

**INSURER
KONO INSURANCE LIMITED**

EMPLOYEES' COMPENSATION INSURANCE		
PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM		
N.B. (I) PLEASE SEE OVERLEAF GUIDELINES FOR COMPLETING THIS FORM (II) PLEASE USE SEPARATE SHEET IF SPACE IS INSUFFICIENT		
INSURED		
POLICY NO.	PERIOD OF INSURANCE	
No. of Employees Employed	(a) Occupations of Employees	(b) Total Earnings HK\$
	TOTAL	HK\$

Pursuant to the Insurance Premium provisions of the abovementioned Policy, I/we affirm that the above amount of all Earnings paid by me/us to every Employee in my/our employment during the said Period of Insurance is true and correct to the best of my/our knowledge.

Signature of Insured
Company chop where applicable

Name & Title of person signing

Date: _____

IMPORTANT NOTICE

- (1) Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- (2) You are required under the Policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurer within the stipulated time [see Guideline (c) below]

**GUIDELINES FOR COMPLETING THE
PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM**

- (a) **Description of Occupations of Employees**
Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.
- (b) **Total Earnings including but not limited to wages, salaries, bonuses, commissions, allowances, food, fuel, quarters or overtime payments [As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282)]**
Please declare the actual total Earnings for all Employees during the Period of Insurance.
- (c) **Submission**
You are required to complete the Premium Adjustment & Declaration of Earnings Form and submit it within 90 days after the expiry or termination of the Policy together with the following:
 - (i) Signature of an authorized officer; and
 - (ii) Monthly MPF Contribution Statements for the Period of Insurance (Stating the occupation of each Employee).