)				
請註明 Please specify				

*申請人/受委人*簽名/指模

*Signature/Thumbprint of *applicant/appointee

日期

Date

△見證人*簽名/指模

*Signature/Thumbprint of △witness

□ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

△ 如有見證人則須簽署及填寫。 Applicable if there is a witness.

第七部分 聲明及保證

Part 7 Declaration and undertaking

—本人（即下方簽署人）現聲明據本人所知，本表以上所列各項資料是正確無訛。

I, the undersigned, DECLARE that to the best of my knowledge and belief, the information in the above items is true.

—如以上表內所列的資料有任何改變，或*本人／申請人離開香港、遭監禁或合法羈留，本人將從速向社會福利署申報。

I undertake to report immediately to the Social Welfare Department any changes in the particulars contained herein. I further undertake to report immediately to the Social Welfare Department *my/the applicant's absence from Hong Kong, imprisonment or detention in legal custody.

—本人已經通知*本人／申請人的家庭成員及本表格所提及的其他有關人士並獲得他們同意將他們的個人資料提供予社會福利署作本申請及相關的追收債項（如日後有需要）用途。

I have informed and obtained the consents of the other members of *my/the applicant's household and other relevant persons mentioned in this form to provide their personal data to the Social Welfare Department for the purpose of this application and the relevant debt recovery if later the circumstances warrant it..

—本人同意社會福利署就*本人／申請人領取公共福利金一事而進行有關的調查，包括向入境事務處、各政府部門、銀行及其他團體、人士索取*本人／申請人／和配偶或同居人士（只適用於婚姻狀況為「已婚」或「同居」的申請人）的個人資料及記錄（例如*本人／申請人的出入境電腦資料）用來進行資料核對程序。本人亦同意該等政府部門、銀行及其他團體、人士將所需資料及記錄提供予社會福利署。

I consent to any investigations into the circumstances relating to *my/the applicant's receipt of Social Security Allowance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department, other government departments, banks and other parties to match *my/the applicant's personal data relating to *my/the applicant's receipt of Social Security Allowance with *my/the applicant's personal data held by such other departments or such other parties (such as *my/the applicant's travel records held on the computer) and those of *my/the applicant's spouse or cohabiting partner (only applicable to an applicant whose marital status is "Married" or "Cohabiting").

I also consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

—如*本人／申請人／和配偶或同居人士（只適用於婚姻狀況為「已婚」或「同居」的申請人）的每月總入息或資產總值超逾社會福利署所定的限額，本人必須向社會福利署申報（以書面通知為準）。本人明白如不申報，將有被檢控的可能。

I undertake to notify the Social Welfare Department (in writing) if the monthly income or assets of *myself/the applicant/and spouse or cohabiting partner (only applicable to an applicant whose marital status is "Married" or "Cohabiting") exceed the limits set by the Social Welfare Department. I understand that if I fail to notify the Department, I shall render myself liable to prosecution.

—本人已閱讀「長者生活津貼申請人／受惠人／受委人須知」及「收集個人資料聲明」，並明白其內容。

I have read the "Notice to Old Age Living Allowance Applicants/Recipients/Appointees" and the "Personal Information Collection Statement" therein and understand the content.

—本人明白社會福利署有權從*本人／申請人每月可得的津貼金中扣除經社會福利署核實的多領款項。

I understand that the Social Welfare Department has the right to deduct from *my/the applicant's monthly entitlements any amount certified by the Social Welfare Department as overpayment.

—本人同意社會福利署從*本人／申請人／代理人為*本人／申請人的用途和利益而持有所指定領取公共福利金的銀行帳戶取回任何多領款項。本人亦同意所指定領取公共福利金的銀行，不時從*本人／申請人／代理人上述的銀行帳戶，扣除經社會福利署核實的多領款項。

I agree to the Social Welfare Department to recover any overpayment received for *me/the applicant directly from *my/the applicant's/the agent's bank designated for receiving Social Security Allowance payment held for *my/the applicant's use and benefit. I also agree to that designated bank for receiving Social Security Allowance payment to debit *my/the applicant's/the agent's bank account from time to time with any amount certified by the Social Welfare Department as overpayment.

—本人明白如本人蓄意或存心提供不正確資料或隱瞞任何事項，或錯誤引導社會福利署，以圖獲得現金援助，將有被檢控的可能。

I understand that if I knowingly or willfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payments, it will render me liable to prosecution.

—以上聲明，本人已詳細閱讀，本人亦完全明白。

The above statement has been read by me and well understood by me.

*申請人／受委人*簽名／指模

*Signature/Thumbprint of *applicant/appointee

△見證人*簽名／指模

*Signature/Thumbprint of △witness

△見證人姓名

Name of △witness

日期

Date

收表格日期
蓋印
Official chop for
receipt of this
form

□ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

△ 如有見證人則須簽署及填寫。 Applicable if there is a witness.

收集個人資料聲明

Personal Information Collection Statement

向社會福利署提供個人資料*之前，請先細閱本聲明。

收集資料的目的

1. 社會福利署（社署）及／或獲社署提供津助／資助的非政府機構，或由社署委託的非政府機構，將會使用你所提供的個人資料，向你／申請人及／或你／申請人的家人提供你／申請人及／或你／申請人的家人所需要的及由社署及／或上述非政府機構提供的援助或服務，包括（但不限於）用於監察和檢討各項服務、處理有關你／申請人及／或你／申請人的家人所獲得服務的投訴、進行研究及調查、製備統計數字、履行法定職責等，以及追收與你／申請人及／或你／申請人的家人所獲得的援助／服務相關的債項。向社署提供個人資料純屬自願。不過，如你未能提供所要求的個人資料，本署可能無法處理你的申請或向你／申請人及／或你／申請人的家人提供援助／服務。

可能獲轉移資料者

2. 你所提供的個人資料，會按需要知道的原則提供給在本署工作的職員。除此之外，該等個人資料亦可能會為上文第 1 段所述的目的而向下列機構／人士披露，或在下述情況下披露：
 - (a) 其他機構／人士（例如政府決策局／部門、醫院管理局、非政府機構、公用事業公司等），如該等機構／人士有參與以下事項：
 - (i) 審批及／或評估你／申請人及／或你／申請人的家人就上文第 1 段所提及社署及／或非政府機構向你／申請人及／或你／申請人的家人提供服務／援助而提出的任何申請；
 - (ii) 上文第 1 段所提及社署及／或非政府機構向你／申請人及／或你／申請人的家人所提供的服務／援助；或
 - (iii) 監察和檢討上文第 1 段所提及社署及／或非政府機構所提供的服務，或製備統計數字；
 - (b) 處理投訴的機構（例如申訴專員公署、個人資料私隱專員公署、社會工作者註冊局、立法會等），如果這些機構正在處理有關社署向你／申請人及／或你／申請人的家人所提供的服務或援助的投訴；
 - (c) 法律授權或法律規定須披露資料；或
 - (d) 你曾就披露資料給予訂明同意。

查閱個人資料

3. 按照《個人資料（私隱）條例》（第 486 章），你有權就社署所持有的有關你的個人資料提出查閱及改正要求。本署提供個人資料複本將須收取費用。如需查閱或改正社署收集的個人資料，請向有關社會保障辦事處主任提出（請參閱有關各區社會保障辦事處的地址及電話號碼單張）。

*根據《個人資料（私隱）條例》（第 486 章），個人資料指符合以下說明的任何資料－

- (a) 直接或間接與一名在世的個人有關的；
- (b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- (c) 該資料的存在形式令予以查閱及處理均是切實可行的。

Please read this notice before you provide any personal data# to the Social Welfare Department

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) and/or those non-governmental organisations (“NGOs”) which receive subventions or subsidies from or which are commissioned by SWD to provide you/the applicant and/or your/the applicant’s family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you/the applicant and/or your/the applicant’s family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you/the applicant and/or your/the applicant’s family members, conducting research and surveys, preparing statistics and discharging statutory duties, as well as recovering debt related to the assistance/service provided to you/the applicant and/or your/the applicant’s family members. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application or provide assistance/service to you/the applicant and/or your/the applicant’s family members.

Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above -
 - (a) Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies if they are involved in:
 - (i) processing and/or assessing any application from you/the applicant and/or your/the applicant’s family members for the provision of service/assistance to you/the applicant and/or your/the applicant’s family members by SWD and/or the NGOs mentioned in paragraph 1 above;
 - (ii) the provision of service/assistance to you/the applicant and/or your/the applicant’s family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
 - (iii) monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
 - (b) Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you/the applicant and/or your/the applicant’s family members by SWD;
 - (c) Where such disclosure is authorised or required by law; or
 - (d) Where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap. 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD should be addressed to the supervisor of the respective social security field units (please refer to the leaflet of Addresses and Telephone Numbers of Social Security Field Units for details).

Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.

Notice to Old Age Living Allowance Applicants/Recipients/Appointees

Monthly allowance

1. The current monthly payment rate of Old Age Living Allowance (OALA) is \$4,345. The amount will be adjusted according to the annual revision mechanism.

Income and asset limits

2. The income and asset limits (effective from 1 February 2026) for OALA are listed as follows:

		Single person ⁽¹⁾	Married couples ⁽²⁾
OALA	Total income per month	\$10,900	\$16,680
	Total asset value	\$415,000	\$630,000

- (a) “Income” includes wages from employment, income from handiwork, business, etc. (including salaries, wages, monthly commissions or bonuses received, and monthly income from self-employment); retirement benefits/pensions; net income on rentals collected; and payout from the annuity scheme(s)⁽³⁾. Contributions from family members, relatives or friends, and monthly payments received under the Reverse Mortgage Programme (RMP) (only applicable to the RMP where the property as collateral is an owner-occupied property) and the Policy Reverse Mortgage Programme are excluded, but any unspent and accumulated amount of savings/cash in hand generated will be treated as “assets”.
- (b) “Assets”⁽⁴⁾ include land and non-owner-occupied properties⁽⁵⁾; cash in hand; bank savings; investments in stocks and shares (including bonds, trust fund, interest in any business of sole proprietorship, partnership or firms/limited companies and accrued retirement benefits⁽⁶⁾); vehicle for commercial use/investment (e.g. taxi and public light bus) and its business licence; and gold bars and gold coins, etc. Owner-occupied property⁽⁵⁾, columbarium niche for self-use in future, and the cash value of insurance schemes are excluded.
- (1) “Income and Asset Limits for Single Person” are applicable to an applicant whose marital status is “Never Married”, “Separated”, “Divorced” or “Widowed”. The applicant is only required to provide his/her personal particulars and information on his/her own income and assets.
- (2) “Income and Asset Limits for Married Couples” are applicable to an applicant whose marital status is “Married” or “Cohabiting^(Note)”. The applicant is required to provide his/her spouse’s/cohabiting partner’s personal particulars and information on income and assets.
(Note: Only applicable to cases where the applicant (i) is currently living with a cohabiting partner in the same household; (ii) is living on shared resources with the cohabiting partner; and (iii) agrees to provide the personal and financial information of the cohabiting partner to the Social Welfare Department (SWD), regardless of whether the applicant’s cohabiting partner is/is not currently receiving OALA/other allowance. Such application will be subject to the means test assessment based on the “Financial Resource Limits for Married Couples”.)
- (3) Annuity Schemes include “HKMC Annuity Plan” launched by HKMC Annuity Limited and other annuity schemes in the market. The payout under the annuity scheme(s) provided on a regular basis (normally on a monthly basis) is counted as income. If the regular payout is provided on quarterly, half-yearly or yearly basis, it will be apportioned according to the number of months covered as the monthly income. However, the pre-surrender value of the annuity scheme(s) will be disregarded under the asset test. The surrender value (if any) after surrendering the annuity scheme(s) will be counted as assets.
- (4) Including those in Hong Kong, Macao, the Mainland or overseas separately or jointly owned by the applicant and/or his/her spouse/cohabiting partner (if applicable) or jointly owned with other person(s).
- (5) Properties include land, real estate and parking space of any use in and outside Hong Kong. Only the value of one residential property which is the principal place of residence in Hong Kong and one parking space for self-use are regarded as “owner-occupied properties” and are disregarded under the asset test. Other real estate and parking space separately or jointly owned by the applicant and/or his/her spouse/cohabiting partner (if applicable) or jointly owned with other person(s) are regarded as “non-owner-occupied properties” and should be taken into account for assessment of “assets”.
- (6) Accrued retirement benefits refer to the retirement benefits currently held in Mandatory Provident Fund (“MPF”) Scheme(s) or other retirement scheme(s). The estimated total amount of such accrued benefits is based on information on the latest benefit statement(s) issued by MPF trustee(s) or other retirement schemes trustee(s)/administrator(s) or information obtained through other relevant documents. For applicant’s spouse/cohabiting partner (if applicable) aged below 65, the accrued retirement benefits (only applicable to the accrued retirement benefits derived from mandatory contributions and tax deductible voluntary contributions) of the spouse/cohabiting partner are disregarded under the asset test while the monthly mandatory contributions to MPF Scheme(s) or other retirement scheme(s) are disregarded under the income test. However, the accrued retirement benefits withdrawn are treated as assets.

Apply for switching to OALA [applicable to existing Social Security Allowance (SSA) recipients aged 65 or above (except for Guangdong (GD) Scheme/Fujian (FJ) Scheme recipients)]

3. If the recipient/appointee opts to switch to OALA and the recipient and/or his/her spouse/cohabiting partner (if applicable) has/have income and assets **not exceeding** the above limits, the recipient/appointee can complete and sign the “Old Age Living Allowance Simplified Form” and **return it together with photocopy(ies) of Hong Kong Identity Card of the recipient and his/her spouse/cohabiting partner (if applicable) by post to the Social Security Field Unit with sufficient postage affixed.** Upon receipt of the form, SWD will take appropriate follow-up actions and verify the recipient’s eligibility for OALA. Eligible recipients will receive OALA payment (after deducting the payment already made for the corresponding period) counting from the date of receipt of application by SWD or the date of eligibility for conversion to OALA, whichever is later. Upon conversion to OALA, the recipient must not at the same time be in receipt of any other allowance under the SSA Scheme or assistance under the Comprehensive Social Security Assistance Scheme.

“Grace period” after receipt of allowance (applicable to existing SSA recipients aged 65 or above switching to OALA)

4. In general, after the recipient is granted OALA, the recipient will be given a grace period of 12 months counting from the date of eligibility ^(Note). During the grace period, any changes in financial conditions which may affect the recipient’s eligibility due to excess of income and/or assets will be disregarded. If the recipient’s and/or his/her spouse’s/cohabiting partner’s (if applicable) income and/or assets has/have exceeded the prescribed limits after the grace period, such changes have to be reported to SWD immediately for arrangement of stop-payment.

Note: A grace period of 12 months counts from the date of eligibility for OALA (including OALA receiving in Hong Kong, GD or FJ).

If a recipient converts the place of receipt of allowance to Hong Kong, GD or FJ, he/she will not be granted a 12-month grace period afresh but will only enjoy the remaining grace period (if any).

Case review

5. SWD conducts data matching periodically/on need basis with other government departments, banks and organisations (including the Immigration Department, Treasury, Correctional Services Department, Land Registry, Companies Registry, Hospital Authority, Transport Department and Hong Kong Mortgage Corporation (HKMC) Annuity Limited, etc.) to cross-check the information provided by the recipient or his/her appointee. Besides, SWD also conducts regular review on OALA cases. The recipient or his/her appointee should cooperate fully with the officers of SWD.

Permissible limit of absence from Hong Kong during receipt of allowance

6. When a recipient has resided in Hong Kong for not less than 60 days in a payment year during receipt of allowance, he/she will be entitled to the payment of full year allowance. Correspondingly the total number of days of absence in the year cannot exceed 305 days (or 306 days in a leap year). Otherwise, the recipient will be eligible to receive the allowance only for the periods during which he/she has resided in Hong Kong.

Waiver of medical charges

7. OALA recipients aged 75 or above are entitled to the waiver of medical charges at public clinics or hospitals (including the Accident & Emergency Department) in Hong Kong. Upon registration for medical treatment or admission to a hospital, the recipients can inform the staff of the clinic or hospital that they are the recipient of OALA and produce valid identity document which they used for OALA application, such as Hong Kong Identity Card, Hong Kong Birth Certificate, Certificate of Exemption, Hong Kong Entry Permit, One-way Permit, Passport or Birth Certificate of other nations, etc. The staff of the clinic or hospital will confirm the recipients’ eligibility through the on-line medical waiver eligibility checking system and arrange medical fee waiving for them.

8. If the recipient has withdrawn the application or is no longer eligible for OALA, the waiver of medical charges will be revoked at the same time.

Important notes

9. The recipient or his/her appointee must provide true, correct and complete information to SWD. A person who knowingly or willfully provides false statement or withholds any information in order to obtain the allowance by deception commits a criminal offence. He/She is also breaking the law if he/she has the deliberate intention of not reporting changes in information provided which may cause a reduction of the amount of allowance payable or disqualification for the allowance. The recipient or his/her appointee may be liable to prosecution. Furthermore, any overpaid allowance must be refunded to SWD.