

香港乳癌基金會有限公司
「Halaven®乳癌藥物資助計劃」申請表
Hong Kong Breast Cancer Foundation Limited
Breast Cancer Drug Financial Assistance Program- Halaven®
Application Form



申請人資料 **Personal Particulars**

必須填寫**Mandatory:**

姓名Name (英文English): _____ (中文Chinese): _____
香港身份證號碼HKID card no.: _____ 性別Sex: 女性Female 男性Male
出生日期Date of Birth (日DD/月MM/年YYYY): _____
聯絡電話Tel. No.(住宅home): _____ 手提mobile: _____
地址Address: _____

可選擇填寫與否**Optional:**

來自Country of Origin: 中國China 其他亞洲國家Other Asian Countries
 歐洲Europe 美洲America 澳紐Australia & New Zealand
 非洲Africa 其他(請註明) Other (Please specify):

教育程度Education:

無接受教育/幼兒園No schooling/ Kindergarten 小學Primary 中學Secondary
 大專或文憑diploma/certificate courses
 大學或以上Undergraduate or above

職業Occupation: 專業人士Professional 文職Clerical 工人Labor
 自僱人士Self-employed 家庭主婦Housewife
 退休人士Retired 待業/失業Unemployed

婚姻狀況 未婚Never Married 已婚Married 喪偶Widowed
Marital status: 離婚/分居Divorced/Separated 其他Other

年度個人收入

Annual Individual Income

(包括定期收取的酬金、佣金、租金收入等)

(Including allowance received regularly, commission, rental income)

申請人資料				
Particulars of applicant				
姓名 Name	年齡 Age	性別 Sex	職業(如適用) / 收入來源 Occupation / sources of income (if applicable)	平均年度收入(港元) Average income/yr (HKD\$)

*過去12個月內，個人平均每月總收入最高限額必須不超過港幣\$50,000。詳情請參閱附件一。

* The maximum average monthly individual income must not exceed HKD\$50,000 in the past 12 months.

Please refer to Appendix 1.

其他資料Other Information

您有否購買任何賠償藥費開支的保險？ Do you have insurance coverage on your medication cost?

沒有 No

有 (請註明保險公司賠償的藥費開支詳情)

Yes (please state details of medication cost covered by your insurance company)

如申請人為待業或失業人士，請寫下失業原因或提供相關的失業證明文件：

If the applicant is unemployed, please state reasons of unemployment or provide documentary proof of unemployment:

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聲明Declaration

本人批准香港乳癌基金有限公司會查閱本人提供的資料，以確保所有資料均為完整及正確無誤，並可以電話或郵件就此項計劃與本人聯絡。本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人申請此項計劃的資料如有所更改，本人需主動聯絡香港乳癌基金會有限公司。本人了解在申請此項計劃所提供的一切資料，只作評核申請資格處理及改善此項計劃的用途。本人了解申請人可隨時取消有關申請，並拒絕香港乳癌基金會有限公司進一步查閱本人的資料。本人了解香港乳癌基金有限公司會有權要求申請人提供進一步資料和證明文件、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料，而贊助藥廠亦有權隨時停止提供此藥物的經濟資助。本人了解香港乳癌基金有限公司會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

I give Hong Kong Breast Cancer Foundation Limited (HKBCF) permission to check my information to make sure it is true and complete and contact me by mail or phone about the Program. I declare that all the information in this application, including all copies of documents proving my income is true and complete. I will contact HKBCF if any of my information relevant to this application changes. I understand that the Program will only use my information to decide if I qualify to participate in the Program, administer or improve the Program. I understand that I can at any time withdraw from the Program, and cancel my permission to HKBCF for further validation of my information provided. I understand that HKBCF may request further information and supporting documents from applicant, interview applicant and household members, visit applicant's household, contact applicant's doctor-in-charge or medical insurance agents for more information and drug sponsors can change or stop the sponsorship at any time for any reason. I understand that HKBCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reason.

申請人簽署 Applicant's Signature: _____ 日期 Date: _____

注意事項Importance Notice

請在遞交此申請表前，檢查你是否 **Before you mail this application, make sure you:**

- 已填妥本申請表格Complete this application form
- 附上醫生轉介信Attach doctor's referral letter
- 附上醫生簽發的藥費正式單據Attach original official medication receipt
- 附上身分證副本Attach photocopy of your HKSAR identity card
- 附上收入證明文件副本Attach document proof of income

請郵寄至：

香港乳癌基金會有限公司
香港北角木星街9號永昇中心22樓
(信封面請註明「申請 Halaven[®]乳癌藥物資助計劃」)

Mail to:

Hong Kong Breast Cancer Foundation Limited
22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong
(Please mark “Application for Breast Cancer Drug Financial Assistance Program- Halaven[®]” on the envelope)

申請人須知：

- 如有需要，香港乳癌基金會有限公司有權要求申請人提供進一步資料和證明文件、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料。
- 申請人獲核實合乎申請資格後，可於 12 個月內申請藥物資助。申請人須於 12 個月後再次遞交相關證明文件，重新進行資格審核。
- 香港乳癌基金會有限公司必定根據《個人資料(私隱)條例》所載的保障資料原則嚴謹行事，確保申請人的個人資料絕對保密。
- 香港乳癌基金會有限公司保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

Notes to Applicants:

- HKBCF may request further information and supporting documents from applicant, interview applicant and household members, visit applicant’s household, contact applicant’s doctor-in-charge or medical insurance agents for more information.
- Qualified applicants are required to re-submit proof of financial status every 12 months for assessment of further reimbursement eligibility.
- All personal information collected will be treated in strictest confidence and in accordance to the Personal Data (Privacy) Ordinance.
- HKBCF reserves the right to make the final decision and to decline any application without providing reason.

附件一 Appendix 1

資助計劃的經濟審核標準 Financial criteria		
過去12個月的平均個人每月入息 (港元) Average monthly individual income in the last 12 months (HKD\$)	資助額 (港元) Financial Assistance Amount (HKD\$)	每年資助額上限 (港元) Maximum Yearly Subsidy Amount (HKD\$)
≤\$50,000.00	\$1,490/每瓶 per vial	\$101,320.00