5/F, AXA Southside,
38 Wong Chuk Hang Road,
Wong Chuk Hang, Hong Kong
☎ (852) 2894 4699
🖷 (852) 3009 4608
@ fund_administrator@axa.com.hk

INDEMNITY FUND FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION WITH CORONAVIRUS DISEASE-2019 (COVID-19) VACCINES (AEFI FUND) APPLICATION FORM

Simple steps for your application submission :

(1) Complete this application. Please do not sign blank form;
(2) Prepare the relevant documents listed on page 2;
(3) Submit the form and required documents by mail, email or fax to the above address/in person

1. APPLICANT INFORMATION

Full Name (must be the same as the full name shown on Identity Document)		Mobile no.	Country Code ☐☐☐ Mobile no. ☐☐☐☐☐☐☐☐☐☐
HKID Card/Passport No.		Nationality	
Correspondence Address			
Residential Address (if different)			
Permanent Address (if different)			

2. RECIPIENT INFORMATION (IF APPLICANT IS NOT RECIPIENT)

Full Name (must be the same as the full name shown on Identity Document)			
HKID Card/Passport No.		Relationship with Applicant	

3 . VACCINATION PROGRAMME INFORMATION

Date of the first dose of COVID-19 vaccine received (dd/mm/yyyy)	
Date of the last dose of COVID-19 vaccine received (dd/mm/yyyy)	

4. PAYMENT METHOD

☐ By Autopay	Bank No. ☐☐☐ – Branch No. ☐☐☐ – Account No. ☐☐☐☐☐☐☐☐☐ Notes: 1. Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar
☐ By Cheque	Notes: 1. The cheque will be directly sent to Applicant's correspondence address by mail

5. PERSONAL INFORMATION COLLECTION STATEMENT

(a) The Hong Kong Government may use and rely on the information and materials that have been or will be supplied to AXA China Region Insurance Company Limited, the third-party administrator appointed by the Hong Kong Government for processing the application of the AEFI Fund on behalf of the Hong Kong Government (Administrator), by the applicant in relation to the application;

(b) All information and, where applicable, personal data collected by the Administrator on behalf of the Hong Kong Government or provided to the Administrator will be used for the purposes related to the processing of the application for the AEFI Fund, and where required or permitted by law;

(c) All personal data processed by the Administrator on behalf of the Hong Kong Government will be kept confidential but, subject to the provisions of any applicable laws, and only in connection with the purposes set out in (b) above, may be disclosed or transferred to third parties, including but not limited to the Expert Committee on Clinical Events Assessment Following COVID-19 Immunization and the Hospital Authority;

(d) The applicant has the right, under the Personal Data (Privacy) Ordinance, to ascertain whether the Administrator holds the personal data on behalf of the Hong Kong Government, to obtain a copy of the data, and to correct any data that is inaccurate. The applicant may also request the Administrator on behalf of the Hong Kong Government to inform him or her of the type of personal data held by it.

Requests for access and correction or for information regarding the application and kinds of data held by the Administrator on behalf of the Hong Kong Government should be addressed in writing to:

5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Administrator's administrative and actual costs incurred in complying with your data access requests.

(e) It is voluntary for the applicant to supply the relevant information and (where applicable) the personal data to the Hong Kong Government. However, if the applicant does not provide the requisite information and personal data, or the information or (where applicable) personal data provided by the applicant are not true, accurate or complete, the processing of the application may be affected.

6. DECLARATION AND AUTHORISATION

I HEARBY DECLARE AND AGREE on behalf of myself and other person referred to in this form that all statements and answers to all questions are to the best of my/our knowledge and belief complete and true. I HEREBY AUTHORISE that (1) any registered medical practitioner, hospital, clinic, government institution or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Administrator may request; (2) the Administrator or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to his application arising therefrom. A photocopy of this authorisation shall be as valid as the original.

I also confirm that I have obtained the consent of the relevant party (if different from me) in disclosing his or her personal data to the Hong Kong Government and the Administrator for the purposes as set out in section 5 above.

In addition, I consent to the transfer of my personal data in the manner as set out in section 5 above. I also confirm that I have obtained the consent of the relevant party (if different from me) in respect of the transfer of his or her personal data in the manner as set out in section 5 above.

Signature of Applicant	Date (dd/mm/yyyy)

7. DOCUMENT CHECKLIST

Below is a list of minimum documents required to proceed your application. In certain circumstances, more information may be required to substantiate the application.

	All applicants of the AEFI Fund are required to submit the following documents:
Basic	☐ Completed application form
	☐ Copy of Identity document including one of the followings: a. Hong Kong Identity Card (HKID) or Passport b. Consular Corps Identity Card (CCIC); or c. An acknowledgement of application for an identity card; or d. Certificate of Exemption; e. Exit-entry permit with landing slips or extension of stay labels issued by the Immigration Department
	☐ Paper or electronic vaccination record of receiving the COVID-19 vaccine issued by the Government;
	☐ Proof of suffering from SAE certified by a RMP (Certification of SAE). This shall include but not limited to hospital discharge summary, certification letter by attending doctor, medical certificates, etc. Sick leave certificate alone however, is not acceptable as a certification proof;
	☐ For certification of SAE provided by RMP from the private medical sector in Hong Kong or outside Hong Kong, a copy of the completed COVID-19 Vaccine Adverse Event Report submitted by the reporting RMP through the pharmacovigilance platform of the drug office under the Department of Health of Hong Kong; (https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html)
For the application of death payout only:	
Application of death benefit	☐ Death Certificate AND ☐ Grant of Letter of administration on Deceased's estate
If applicable below:	
Payment by autopay	☐ Applicant's bank account proof with account holder name and account number (e.g. copy of bank book, copy of debit card/EPS)
Recipient age is under 18 years old	☐ Applicant must be the parent or legal guardian of recipient ☐ Proof of relationship between Applicant and Recipient (e.g. birth certificate, proof of the legal guardianship, etc.)