MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Prepared by Melissa Chau
Department Customer Care

Tips to Simplify Submission & Underwriting Process

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HEALTHCARE MEMBERSHIP PROGRAM

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Chapter 1 Type of Application Form

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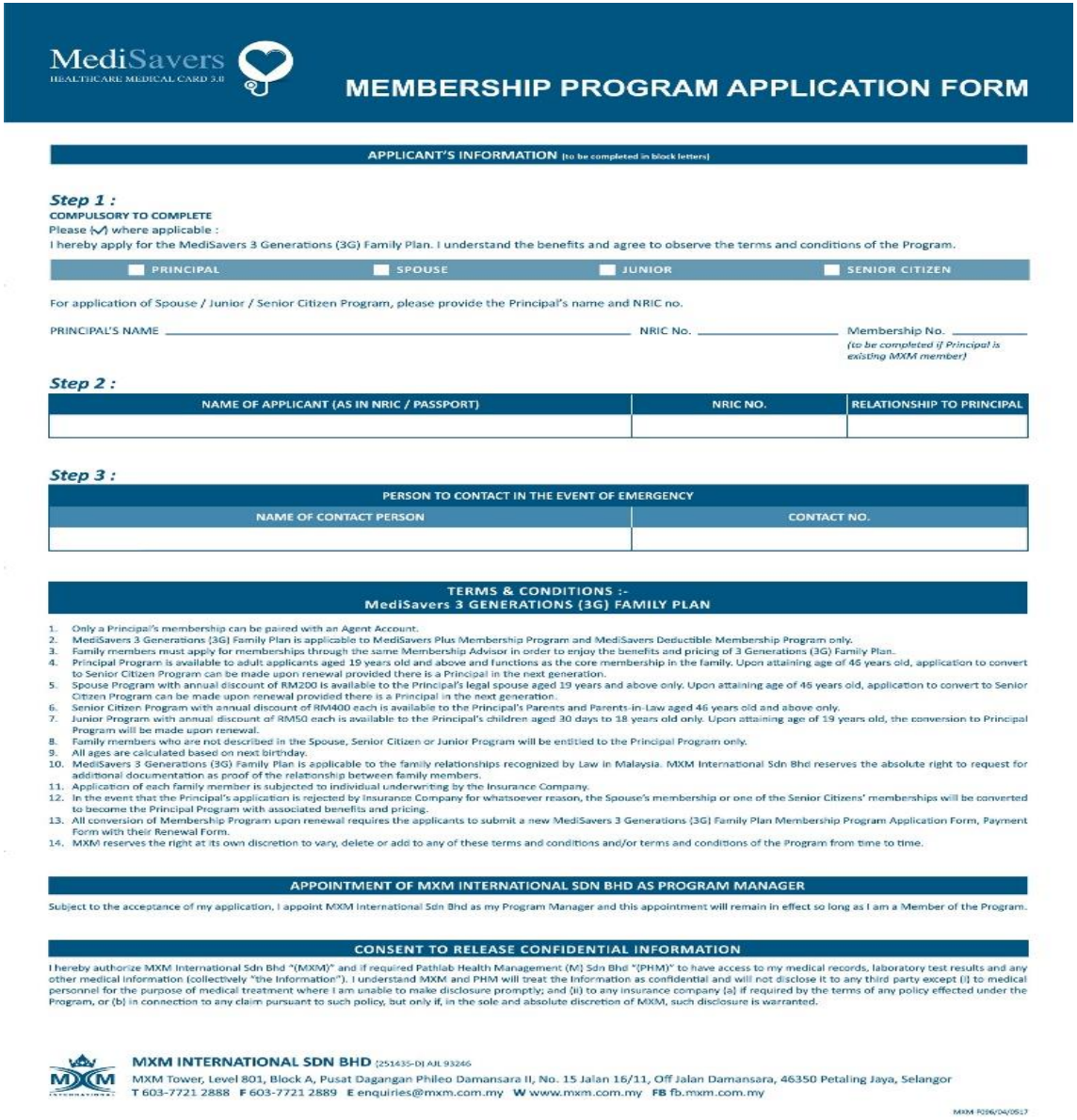
MediSavers 3 Generations (3G) Family Plan Application Form



MediSavers
HEALTHCARE MEDICAL CARD 3.0

MEMBERSHIP PROGRAM APPLICATION FORM

APPLICANT'S INFORMATION [to be completed in block letters]

Step 1 :

COMPULSORY TO COMPLETE

Please (✓) where applicable :

I hereby apply for the MediSavers 3 Generations (3G) Family Plan. I understand the benefits and agree to observe the terms and conditions of the Program.

☐ PRINCIPAL ☐ SPOUSE ☐ JUNIOR ☐ SENIOR CITIZEN

For application of Spouse / Junior / Senior Citizen Program, please provide the Principal's name and NRIC no.

PRINCIPAL'S NAME _____ NRIC No. _____ Membership No. _____
(to be completed if Principal is existing MXM member)

Step 2 :

NAME OF APPLICANT (AS IN NRIC / PASSPORT)	NRIC NO.	RELATIONSHIP TO PRINCIPAL

Step 3 :

PERSON TO CONTACT IN THE EVENT OF EMERGENCY	
NAME OF CONTACT PERSON	CONTACT NO.

TERMS & CONDITIONS :-
MediSavers 3 GENERATIONS (3G) FAMILY PLAN

1. Only a Principal's membership can be paired with an Agent Account.
2. MediSavers 3 Generations (3G) Family Plan is applicable to MediSavers Plus Membership Program and MediSavers Deductible Membership Program only.
3. Family members must apply for memberships through the same Membership Advisor in order to enjoy the benefits and pricing of 3 Generations (3G) Family Plan.
4. Principal Program is available to adult applicants aged 19 years old and above and functions as the core membership in the family. Upon attaining age of 46 years old, application to convert to Senior Citizen Program can be made upon renewal provided there is a Principal in the next generation.
5. Spouse Program with annual discount of RM200 is available to the Principal's legal spouse aged 19 years and above only. Upon attaining age of 46 years old, application to convert to Senior Citizen Program can be made upon renewal provided there is a Principal in the next generation.
6. Senior Citizen Program with annual discount of RM400 each is available to the Principal's Parents and Parents-in-Law aged 46 years old and above only.
7. Junior Program with annual discount of RM50 each is available to the Principal's children aged 30 days to 18 years old only. Upon attaining age of 19 years old, the conversion to Principal Program will be made upon renewal.
8. Family members who are not described in the Spouse, Senior Citizen or Junior Program will be entitled to the Principal Program only.
9. All ages are calculated based on next birthday.
10. MediSavers 3 Generations (3G) Family Plan is applicable to the family relationships recognized by Law in Malaysia. MXM International Sdn Bhd reserves the absolute right to request for additional documentation as proof of the relationship between family members.
11. Application of each family member is subjected to individual underwriting by the Insurance Company.
12. In the event that the Principal's application is rejected by Insurance Company for whatsoever reason, the Spouse's membership or one of the Senior Citizens' memberships will be converted to become the Principal Program with associated benefits and pricing.
13. All conversion of Membership Program upon renewal requires the applicants to submit a new MediSavers 3 Generations (3G) Family Plan Membership Program Application Form, Payment Form with their Renewal Form.
14. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time.

APPOINTMENT OF MXM INTERNATIONAL SDN BHD AS PROGRAM MANAGER

Subject to the acceptance of my application, I appoint MXM International Sdn Bhd as my Program Manager and this appointment will remain in effect so long as I am a Member of the Program.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize MXM International Sdn Bhd "(MXM)" and if required Pathlab Health Management (M) Sdn Bhd "(PHM)" to have access to my medical records, laboratory test results and any other medical information (collectively "the Information"). I understand MXM and PHM will treat the Information as confidential and will not disclose it to any third party except (i) to medical personnel for the purpose of medical treatment where I am unable to make disclosure promptly; and (ii) to any insurance company (a) if required by the terms of any policy effected under the Program, or (b) in connection to any claim pursuant to such policy, but only if, in the sole and absolute discretion of MXM, such disclosure is warranted.

MXM INTERNATIONAL SDN BHD (251435-D) AJL 93246
MXM Tower, Level 801, Block A, Pusat Dagangan Phileo Damansara II, No. 15 Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor
T 603-7721 2888 F 603-7721 2889 E enquiries@mxm.com.my W www.mxm.com.my FB fb.mxm.com.my

MXM-F036/04/0517

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EPP | Full Payment Form

EASY PAYMENT PLAN (EPP) / FULL PAYMENT FORM

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSavers Plus / MediSavers Deductible Membership Program.

I _____ NRIC No. _____
hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

Please tick (√) where boxes are made available :

Step 1 :

MediSavers Plus		MediSavers Deductible		MediSavers Life (Xtra)#			
☐ 500 - SP	☐ 350 - SP	☐ 500 - DSP	☐ 350 - DSP	☐ Diamond	☐ Platinum	☐ Gold	☐ Silver
☐ 500	☐ 350	☐ 500 - D	☐ 350 - D				

 # Add-On for MediSavers Plus or MediSavers Deductible.

Step 2 :

	Age Of Next Birthday	MediSavers Plus	MediSavers Deductible	MediSavers Life (Xtra)	Total
EASY PAYMENT PLAN (EPP)		12 x RM _____	12 x RM _____	12 x RM _____	RM
FULL PAYMENT		RM _____	RM _____	RM _____	RM

Step 3 :

VIA CREDIT CARD

Card Holder's Name _____ NRIC No. (new) _____
Tel (H/P) _____ (O) _____ (Hse) _____
Credit Card No. _____ Card Expiry Date _____
CVV / CID Number *(Last 3 digit on the signature panel)* _____ (for EPP Payment only) ☐ VISA ☐ MasterCard
Issuing Bank _____
Cardholder's Signature _____ Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC _____
hereby authorize the usage of my credit card for purpose of application for membership under the MXM MediSavers Plus / MediSavers Deductible Membership Program.

Cardholder's Signature _____
Relationship _____
Contact No. _____

IMPORTANT : Please ensure you have sufficient credit limit in your credit / debit card for processing. Credit Card holders are required to provide photocopy of Credit Card (Front & Back), NRIC (Front & Back) for verification purposes.

VIA CHEQUE (FULL PAYMENT ONLY)

Cheque No. _____ Issuing Bank _____
Cheque should be made payable to **Pathlab Health Management (M) Sdn Bhd** (Co. No. 299313-M).

Step 4 :

Please tick (√) if you select Auto Renewal

STANDING INSTRUCTIONS TO CHARGE ANNUAL MEMBERSHIP FEE VIA CREDIT CARD (APPLICABLE FOR FULL PAYMENT ONLY)

☐ I hereby authorize MXM INTERNATIONAL SDN BHD or PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to auto charge my Membership Renewal Fee at the expiry of each anniversary of my prevailing Membership by charging the Credit Card indicated above. I understand that the Membership Fee during renewal may vary due to change of age band / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s). This authorization shall remain valid and in effect until cancelled by myself in writing to MXM INTERNATIONAL SDN BHD at least Sixty (60) Days prior to the expiry of my prevailing Membership. Notwithstanding the above instructions, I agree that my Membership may be terminated if the Membership Fee is not paid when due. I agree to inform MXM in writing of any changes pertaining to lost /stolen/ termination /cancellation or change of credit card at least 14 days before the renewal expiry date.

_____ _____
Signature of Applicant / Parent for Junior Application Date

TERMS AND CONDITIONS :

1. I hereby authorize MXM International Sdn Bhd (MXM) or its authorized collection agent Pathlab Health Management (M) Sdn Bhd (PHM) to charge to my above indicated credit card(s) the applicable Membership Fees payable for MXM MediSavers Plus / MediSavers Deductible Membership Program and the renewals thereof.
2. I acknowledge that upon payment approval by the credit card company, the Membership Fee payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Easy Payment Installment plan. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
3. I hereby instruct MXM or PHM to charge the monthly installment including the use of my payment security code to facilitate the Easy Payment Plans (EPP). I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
4. In the event of changes in the Membership Fee due to change of age band and / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize MXM to charge the above credit / debit card(s) indicated above with the amount being the revised rates.
5. In the event, that credit card(s) payment is declined for whatsoever reasons. The Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), PHM and/or MXM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnity and keep the said parties indemnified against any liabilities and/or claims which might arise after such cancellation.
6. MXM reserves the right at its own discretion to vary delete or add to any of these terms and conditions from time to time.

_____ _____
Signature of Applicant / Parent for Junior Application Date

MXM-EPP/01/2017

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Monthly Standing Instruction Form (MSI)

MONTHLY STANDING INSTRUCTION (MSI) FORM

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSavers Plus / MediSavers Deductible Membership Program.

I _____ NRIC No. _____
hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

Please tick (√) where boxes are made available :

MediSavers Plus				MediSavers Deductible			
☐ 500 - SP	☐ 350 - SP	☐ 500	☐ 350	☐ 500 - DSP	☐ 350 - DSP	☐ 500 - D	☐ 350 - D

	MediSavers Plus	MediSavers Deductible	Total
Deposit	RM X 2	RM X 2	RM
1st Month	RM	RM	RM
		Total	RM
		2nd Month onwards	RM _____ per month

NOTE : Applicants are required to make 2 months deposit + 1 month 1st payment

☐ VIA CREDIT CARD ☐ VIA DEBIT CARD

Card Holder's Name _____ NRIC No. (New) _____
Tel (H/P) _____ (O) _____ (Hse) _____
Credit / Debit Card No. _____ Card Expiry Date _____
Issuing Bank _____ ☐ VISA ☐ MasterCard

I, _____ NRIC _____
hereby authorize the usage of my credit / debit card for purpose of application for membership under the MXM MediSavers Plus / MediSavers Deductible Membership Program.

Cardholder's Signature _____

Date _____
Relationship _____
Contact No. _____

IMPORTANT : 1. Please ensure you have sufficient fund or credit limit in your credit card / debit card at the time the payment is due.
2. Third party credit / debit card holders are required to provide photocopy of credit / debit card (front and back), NRIC (front and back) for verification purposes.
3.

1st Payment (Transaction Date)	2nd Payment (Subsequent Payment Date – Working Day)
1st to 7th	1st
8th to 14th	8th
15th to 21st	15th
22nd to 25th	22nd
26th to 31st	26th

Terms & Conditions :

1. This is the instruction that accompanies my application for MediSavers Plus / MediSavers Deductible Membership Program that is automatically renewable on the anniversary of each Membership period up to year 2115. I understand that the Membership Fee during renewal may vary due to change of age band.
2. I hereby authorize MXM International Sdn Bhd (MXM) or its authorized collection agent, Pathlab Health Management (M) Sdn Bhd (PHM) to charge to my above indicated credit / debit card the applicable Membership Fee payable for the Program and the renewals thereof.
3. I understand and agree that the monthly installments shall be charged to the above indicated credit / debit card in accordance to the transaction dates indicated in the IMPORTANT note under Item 3.
4. I hereby instruct MXM or PHM to charge the monthly installment mentioned in item 3 above. I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
5. In the event due to whatsoever reason, I shall discontinue my membership with MXM, I shall give at least Sixty (60) Days Discontinuation Notice in writing prior to the date of expiry of my prevailing Membership. I acknowledge and understand that upon receipt of such Notice, MXM shall utilize the deposit to off-set the final monthly installment payable for my Membership Fee.
6. In the event of changes in the Membership Fee due to change of age band and / or revision to the Insurance Premium imposed by the Insurance Underwritter(s), I hereby authorize MXM and / or PHM to charge the above credit / debit card indicated above with the amount being the revised rates.
7. In the event that any installment payment payable hereunder is not effected for any whatsoever reason, the Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwritter(s), PHM and / or MXM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnify and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
8. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions from time to time.
9. In the event that Membership Fee cannot be successfully processed for three(3) consecutive attempts, MXM reserves the right to cancel the membership accordingly. Account holder must inform PHM in writing of any changes pertaining to the bank including new credit / debit card number, termination or cancellation of credit / debit card at least 30 days before the next monthly installment due date and subject to a processing fee charged of RM 21.20.

_____ Date
Signature of Applicant / Parent for Junior Application

FOR OFFICE USE ONLY		Centre Code		Submitted By			Handled By	
	Member Code	Program Code		Amount	GST (6%)	Loading	GST (6%) For Loading	Receipt No.
MediSavers Plus / Deductible								
MediSavers Plus / Deductible - Super Protector								
Batch No.		Payment Clearance Date			MRM / F.Fund		Total Amount	

MXM-FORM/MS/V2017

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Agent Application Form

MXM AGENT APPLICATION FORM

• COMPULSORY TO COMPLETE (To be completed in block letters)

Please pair this agent account with the MXM membership program indicated below :

☐ Existing Membership Program ☐ New Membership Program

Member's Name _____ New NRIC No. _____

• APPLICANT'S INFORMATION (To be completed in block letters)

Please tick (√) where boxes are made available :

Full Name as in NRIC / Company Name _____

New NRIC No. / Company Registration No. _____ Date of Birth (DD/MM/YY) _____

Gender ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widower ☐ Widow

Race ☐ Malay ☐ Chinese ☐ Indian ☐ Others _____ | Nationality ☐ Malaysian ☐ Others _____

Occupation _____

Nature of Work _____

Correspondence Address _____

_____ Postcode _____

Tel No. (H) _____ (O) _____ (H/P) _____

Email Address _____

I hereby apply to be appointed as an independent MXM AGENT and I hereby agree, acknowledge and declare as follows :

1. I have attained eighteen (18) years of age and agree to pay the Agent Fee herein stated.
2. I am not restricted in my territorial coverage unless prohibited by any law.
3. Upon submission of this application to MXM, I hereby agree to be bound by the terms and conditions herein stipulated and the Agent's Code of Conduct.
4. This application is subject to a cooling off period of ten (10) working days from the date of receipt by MXM in which instance I acknowledge that I shall be entitled to a refund of Agent Fee after deducting such administrative fee to be decided at the sole discretion of MXM.
5. Upon the expiry of the aforesaid cooling off period, I acknowledge that cancellation of my AGENT Account is strictly prohibited and MXM shall not be liable to refund me any portion of the Agent Fee.
6. Any commission payable under the respective incentive / marketing plans shall only be paid after the expiry of the applicable cooling off period for purchase of a Program. In the event any commissions are paid pursuant to a purchase that is subsequently terminated, I acknowledge that MXM is entitled to a full refund of same.
7. I acknowledge that I am not an employee of MXM and I am therefore solely responsible to declare and pay any taxes payable in the course of my agency.
8. I acknowledge that I cannot change my introducer unless my AGENT Account has been terminated and that MXM is not obliged to accept a new application for a new agent account from me until six (6) months has lapsed after such termination.
9. Any agent's account that has been inactive for more than 180 days from the date of expiry / lapsed of membership, the Agent Account will be terminated without prior notice.
10. Once the termination takes effect, all commissions under the network will be compressed upwards the immediate active agent/s under the same hierachy.
11. Upon the termination, no reactivation is allowed and agents are always welcome to re-join MXM under a new agent account.
12. I may engage other persons to assist in the agency on condition that I shall be fully responsible for their acts and commissions and I shall ensure that they are of reputable character and presentable in appearance and that they observe the terms and conditions herein.
13. All Existing Agents shall have a period of 60 days to follow-up with their Prospective Agent(s) from the date of the 1st Appointment. During this period, other Existing Agents shall not induce or procure the Prospective Agent to enrol as an agent under them or advise the Prospective Agents to register under them through a proxy. Should the Prospective Agent fail due to whatsoever reasons to enrol by the end of the 60 days period, other Existing Agents are free and able to solicit these Prospective Agent(s).
14. Upon achieving the status of RMA (or its equivalent), I hereby declare and undertake that I shall not be actively associated with any direct selling company other than MXM International Sdn. Bhd. as this may result in potential direct or indirect conflict of interests.
15. I acknowledge that the terms and conditions herein shall be governed by the enforced laws of Malaysia.
16. In the event I am in breach of any of the above terms and conditions, or any rules of conduct or code of ethics of MXM and / or the Program, my AGENT Account and / or Program Membership may be terminated immediately without any compensation whatsoever and I acknowledge that I shall remain liable for any loss or damage incurred or suffered by MXM resulting from such breach.
17. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and / or terms and conditions of the Program and / or the incentive / marketing plan from time to time.

Please sign below to indicate that you have read and understood and agreed to be bound by the aforesaid terms and conditions. Please obtain an official receipt as evidence of payment of the Agent Fee.

KONTRAK INI ADALAH TERTAKLUK KEPADA TEMPOH BERTENANG SELAMA SEPULUH HARI KERJA.

THIS CONTRACT IS SUBJECT TO A COOLING-OFF PERIOD OF TEN WORKING DAYS.

Personal Data Protection Act 2010 - Consent for the Personal Data processing
I hereby give my consent to MXM International Sdn Bhd (MXM), its affiliate company and / or other third parties including MXM agents to collect and process my personal data in compliance with Personal Data Protection Act 2010. I understand that I am entitled to revoke my consent at any time by sending a written notice to MXM.

Dept In-charge:
Database Dept, Tel : 03-7721 2888 / Fax : 03-7721 2889 / Email : enquiries@mxm.com.my

For more information on MXM's privacy practices, you may refer to our Personal Data Protection Policy at www.mxm.com.my

_____ Signature of Applicant

Name of Applicant _____

Date _____

_____ Introducer's Signature

Introducer's Name _____

NRIC No. _____

Date _____

MXM-F043/18/0618

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HEALTHCARE MEMBERSHIP PROGRAM

Lonpac Proposal Form

LONPAC INSURANCE BHD

(307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

PHM Medisavers 2015 Proposal Form / Borang Cadangan PHM Medisavers 2015

IMPORTANT NOTICE / *NOTIS PENTING*

Consumer Insurance Contract
Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Kontrak Insurans Pengguna
Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon Insurans ini sepenuhnya untuk diri sendiri/keluarga/ tanggungan, anda mempunyai kewajipan untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan ini. Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, keengganan atau pengurangan gantirugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan dalam Borang Cadangan ini, anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

Non-Consumer Insurance Contract
Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing insurance benefits to your employees and their family/dependants, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Kontrak Insurans Komersial
Menurut Perenggan 4(1) daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon Insurans ini untuk memberi manfaat insurans kepada pekerja dan keluarga/tanggungan mereka, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

PRIVACY POLICY
For information on our privacy policy, please visit our website www.lonpac.com/web/my/privacy_policy_my

POLISI PRIVASI
Bagi maklumat mengenai polisi privasi kami, sila lawat laman web kami www.lonpac.com/web/my/privacy_policy_my

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Group Term Assurance Proposal Form

Archipelago Life Insurance Limited [A Life Insurer Licensed by Labuan FSA] Co. No. LL09829 I Licence No. IS2013141

Registered Office Address :
Brumby Centre, Lot 42,
Jalan Muhibbah,
87000 Labuan FT, Malaysia.

Co-located Office :
B-08-07, Gateway Corporate Suites,
Gateway Kiaramas, No.1 Jalan Desa Kiara,
Mont Kiara, 50480 Kuala Lumpur, Malaysia.

Phone : +6 (03) 6201 0899
Fax : +6 (03) 6201 0481
Email : info@archipelagolife.com
URL : www.archipelagolife.com

GROUP TERM ASSURANCE PROPOSAL FORM | *BORANG CADANGAN*

Certificate No. / *No. Sijil:*

IMPORTANT NOTICE

Pursuant to Section 192 of The Labuan Financial Services and Securities Act 2010, you are to take reasonable care not to make a misrepresentation when answering any questions in the proposal form or in any request made by the Company before the certificate is issued, varied or renewed/reinstated. In addition, you are also required to take reasonable care to disclose to the Company any matter that you know to be relevant to the decision of the Company on whether to accept this proposal or not and the rates and terms to be applied and this duty to exercise utmost good faith is extended to all your dealings with the Company after the certificate has been issued varied or renewed/reinstated, including the making of a claim.

NOTIS PENTING

Menurut Seksyen 192 Akta Perkhidmatan Kewangan dan Sekuriti Labuan 2010, anda dikehendaki menyatakan dengan jujur dan lengkap di dalam borang cadangan ini atau di dalam mana-mana permintaan yang dibuat oleh Syarikat sebelum sijil dikeluarkan, diperbaharui/dikuatkuasa semula. Dalam pada itu, anda juga dikehendaki mendedahkan segala maklumat yang anda tahu berkenaan keputusan Syarikat samada untuk menerima cadangan Asurans hayat ini atau tidak dan menuruti segala kadar serta syarat-syarat yang ditetapkan dalam segala urusan dengan Syarikat selepas sijil dikeluarkan, diperbaharui/dikuatkuasa semula termasuk untuk membuat tuntutan.

PARTICULARS OF PROPOSER / *BUTIR-BUTIR PENCADANG*

PATHLAB HEALTH MANAGEMENT (M) SDN BHD
MXM TOWER, LEVEL 1201, BLOCK A, PUSAT DAGANGAN PHILEO DAMANSARA II
NO 15 JALAN 16/11, OFF JALAN DAMANSARA, 46350 PETALING JAYA, SELANGOR

PARTICULARS OF LIFE ASSURED / *BUTIR-BUTIR ORANG YANG DIASURANSKAN*

Name (As In NRIC/Passport) / *Nama (Seperti Dalam Kad Pengenalan/Pasport):*		Nationality / *Wargenegara:*
NRIC No. / *No. Kad Pengenalan:*		Passport No. / *No. Pasport:*
New / *Baru*	Old / *Lama*	
Address / *Alamat:*		Postcode / *Poskod:*
House Telephone No. / *No. Telefon Rumah:*		Mobile Phone / *Telefon Bimbit:*
Email / *Emel:*		
Date of Birth (dd/mm/yyyy) / *Tarikh Lahir (hh/bb/tttt):*		Gender / *Jantina:* ☐ Male / *Lelaki* ☐ Female / *Perempuan*
Race / *Bangsa:* ☐ Malay / *Melayu* ☐ Chinese / *Cina* ☐ Indian / *India* ☐ Others / *Lain-lain*		Height / *Ketinggian:* cm / Weight / *Berat:* kg
Marital Status / *Taraf Perkahwinan:* ☐ Single / *Bujang* ☐ Married / *Kahwin* ☐ Divorced / *Bercerai* ☐ Widow / *Balu* ☐ Widower / *Duda*		
Occupation / *Pekerjaan:*		
Please specify nature of work / *Sila nyatakan tugas pekerjaan dengan jelas:*		

SUM ASSURED / *JUMLAH DIASURANSKAN* Please (✓) / *Sila (✓)*

☐ Diamond Plan, SGD105,000 *Pelan Diamond, SGD105,000*	☐ Platinum Plan, SGD70,000 *Pelan Platinum, SGD70,000*	☐ Gold Plan, SGD35,000 *Pelan Gold, SGD35,000*	☐ Silver Plan, SGD17,500 *Pelan Silver, SGD17,500*

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Chapter 2 Tips to Simplify Submission & Underwriting Process

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Application Form

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

MediSavers 3 Generations (3G) Family Plan Application Form

MediSavers
HEALTHCARE MEDICAL CARD 3.0

MEMBERSHIP PROGRAM APPLICATION FORM

APPLICANT'S INFORMATION (to be completed in block letters)

Step 1 :

COMPULSORY TO COMPLETE

Please (✓) where applicable :

I hereby apply for the MediSavers 3 Generations (3G) Family Plan. I understand the benefits and agree to observe the terms and conditions of the Program.

☑ PRINCIPAL ☐ SPOUSE ☐ JUNIOR ☐ SENIOR CITIZEN

For application of Spouse / Junior / Senior Citizen Program, please provide the Principal's name and NRIC no.

PRINCIPAL'S NAME _____ NRIC No. _____ Membership No. _____
(to be completed if Principal is existing MXM member)

Step 2 :

NAME OF APPLICANT (AS IN NRIC / PASSPORT)	NRIC NO.	RELATIONSHIP TO PRINCIPAL
David Leong Ken Li	820719-14-1183	Self

Step 3 :

PERSON TO CONTACT IN THE EVENT OF EMERGENCY	
NAME OF CONTACT PERSON	CONTACT NO.
William Leong Ken Loong	012-222 3333

Important !

TERMS & CONDITIONS :-
MediSavers 3 GENERATIONS (3G) FAMILY PLAN

1. Only a Principal's membership can be paired with an Agent Account.
2. MediSavers 3 Generations (3G) Family Plan is applicable to MediSavers Plus Membership Program and MediSavers Deductible Membership Program only.
3. Family members must apply for memberships through the same Membership Advisor in order to enjoy the benefits and pricing of 3 Generations (3G) Family Plan.
4. Principal Program is available to adult applicants aged 19 years old and above and functions as the core membership in the family. Upon attaining age of 46 years old, application to convert to Senior Citizen Program can be made upon renewal provided there is a Principal in the next generation.
5. Spouse Program with annual discount of RM200 is available to the Principal's legal spouse aged 19 years and above only. Upon attaining age of 46 years old, application to convert to Senior Citizen Program can be made upon renewal provided there is a Principal in the next generation.
6. Senior Citizen Program with annual discount of RM400 each is available to the Principal's Parents and Parents-in-Law aged 46 years old and above only.
7. Junior Program with annual discount of RM50 each is available to the Principal's children aged 30 days to 18 years old only. Upon attaining age of 19 years old, the conversion to Principal Program will be made upon renewal.
8. Family members who are not described in the Spouse, Senior Citizen or Junior Program will be entitled to the Principal Program only.
9. All ages are calculated based on next birthday.
10. MediSavers 3 Generations (3G) Family Plan is applicable to the family relationships recognized by Law in Malaysia. MXM International Sdn Bhd reserves the absolute right to request for additional documentation as proof of the relationship between family members.
11. Application of each family member is subjected to individual underwriting by the Insurance Company.
12. In the event that the Principal's application is rejected by Insurance Company for whatsoever reason, the Spouse's membership or one of the Senior Citizens' memberships will be converted to become the Principal Program with associated benefits and pricing.
13. All conversion of Membership Program upon renewal requires the applicants to submit a new MediSavers 3 Generations (3G) Family Plan Membership Program Application Form, Payment Form with their Renewal Form.
14. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time.

APPOINTMENT OF MXM INTERNATIONAL SDN BHD AS PROGRAM MANAGER

Subject to the acceptance of my application, I appoint MXM International Sdn Bhd as my Program Manager and this appointment will remain in effect so long as I am a Member of the Program.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize MXM International Sdn Bhd "(MXM)" and if required Pathlab Health Management (M) Sdn Bhd "(PHM)" to have access to my medical records, laboratory test results and any other medical information (collectively "the Information"). I understand MXM and PHM will treat the Information as confidential and will not disclose it to any third party except (i) to medical personnel for the purpose of medical treatment where I am unable to make disclosure promptly; and (ii) to any insurance company (a) if required by the terms of any policy effected under the Program, or (b) in connection to any claim pursuant to such policy, but only if, in the sole and absolute discretion of MXM, such disclosure is warranted.

MXM INTERNATIONAL SDN BHD (251435-D) AJL 93246
MXM Tower, Level 801, Block A, Pusat Dagangan Phileo Damansara II, No. 15 Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor
T 603-7721 2888 F 603-7721 2889 E enquiries@mxm.com.my W www.mxm.com.my FB fb.mxm.com.my

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

MediSavers 3 Generations (3G) Family Plan Application Form

TERMS & CONDITIONS :-
MediSavers Plus / MediSavers Deductible MEMBERSHIP PROGRAM

I hereby apply for the MediSavers Plus / MediSavers Deductible Membership Program ("the Program") and agree, acknowledge and declare as follows:-

1. I declare that I have attained eighteen (18) years of age and I understand that the Program is automatically renewable on the anniversary of each Membership period up to 30 June 2115.
2. I agree to be bound by the terms and conditions of the Program more particularly stipulated in the Program leaflet and the Program Welcome Pack. Where applicable, I agree to be bound by the terms and conditions of the participating partners of the Program as stipulated in the respective vouchers and/or Membership Guide in the Program.
3. Payment for the Membership Fee of the Program shall be as per the accompanying payment option form and I agree to be bound by the terms thereof.
4. In the event of a third party's credit card(s) being used for purpose of payment for the Membership Fee, I shall obtain authorization condoning such usage by causing the third party credit card authorization section in the application form to be duly signed by the credit card(s) holder, together with all relevant legal documents in support of such usage and I shall be fully responsible for any claims arising in whatsoever form.
5. I acknowledge that this application is subject to a cooling off period of ten (10) working days from the date of receipt by MXM of this application ("the Cooling Off Period"). I acknowledge that I shall be entitled to a refund of the Membership Fee provided I return the Program Welcome Pack to MXM and that I have not utilized any of the benefits of the Program.
6. In the event that I have utilized any part of the Program and/or the Program Welcome Pack is incomplete or is not in a reusable condition, MXM shall be entitled to deduct there from a sum equivalent to the cost of usage of such part of the Program and/or the cost of the Program Welcome Pack, as the case may be.
7. I acknowledge that cancellation of my membership in the Program is strictly not allowed after the Cooling Off Period and that MXM shall not be liable to refund to me any portion of the Membership Fee.
8. I acknowledge that once my Membership application has been approved, I cannot change my Introducer unless my Membership has expired under the prevailing Membership period and a period of six (6) months has lapsed.
9. I acknowledge that the terms and conditions herein, the Program leaflet, the Membership Guide and the Program Welcome Pack shall constitute the entire understanding of the parties.
10. In the event that any cheque or credit card(s) toward payment of the Membership Fee is declined for whatsoever reasons, the Program benefits and insurance policy will automatically be cancelled. The insurer and PHM shall not be liable for any claims incurred thereafter. MXM has the right to terminate the Membership with immediate effect. Any cost incurred will automatically be charged to the applicant's assigned credit card as indicated in the payment instruction form.
11. I acknowledge that the terms and conditions herein shall be governed by the laws of Malaysia.
12. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time.
13. Upon my submission of this application to MXM, I hereby agree to be bound by the terms stipulated above.

Please sign below to indicate that you have read and understood and agreed to be bound by the terms and conditions listed herein. Please obtain an official receipt as evidence of payment of the Membership Fee.
The Program Welcome Pack will be sent to you within 30 days from the date of this application subject to clearance of Membership Fee and approval of underwriting decision.
Please call us at 03-7721 2888 in the event you do not receive the Program Welcome Pack within the said 30 days.

KONTRAK INI ADALAH TERTAKLUK KEPADA TEMPOH BERTENANG SELAMA SEPULUH HARI KERJA.
THIS CONTRACT IS SUBJECT TO A COOLING-OFF PERIOD OF TEN WORKING DAYS.

Personal Data Protection Act 2010 - Consent for the Personal Data processing
I hereby give my consent to MXM International Sdn Bhd (MXM), its affiliate company and/or other third parties including MXM agents to collect and process my personal data in compliance with Personal Data Protection Act 2010. I understand that I am entitled to revoke my consent at any time by sending a written notice to MXM.

Dept In-charge:
Database Dept, Tel : 03-7721 2888 / Fax : 03-7721 2889 / Email : enquiries@mxm.com.my

For more information on MXM's privacy practices, you may refer to our Personal Data Protection Policy at www.mxm.com.my

David
X

Applicant's Signature
* For Junior Application, Parent / Guardian to sign

David Leong Ken Li
Applicant's Name

Date : 30/09/17

Kow
Introducer's Signature

Name : Chong Ah Kow

NRIC No. : 790110-05-5334

Agent Code : 01234

Date : 30/09/17

Important !

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

MediSavers 3 Generations (3G) Family Plan Application Form

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

MediSavers 3 Generations (3G) Family Plan Application Form

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
2. This Voucher is applicable to Membership Application of Principal's Parents or Parents-In-Law aged 46 years old and above for RM400 Discount each only.
3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
4. This Voucher is NOT valid with any other promotion or voucher.
5. This Voucher is NOT exchangeable for cash.
6. This Voucher will NOT be replaced if it is lost, damaged or stolen.
7. This Voucher is only applicable to the family relationships recognized by Law in Malaysia..
8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
10. MXM International Sdn Bhd has the absolute right to request for additional documentation as proof of the relationship between family members.
11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
2. This Voucher is applicable to Membership Application of Principal's Parents or Parents-In-Law aged 46 years old and above for RM400 Discount each only.
3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
4. This Voucher is NOT valid with any other promotion or voucher.
5. This Voucher is NOT exchangeable for cash.
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7. This Voucher is only applicable to the family relationships recognized by Law in Malaysia..
8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
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11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
2. This Voucher is applicable to Membership Application of Principal's Parents or Parents-In-Law aged 46 years old and above for RM400 Discount each only.
3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
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7. This Voucher is only applicable to the family relationships recognized by Law in Malaysia..
8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
10. MXM International Sdn Bhd has the absolute right to request for additional documentation as proof of the relationship between family members.
11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
2. This voucher is applicable to Membership Application of Principal's Children for RM50 Discount each only.
3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
4. This Voucher is NOT valid with any other promotion or voucher.
5. This Voucher is NOT exchangeable for cash.
6. This Voucher will NOT be replaced if it is lost, damaged or stolen.
7. This Voucher is only applicable to the family relationships recognized by Law in Malaysia..
8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
10. MXM International Sdn Bhd has the absolute right to request for additional documentation as proof of the relationship between family members.
11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
2. This voucher is applicable to Membership Application of Principal's Spouse for RM200 Discount only.
3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
4. This Voucher is NOT valid with any other promotion or voucher.
5. This Voucher is NOT exchangeable for cash.
6. This Voucher will NOT be replaced if it is lost, damaged or stolen.
7. This Voucher is only applicable to the family relationships recognized by Law in Malaysia..
8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
10. MXM International Sdn Bhd has the absolute right to request for additional documentation as proof of the relationship between family members.
11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
2. This voucher is applicable to Membership Application of Principal's Children for RM50 Discount each only.
3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
4. This Voucher is NOT valid with any other promotion or voucher.
5. This Voucher is NOT exchangeable for cash.
6. This Voucher will NOT be replaced if it is lost, damaged or stolen.
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8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
10. MXM International Sdn Bhd has the absolute right to request for additional documentation as proof of the relationship between family members.
11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

Member's Name _____
Member's NRIC No. _____
Principal's Name: _____
Principal's NRIC No: _____
Membership Advisor's Name: _____
Membership Advisor's Code: _____

Terms & Conditions for MediSavers 3 Generations (3G) Family Plan Discount Voucher :

1. This Voucher is applicable to Membership Application for MediSavers 3 Generations (3G) Family Plan only.
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3. This Voucher must be submitted with completed Membership Program Application Form, Payment Form, Proposal Form and other forms (if applicable).
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5. This Voucher is NOT exchangeable for cash.
6. This Voucher will NOT be replaced if it is lost, damaged or stolen.
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8. Family members must apply through the same Membership Advisor in order to enjoy the MediSavers 3 Generations (3G) Family Plan benefits and pricing.
9. In the event that the Principal's application is rejected by Insurance Company, the Spouse's or One of the Senior Citizens' memberships will automatically be converted to become the Principal Membership with associated benefits and pricing.
10. MXM International Sdn Bhd has the absolute right to request for additional documentation as proof of the relationship between family members.
11. MXM International Sdn Bhd reserves the right to vary, add or amend the above terms & conditions from time to time without prior notice.

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Type Of Payment

- **Full Payment**
- **Easy Payment**
- **Monthly Payment**

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HEALTHCARE MEMBERSHIP PROGRAM

Payment Form

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

EPP | Full Payment Form

Third Party Card Holder Information
+
NRIC Photocopy
+
Credit Card Photocopy

Cheque issue to PATHLAB HEALTH MANAGEMENT (M) SDN BHD

MediSavers
HEALTHCARE MEDICAL CARD 3.0

EASY PAYMENT PLAN (EPP) / FULL PAYMENT FORM

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSavers Plus / MediSavers Deductible Membership Program.

I David Leong Ken Li NRIC No. 820719-14-1184
hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

Please tick (√) where boxes are made available :

Step 1 :

MediSavers Plus		MediSavers Deductible		MediSavers Life (Xtra)#			
√ 500 - SP	350 - SP	500 - DSP	350 - DSP	√ Diamond	Platinum	Gold	Silver
500	350	500 - D	350 - D				

Add-On for MediSavers Plus or MediSavers Deductible.

Step 2 :

	Age Of Next Birthday	MediSavers Plus	MediSavers Deductible	MediSavers Life (Xtra)	Total
EASY PAYMENT PLAN (EPP)	36	12 x RM 269.95	12 x RM	12 x RM 155.30	RM 5103.00
FULL PAYMENT		RM	RM	RM	RM 5103.00

Step 3 :

VIA CREDIT CARD

Card Holder's Name David Leong Ken Li NRIC No. (new) 822719-14-1183
Tel (H/P) (O) (Hse) 03-772128888
Credit Card No. 4500 1234 5678 1234 Card Expiry Date 11/22
CVV / CID Number *(Last 3 digit on the signature panel)* 168 (for EPP Payment only) √ VISA ☐ MasterCard
Issuing Bank Citibank
Cardholder's Signature *David* Date 30/09/17

THIRD PARTY CREDIT CARD AUTHORIZATION

I, NRIC
hereby authorize the usage of my credit card for purpose of application for membership under the MXM MediSavers Plus / MediSavers Deductible Membership Program.
Cardholder's Signature Relationship
Contact No.

IMPORTANT : Please ensure you have sufficient credit limit in your credit / debit card for processing. Credit Card holders are required to provide photocopy of Credit Card (Front & Back), NRIC (Front & Back) for verification purposes.

VIA CHEQUE (FULL PAYMENT ONLY)

Cheque No. Issuing Bank
Cheque should be made payable to **Pathlab Health Management (M) Sdn Bhd** (Co. No. 299313-M).

Step 4 :

Please tick (√) if you select Auto Renewal

STANDING INSTRUCTIONS TO CHARGE ANNUAL MEMBERSHIP FEE VIA CREDIT CARD (APPLICABLE FOR FULL PAYMENT ONLY)

☐ I hereby authorize MXM INTERNATIONAL SDN BHD or PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to auto charge my Membership Renewal Fee at the expiry of each anniversary of my prevailing Membership by charging the Credit Card indicated above. I understand that the Membership Fee during renewal may vary due to change of age band / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s). This authorization shall remain valid and in effect until cancelled by myself in writing to MXM INTERNATIONAL SDN BHD at least Sixty (60) Days prior to the expiry of my prevailing Membership. Notwithstanding the above instructions, I agree that my Membership may be terminated if the Membership Fee is not paid when due. I agree to inform MXM in writing of any changes pertaining to lost /stolen/ termination /cancellation or change of credit card at least 14 days before the renewal expiry date.

Signature of Applicant / Parent for Junior Application Date

TERMS AND CONDITIONS :

1. I hereby authorize MXM International Sdn Bhd (MXM) or its authorized collection agent Pathlab Health Management (M) Sdn Bhd (PHM) to charge to my above indicated credit card(s) the applicable Membership Fees payable for MXM MediSavers Plus / MediSavers Deductible Membership Program and the renewals thereof.
2. I acknowledge that upon payment approval by the credit card company, the Membership Fee payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Easy Payment Installment plan. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
3. I hereby instruct MXM or PHM to charge the monthly installment including the use of my payment security code to facilitate the Easy Payment Plans (EPP). I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
4. In the event of changes in the Membership Fee due to change of age band and / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize MXM to charge the above credit / debit card(s) indicated above with the amount being the revised rates.
5. In the event, that credit card(s) payment is declined for whatsoever reasons. The Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), PHM and/or MXM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnity and keep the said parties indemnified against any liabilities and/or claims which might arise after such cancellation.
6. MXM reserves the right at its own discretion to vary delete or add to any of these terms and conditions from time to time.

David 30/09/17
Signature of Applicant / Parent for Junior Application Date

SMM-EPP/MS/0917

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

EPP | Full Payment Form

How to calculate age band?

Scenario 1
DOB 19/11/82
Process payment on 30/01/18, before the date of birth
2018 – 1982
= 36 years old

Scenario 2
DOB 19/01/82
Process payment on 30/03/18, after the date of birth
2019 – 1982
= 37 years old

Scenario 3
DOB 19/01/82
Process payment on 19/01/18, same with the date of birth
2019 – 1982
= 37 years old

MediSavers PLUS

MEMBERSHIP PAYMENT MODE - EASY PAYMENT PLAN (EPP) / FULL PAYMENT

Below pricing table is applicable for MediSavers Plus **PRINCIPAL** Program

AGE OF NEXT BIRTHDAY	MediSavers Plus - Super Protector *				MediSavers Plus *				MediSavers Life (Xtra) **			
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		DIAMOND	PLATINUM	GOLD	SILVER
	500 - SP	350 - SP	500 - SP	350 - SP	500	350	500	350				
30 days - 18 (JUNIOR)	RM188.35	RM143.85	RM2,132.00	RM1,616.00	RM173.20	RM128.70	RM1,950.00	RM1,434.00	Additional RM155.30 per Month	Additional RM105.20 per Month	Additional RM60.10 per Month	Additional RM35.05 per Month
19 - 25	RM231.50	RM175.10	RM2,633.00	RM1,979.00	RM214.60	RM158.20	RM2,430.00	RM1,776.00				
26 - 35	RM251.80	RM181.30	RM2,869.00	RM2,052.00	RM231.85	RM161.35	RM2,630.00	RM1,813.00				
36 - 45	RM269.95	RM198.80	RM3,081.00	RM2,256.00	RM247.80	RM176.65	RM2,815.00	RM1,990.00				
46 - 55	RM289.90	RM226.00	RM3,313.00	RM2,572.00	RM265.80	RM201.90	RM3,024.00	RM2,283.00				
56 - 60	RM392.15	RM292.60	RM4,502.00	RM3,348.00	RM358.65	RM259.10	RM4,100.00	RM2,946.00				
61 - 65	RM517.25	RM400.02	RM5,958.00	RM4,599.00	RM469.05	RM351.82	RM5,380.00	RM4,021.00				
66 - 70	RM695.85	RM566.45	RM8,038.00	RM6,538.00	RM625.15	RM495.75	RM7,190.00	RM5,690.00				
71 - 75 (renewal only)	RM779.30	RM690.55	RM9,010.00	RM7,981.00	RM699.40	RM610.65	RM8,051.00	RM7,022.00				
76 - 80 (renewal only)	RM973.30	RM806.20	RM11,270.00	RM9,333.00	RM865.80	RM698.70	RM9,980.00	RM8,043.00				
Above 80 (renewal only)	RM1,383.15	RM1,211.85	RM16,043.00	RM14,057.00	RM1,224.85	RM1,053.55	RM14,143.00	RM12,157.00	Not Applicable			

* MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.
** MediSavers Life (Xtra) last entry age is 60 and renewable up to 80 years old. Pricing may subject to adjustment should RM weaken beyond threshold of RM 3.15 = SGD 1.
*** All program pricing is valid till 30 June 2021.

Below pricing table is applicable for MediSavers Plus **SPOUSE / JUNIOR** Program

AGE OF NEXT BIRTHDAY	MediSavers Plus - Super Protector *				MediSavers Plus *				MediSavers Life (Xtra) **			
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		DIAMOND	PLATINUM	GOLD	SILVER
	500 - SP	350 - SP	500 - SP	350 - SP	500	350	500	350				
30 days - 18 (JUNIOR)	RM184.05	RM139.50	RM2,082.00	RM1,566.00	RM168.90	RM124.35	RM1,900.00	RM1,384.00	Additional RM155.30 per Month	Additional RM105.20 per Month	Additional RM60.10 per Month	Additional RM35.05 per Month
19 - 25	RM214.25	RM157.85	RM2,433.00	RM1,779.00	RM197.35	RM140.95	RM2,230.00	RM1,576.00				
26 - 35	RM234.55	RM164.05	RM2,669.00	RM1,852.00	RM214.60	RM144.10	RM2,430.00	RM1,613.00				
36 - 45	RM252.70	RM181.55	RM2,881.00	RM2,056.00	RM230.55	RM159.40	RM2,615.00	RM1,790.00				
46 - 55	RM272.65	RM208.75	RM3,113.00	RM2,372.00	RM248.55	RM184.65	RM2,824.00	RM2,083.00				
56 - 60	RM374.90	RM275.35	RM4,302.00	RM3,148.00	RM341.40	RM241.85	RM3,900.00	RM2,746.00				
61 - 65	RM500.00	RM382.75	RM5,758.00	RM4,399.00	RM451.80	RM334.55	RM5,180.00	RM3,821.00				
66 - 70	RM678.60	RM549.20	RM7,838.00	RM6,338.00	RM607.90	RM478.50	RM6,990.00	RM5,490.00				
71 - 75 (renewal only)	RM762.05	RM673.30	RM8,810.00	RM7,781.00	RM682.15	RM593.40	RM7,851.00	RM6,822.00				
76 - 80 (renewal only)	RM956.05	RM788.95	RM11,070.00	RM9,133.00	RM848.55	RM681.45	RM9,780.00	RM7,843.00				
Above 80 (renewal only)	RM1,365.90	RM1,194.60	RM15,843.00	RM13,857.00	RM1,207.60	RM1,036.30	RM13,943.00	RM11,957.00	Not Applicable			

* MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.
** MediSavers Life (Xtra) last entry age is 60 and renewable up to 80 years old. Pricing may subject to adjustment should RM weaken beyond threshold of RM 3.15 = SGD 1.
*** All program pricing is valid till 30 June 2021.

Below pricing table is applicable for MediSavers Plus **SENIOR CITIZEN** Program

AGE OF NEXT BIRTHDAY	MediSavers Plus - Super Protector *				MediSavers Plus *				MediSavers Life (Xtra) **			
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		DIAMOND	PLATINUM	GOLD	SILVER
	500 - SP	350 - SP	500 - SP	350 - SP	500	350	500	350				
46 - 55	RM255.40	RM191.50	RM2,913.00	RM2,172.00	RM231.30	RM167.40	RM2,624.00	RM1,883.00	Additional RM155.30 per Month	Additional RM105.20 per Month	Additional RM60.10 per Month	Additional RM35.05 per Month
56 - 60	RM357.65	RM258.10	RM4,102.00	RM2,948.00	RM324.15	RM224.60	RM3,700.00	RM2,546.00				
61 - 65	RM482.75	RM365.50	RM5,558.00	RM4,199.00	RM434.55	RM317.30	RM4,980.00	RM3,621.00				
66 - 70	RM661.35	RM531.95	RM7,638.00	RM6,138.00	RM590.65	RM461.25	RM6,790.00	RM5,290.00				
71 - 75 (renewal only)	RM744.80	RM656.05	RM8,610.00	RM7,581.00	RM664.90	RM576.15	RM7,651.00	RM6,622.00				
76 - 80 (renewal only)	RM938.80	RM771.70	RM10,870.00	RM8,933.00	RM831.30	RM664.20	RM9,580.00	RM7,643.00				
Above 80 (renewal only)	RM1,348.65	RM1,177.35	RM15,643.00	RM13,657.00	RM1,190.35	RM1,019.05	RM13,743.00	RM11,757.00	Not Applicable			

* MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.
** MediSavers Life (Xtra) last entry age is 60 and renewable up to 80 years old. Pricing may subject to adjustment should RM weaken beyond threshold of RM 3.15 = SGD 1.
*** All program pricing is valid till 30 June 2021.

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

EPP | Full Payment Form

MediSavers DEDUCTIBLE

MEMBERSHIP PAYMENT MODE - EASY PAYMENT PLAN (EPP) / FULL PAYMENT

Below pricing table is applicable for MediSavers Deductible **PRINCIPAL** Program

AGE OF NEXT BIRTHDAY	MediSavers Deductible - Super Protector *				MediSavers Deductible *				MediSavers Life (Xtra) **			
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		DIAMOND	PLATINUM	GOLD	SILVER
	500 - DSP	350 - DSP	500 - DSP	350 - DSP	500 - D	350 - D	500 - D	350 - D				
30 days - 18 (JUNIOR)	RM84.30	RM76.90	RM926.00	RM840.00	RM69.15	RM61.75	RM744.00	RM658.00	Additional **RM155.30** per Month	Additional **RM105.20** per Month	Additional **RM60.10** per Month	Additional **RM35.05** per Month
19 - 25	RM132.05	RM112.30	RM1,480.00	RM1,251.00	RM115.15	RM95.40	RM1,277.00	RM1,048.00				
26 - 35	RM141.40	RM116.65	RM1,589.00	RM1,302.00	RM121.45	RM96.70	RM1,350.00	RM1,063.00				
36 - 45	RM149.30	RM126.10	RM1,682.00	RM1,413.00	RM127.15	RM103.95	RM1,416.00	RM1,147.00				
46 - 55	RM157.60	RM138.65	RM1,779.00	RM1,559.00	RM133.50	RM114.55	RM1,490.00	RM1,270.00				
56 - 60	RM191.50	RM171.85	RM2,176.00	RM1,948.00	RM158.00	RM138.35	RM1,774.00	RM1,546.00				
61 - 65	RM241.50	RM225.20	RM2,761.00	RM2,572.00	RM193.30	RM177.00	RM2,183.00	RM1,994.00				
66 - 70	RM313.90	RM299.95	RM3,610.00	RM3,448.00	RM243.20	RM229.25	RM2,762.00	RM2,600.00				
71 - 75 (renewal only)	RM347.25	RM328.40	RM4,001.00	RM3,782.00	RM267.35	RM248.50	RM3,042.00	RM2,823.00				
76 - 80 (renewal only)	RM440.35	RM419.20	RM5,091.00	RM4,846.00	RM332.85	RM311.70	RM3,801.00	RM3,556.00				
Above 80 (renewal only)	RM612.05	RM595.65	RM7,103.00	RM6,913.00	RM453.75	RM437.35	RM5,203.00	RM5,013.00	Not Applicable			

* MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.
** MediSavers Life (Xtra) last entry age is 60 and renewable up to 80 years old. Pricing may subject to adjustment should RM weaken beyond threshold of RM 3.15 = SGD 1.
*** All program pricing is valid till 30 June 2021.

Below pricing table is applicable for MediSavers Deductible **SPOUSE / JUNIOR** Program

AGE OF NEXT BIRTHDAY	MediSavers Deductible - Super Protector *				MediSavers Deductible *				MediSavers Life (Xtra) **			
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		DIAMOND	PLATINUM	GOLD	SILVER
	500 - DSP	350 - DSP	500 - DSP	350 - DSP	500 - D	350 - D	500 - D	350 - D				
30 days - 18 (JUNIOR)	RM80.00	RM72.60	RM876.00	RM790.00	RM64.85	RM57.45	RM694.00	RM608.00	Additional **RM155.30** per Month	Additional **RM105.20** per Month	Additional **RM60.10** per Month	Additional **RM35.05** per Month
19 - 25	RM114.80	RM95.05	RM1,280.00	RM1,051.00	RM97.90	RM78.15	RM1,077.00	RM848.00				
26 - 35	RM124.15	RM99.40	RM1,389.00	RM1,102.00	RM104.20	RM79.45	RM1,150.00	RM863.00				
36 - 45	RM132.05	RM108.85	RM1,482.00	RM1,213.00	RM109.90	RM86.70	RM1,216.00	RM947.00				
46 - 55	RM140.35	RM121.40	RM1,579.00	RM1,359.00	RM116.25	RM97.30	RM1,290.00	RM1,070.00				
56 - 60	RM174.25	RM154.60	RM1,976.00	RM1,748.00	RM140.75	RM121.10	RM1,574.00	RM1,346.00				
61 - 65	RM224.25	RM207.95	RM2,561.00	RM2,372.00	RM176.05	RM159.75	RM1,983.00	RM1,794.00				
66 - 70	RM296.65	RM282.70	RM3,410.00	RM3,248.00	RM225.95	RM212.00	RM2,562.00	RM2,400.00				
71 - 75 (renewal only)	RM330.00	RM311.15	RM3,801.00	RM3,582.00	RM250.10	RM231.25	RM2,842.00	RM2,623.00				
76 - 80 (renewal only)	RM423.10	RM401.95	RM4,891.00	RM4,646.00	RM315.60	RM294.45	RM3,601.00	RM3,356.00				
Above 80 (renewal only)	RM594.80	RM578.40	RM6,903.00	RM6,713.00	RM436.50	RM420.10	RM5,003.00	RM4,813.00	Not Applicable			

* MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.
** MediSavers Life (Xtra) last entry age is 60 and renewable up to 80 years old. Pricing may subject to adjustment should RM weaken beyond threshold of RM 3.15 = SGD 1.
*** All program pricing is valid till 30 June 2021.

Below pricing table is applicable for MediSavers Deductible **SENIOR CITIZEN** Program

AGE OF NEXT BIRTHDAY	MediSavers Deductible - Super Protector *				MediSavers Deductible *				MediSavers Life (Xtra) **			
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		DIAMOND	PLATINUM	GOLD	SILVER
	500 - DSP	350 - DSP	500 - DSP	350 - DSP	500 - D	350 - D	500 - D	350 - D				
46 - 55	RM123.10	RM104.15	RM1,379.00	RM1,159.00	RM99.00	RM80.05	RM1,090.00	RM870.00	Additional **RM155.30** per Month	Additional **RM105.20** per Month	Additional **RM60.10** per Month	Additional **RM35.05** per Month
56 - 60	RM157.00	RM137.35	RM1,776.00	RM1,548.00	RM123.50	RM103.85	RM1,374.00	RM1,146.00				
61 - 65	RM207.00	RM190.70	RM2,361.00	RM2,172.00	RM158.80	RM142.50	RM1,783.00	RM1,594.00				
66 - 70	RM279.40	RM265.45	RM3,210.00	RM3,048.00	RM208.70	RM194.75	RM2,362.00	RM2,200.00				
71 - 75 (renewal only)	RM312.75	RM293.85	RM3,601.00	RM3,382.00	RM232.85	RM213.95	RM2,642.00	RM2,423.00				
76 - 80 (renewal only)	RM405.85	RM384.70	RM4,691.00	RM4,446.00	RM298.35	RM277.20	RM3,401.00	RM3,156.00				
Above 80 (renewal only)	RM577.55	RM561.15	RM6,703.00	RM6,513.00	RM419.25	RM402.85	RM4,803.00	RM4,613.00	Not Applicable			

* MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.
** MediSavers Life (Xtra) last entry age is 60 and renewable up to 80 years old. Pricing may subject to adjustment should RM weaken beyond threshold of RM 3.15 = SGD 1.
*** All program pricing is valid till 30 June 2021.

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

EPP | Full Payment Form

CASH / CHEQUE VIA DIRECT BANK-IN (FULL PAYMENT ONLY)		
Bank	Account No.	*Cheque is to be made payable to **Pathlab Health Management (M) Sdn Bhd*** *Note: Applicants are required to submit the original deposit slip with the application form*
Public Bank Berhad	311 966 1229	
Maybank Berhad	514 178 430 725	

FOR INFORMATION ONLY :
Merchant Minimum Amount for MediSavers Plus / MediSavers Deductible :-

No.	BANK	12 MONTHS	REMARKS
1	AmBank	RM1,000.00	
2	Bank Simpanan Nasional	RM1,000.00	DDA Form (photocopy form can be used)
3	CIMB	RM1,200.00	DDA Form (photocopy form can be used)
4	Citibank	RM1,000.00	
5	Hong Leong	RM1,000.00	DDA Form (photocopy form can be used)
6	HSBC	RM1,000.00	
7	Maybank	RM1,000.00	
8	OCBC	RM1,000.00	DDA Form (original form must be submitted)
9	Public Bank	RM500.00	
10	RHB	RM1,000.00	
11	Standard Chartered	RM1,000.00	
12	UOB	RM1,000.00	DDA Form (photocopy form can be used)

FOR OFFICE USE ONLY		Centre Code		Submitted By		Handled By	
	Member Code	Program Code		Amount	Loading	Receipt No.	
MediSavers Plus / Deductible							
MediSavers Plus / Deductible - Super Protector							
MediSavers Life (Xtra)							
Batch No.		Payment Clearance Date			Discount	Total Amount	

MXM INTERNATIONAL SDN BHD (251435-D) AJL 93246
MXM Tower, Level 801, Block A, Pusat Dagangan Phileo Damansara II, No. 15 Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor
T 603-7721 2888 **F** 603-7721 2889 **E** enquiries@mxm.com.my **W** www.mxm.com.my **FB** fb.mxm.com.my

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Minimum amount for EPP

Bank	12 Months	DDA
Ambank	1000	-
CitiBank	1000	-
Hong Leong	1000	Yes
HSBC	1000	-
Maybank	1000	-
Public Bank	500	-
RHB	1000	-
UOB	1000	Yes
OCBC	1000	Yes
SCB	1000	-
CIMB	1200	Yes
Bank Simpanan Nasional	1000	Yes

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

CIMB DDA Form

Important !
Compulsory for
EPP via CIMB card

CIMB BANK

CIMB BANK INTEREST FREE INSTALMENT PAYMENT PLAN FORM

Yes ! I would like to enjoy the monthly interest free instalment payment plan

MY PERSONAL PARTICULARS

Name (Mr/Mrs/Ms/Mdm/Dr) :

David Leong Ken Li

I.C.No (New) : 820719-14-1183

I.C.No (Old) :

Contact Number :

Home : 03-21111111

Office : 03-

Mobile : 012-2111111

PATHLAB HEALTH MANAGEMENT (MALAYSIA) SDN BHD

Outlet Location :

☐ 6 Installments : Merchant No : **111107686**

☑ 12 Installments: Merchant No : **111107694**

Purchase Amount : RM 2,416.20

Package Ref No :

MY CREDIT CARD DETAILS

CIMB Bank Berhad / Direct Access Credit Card Number :

4500 - 1234 - 5678 - 1234

Card Expiry Date : 11 22 (M M Y Y)

DECLARATION AND SIGNATURE

I hereby authorise CIMB Bank Berhad /Direct Access to debit my Credit Card Account. I confirm and agree that the above is Subject to the Terms and Conditions stated below.

X David (Cardmember's Signature) 30/09/17 (Date)

FOR PATHLAB HEALTH MANAGEMENT (MALAYSIA) SDN BHD OFFICE USE ONLY

CIMB/DA Authoriser Name :

Approval Code :

Amount (please specify full amount):

Date :

Interest Free Instalment Payment Plan Terms & Conditions

1. The purchase is subject to the cardmembers available balance and credit availability in their CIMB Bank or Direct Access (DA) credit card account.
2. Upon approval of the application, the Bank will debit the Cardmember's Card Account with the Monthly Instalment payable on a monthly basis, for the duration stipulated. Cardmember's available credit limit will be provisionally reduced by earmarking an amount, equivalent to the Purchase Amount which will not be available to Cardmember, but will be progressively restored on a monthly basis as repayment of each Instalment amount is made.
3. Minimum Purchases of RM600 only will be entitled for the six (6) Interest Free Instalment Scheme or minimum purchase of RM1,200 only will be entitled for the twenty four (12) Interest Free Instalment Scheme. No free trial period will be provided.
4. Delivery of merchandise will be handled by the merchant. CIMB Bank and DA disclaims any liability or duty in relation to the merchandise. Merchandise are sold and supplied to the cardmember by the merchant who is solely responsible for all obligations and liabilities relating to the supply, sale and warranty of the merchandise and all ancillary services.
5. The payment will be repayable by six (6) months instalments or twelve (12) months Instalments. The payment is deemed to be requested by the cardmember to CIMB Bank/DA, who is authorized by the cardmember to make payment of the price for the package to the merchant immediately upon purchase.
6. The payment of the Instalment shall be made and charged to the CIMB Bank/DA credit card account. The instalment payment details will appear on the credit card monthly statement.
7. CIMB Bank/DA assume no responsibilities for any claims, lost, cost, expense, damage or embarrassment suffered by cardmember in whatever nature resulting from the purchase of this package or services offered therein.
8. Any return of goods and /or cancellation of services by the cardmember to the merchant shall be subject to the Merchant's terms for the return of goods.
9. Any disputes arising from the purchase of any merchandise under this Instalment Payment Plan shall be resolved directly between the cardmember and the participating merchant and the Bank shall not be held liable for any damages whatsoever.
10. The products and /or services offered herein are supplied by the respective merchants. The Bank is only providing a means of payment for these goods and / or services via the usage of Card.
11. In the event that the credit limit is exceeded when the monthly instalment due is charged, the cardmember shall take necessary action to regularize the account before the next monthly installment is due.
12. In the event of cancellation of the cardmember's credit card account, all outstanding instalments for the balance of the monies owing under this instalment scheme shall immediately become due and debited to the cardmember's credit card account without further reference payable by the cardmember.
13. No cancellation will be accepted once the merchandise has been received by the cardmember.
14. CIMB Bank/DA reserves the right to withdraw this programme in whole or part, or to vary any of the Terms and Conditions at anytime, without notice nor assigning any reason whatsoever to the cardmember.
15. Those Terms and Conditions are in addition to the CIMB Bank/DA credit card Terms and Conditions applicable to the cardmember. In the event of the inconsistency between these Terms and Conditions and the said agreement, these Terms and Conditions prevail so far as they apply for the interest free instalment payment scheme.
16. In the event of any discrepancies or disputes in the interpretation of any Terms and Conditions herein any language, the English language version shall prevail.

Authorization Centre : 03- 6204 7000

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

UOB DDA Form

Important !
Compulsory for
EPP via UOB card

MERCHANT COPY

UNITED OVERSEAS BANK [MALAYSIA] BHD
(A MEMBER OF THE UNITED OVERSEAS BANK GROUP) (271809K)

VISA MasterCard
Nobody Says No.

INTEREST-FREE INSTALMENT PAYMENT PLAN FORM

Yes, I wish to purchase the Product(s) or Services from the following Authorised Merchant:

Company Name : Pathlab Health Management (M) Sdn Bhd

CARDMEMBER'S PARTICULARS

Name : David Leong Ken Li (as per I/C) NRIC No: 820719-14-1184

Tel (Off) : (Hse): 03-772128888 (H/P): 012-2023322

As per the Instalment Payment Plan below, please debit my purchase to my UOB Visa / MasterCard Card ("VISA/MASTERCARD" CARD)
Account No: 4500 1234 5678 1234

VISA/MASTERCARD CARD expiry date: 11/22

INSTALMENT PAYMENT PLAN

Product/Service Description: Insurance

Purchase Amount : RM 2,416.20 Invoice No:

IPP Instalment Amount : Equal monthly amounts of RM 201.35

Interest Free Tenure : 12 months

Declaration & Signature

I authorise the Bank to debit my VISA/MASTERCARD CARD Account with the above stated IPP Instalment Amount on a monthly basis for the duration of the stated Interest Free Tenure. I have read and understood and agreed to be bound by the UOB Interest-Free Instalment Plan Terms and Conditions printed herein.

David 30/09/17

Cardmember's Signature *(as per UOB VISA or UOB MasterCard Card Account)* Date

Only applicable for a minimum purchase and/or charge of RM1,000 to the UOB VISA/UOB MasterCard Card.

UOB INTEREST-FREE INSTALMENT PAYMENT PLAN TERMS & CONDITIONS

1. You agree that your participation in this Interest-Free Instalment Payment Plan scheme (IPP) will be governed by these terms and conditions (Terms) and any other rules, procedures or instructions which we, United Overseas Bank (Malaysia) Bhd ("the Bank") may from time to time use.
2. You will also continue to be bound by the Bank's Cardmember Agreement and all terms and references used, defined or construed therein and in our materials shall where applicable have the same meanings and construction in these Terms.
3. You and/or your supplementary cardmember may purchase the selected Product(s) and/or Service(s) under IPP by making payment of the Purchase Amount in equal monthly instalments over the selected Interest Free Tenure as stated in the attached authorisation form.
4. By signing the said authorisation form or charge slip, you are deemed to have irrevocably and unconditionally agreed that each IPP Instalment Amount will be billed to your VISA / MASTERCARD CARD Account. Unless specifically stated otherwise, the 1st instalment shall commence on the date of purchase. Subsequent instalments will be progressively billed on a monthly basis without the need for further signatures to be obtained. Each IPP Instalment Amount billed will be reflected in your monthly statement of account as a normal charge to your VISA / MASTERCARD CARD Account and be payable by you in accordance with the terms of Cardmember's Agreement.
5. Subject to clause 8 herein and your payment of each IPP Instalment Amount in accordance with these terms and the Bank's Cardmember Agreement, no Finance Charge shall be incurred by you on the Purchase Amount during the Interest Free Tenure. In the event of any late payment of the IPP Instalment Amount or in the event of a default under the terms herein and/or the Cardmember Agreement, the Finance Charge and all other fees and charges as prescribed under the Bank's Cardmember Agreement shall be applicable.
6. You understand that upon processing the authorisation form or charge slip, your available combined Credit Limit will be provisionally reduced by earmarking an amount, equivalent to the Purchase Amount which will not be available to you but will be progressively restored on a monthly basis as you make your repayment of each IPP Instalment Amount.
7. You may participate in IPP only if you ensure that:
   (1) the Purchase Amount and/or the amount to be charged to your VISA/MASTERCARD Account is not less than the minimum amount determined by us from time to time;
   (2) the available combined Credit Limit for your VISA / MASTERCARD CARD Account is sufficient for the earmarking of the Purchase Amount of your selected product and/or service and
   (3) you are not in breach of the Cardmember Agreement.
8. Upon the occurrence of any one or more of the following events, the total Purchase Amount or the total aggregate sum of any remaining IPP Instalment Amount shall become immediately due and payable;
   (1) you are in breach of any of these Terms or any provisions of the Cardmember Agreement;
   (2) you default in the payment of any sums due under the Cardmember Agreement or these Terms;
   (3) we terminate or suspend your VISA / MASTERCARD CARD Account;
   (4) you terminate your VISA / MASTERCARD CARD Accounts;
   (5) you terminate the IPP transactions;
   (6) you successfully return the product(s) and/or cancel the service(s) purchased under the IPP to the Authorised Merchant and obtain a refund therefor;
   (7) your death, bankruptcy or other legal disability; or
   (8) any provision herein is declared by any judicial or competent authority to be void, viodable or otherwise unenforceable.

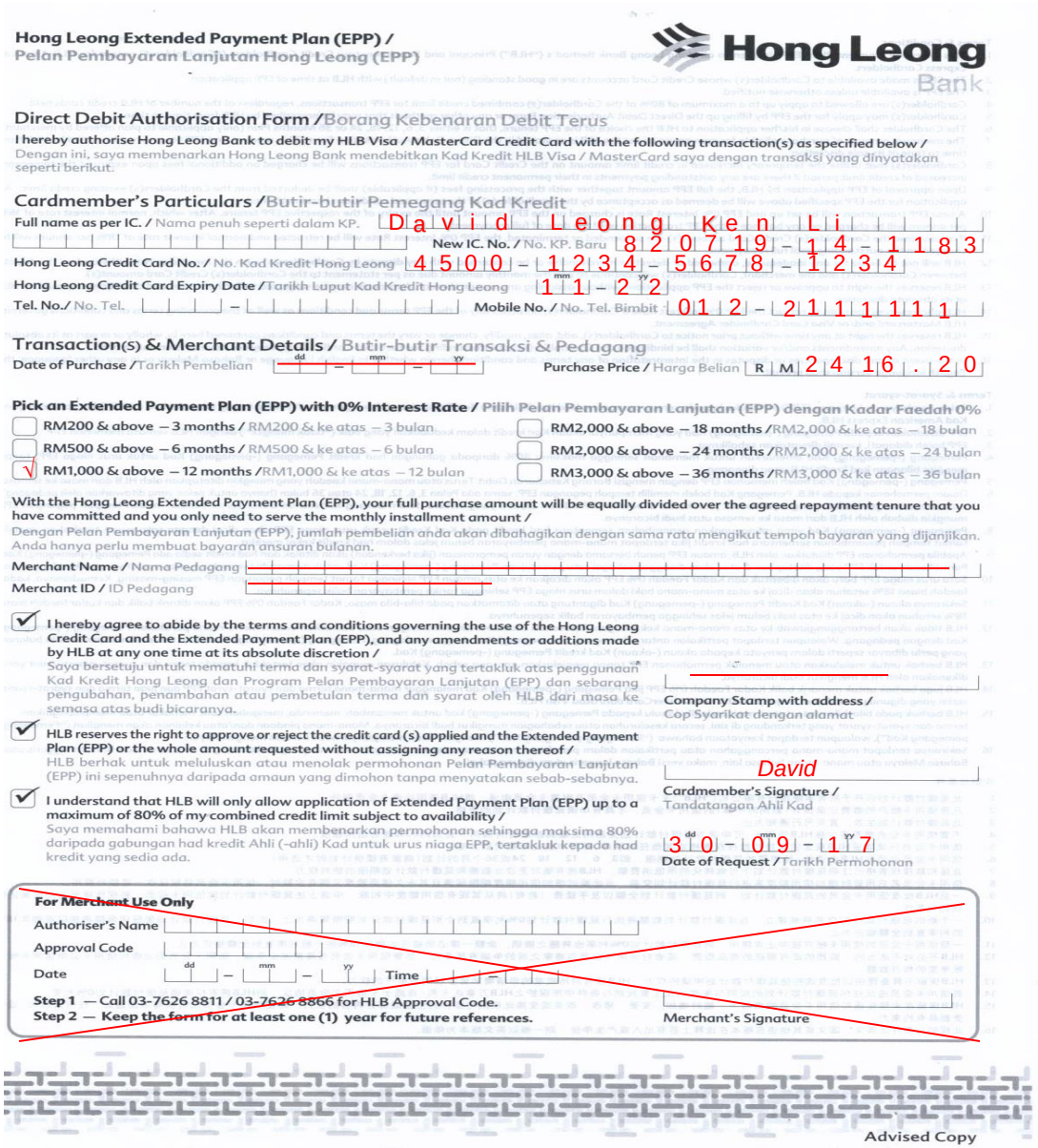
   The total outstanding amount due and payable by you in relation to the Purchase Amount will be debited to your VISA / MASTERCARD CARD Account and reflected as a charge in your statement of account and, except in the situation stated in clause 8(6) above, be payable by you in accordance with the terms of the Cardmember Agreement. If clause 8(6) applies the Authorised Merchant will refund the Purchase Amount which is to be credited to your VISA / MASTERCARD CARD Account and this will be reflected in your statement of account upon the Bank's receipt of such refund.
9. We are not the manufacturer or supplier (or the agent of the Authorised Merchant) of any of the products featured / or do not represent or warrant that any of the Products or Services of the Authorised Merchant shall be fit for its purpose or be of merchantable quality. We shall not be in any way liable for any claim, injury, expense, loss or damage brought or incurred by any party whosoever, or for any other matter arising from or in connection with the use of any Product or supply of any Services purchased hereunder or your participation in IPP. You agree that any complaints or comments you may have in relation to any Product or Services purchased or in respect of any accompanying terms and conditions imposed by the Authorised Merchant in relation to such Products or Services shall be directed to tne Authorised Merchant.
10. The Cardmember agrees that the Bank shall have the right to, from time to time, vary, add to, delete or amend the rates, fees, charges as well as any terms and conditions herein by notifying you of such variation, addition, deletion or amendment. The notification of such variation, addition, deletion or amendment shall be made in accordance with the terms of the Cardmember Agreement.
11. Our decision on all matters relating to IPP shall be final and conclusive and no correspondence shall be entertained. The Bank reserves the absolute right to reject any application for the Interest-Free Instalment Payment Plan without cause.
12. You agree that the IPP Instalment Amount shall be rounded up by the Bank to one decimal

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

HLBB DDA Form

Important !
Compulsory for
EPP via HLBB card



Hong Leong Extended Payment Plan (EPP) /
Pelan Pembayaran Lanjutan Hong Leong (EPP)

Hong Leong Bank

Direct Debit Authorisation Form /Borang Kebenaran Debit Terus

I hereby authorise Hong Leong Bank to debit my HLB Visa / MasterCard Credit Card with the following transaction(s) as specified below /
Dengan ini, saya membenarkan Hong Leong Bank mendebitkan Kad Kredit HLB Visa / MasterCard saya dengan transaksi yang dinyatakan seperti berikut.

Cardmember's Particulars /Butir-butir Pemegang Kad Kredit

Full name as per IC. / Nama penuh seperti dalam KP. David Leong Ken Li

New IC. No. / No. KP. Baru 820719-14-1183

Hong Leong Credit Card No. / No. Kad Kredit Hong Leong 4500-1234-5678-1234

Hong Leong Credit Card Expiry Date /Tarikh Luput Kad Kredit Hong Leong 11-22 (mm-yy)

Tel. No./ No. Tel. – Mobile No. / No. Tel. Bimbit 012-2111111

Transaction(s) & Merchant Details / Butir-butir Transaksi & Pedagang

Date of Purchase /Tarikh Pembelian (dd-mm-yy)

Purchase Price / Harga Belian RM 2416.20

Pick an Extended Payment Plan (EPP) with 0% Interest Rate / Pilih Pelan Pembayaran Lanjutan (EPP) dengan Kadar Faedah 0%

- ☐ RM200 & above – 3 months / RM200 & ke atas – 3 bulan
- ☐ RM500 & above – 6 months / RM500 & ke atas – 6 bulan
- ☑ RM1,000 & above – 12 months /RM1,000 & ke atas – 12 bulan
- ☐ RM2,000 & above – 18 months /RM2,000 & ke atas – 18 bulan
- ☐ RM2,000 & above – 24 months /RM2,000 & ke atas – 24 bulan
- ☐ RM3,000 & above – 36 months /RM3,000 & ke atas – 36 bulan

With the Hong Leong Extended Payment Plan (EPP), your full purchase amount will be equally divided over the agreed repayment tenure that you have committed and you only need to serve the monthly installment amount /
Dengan Pelan Pembayaran Lanjutan (EPP), jumlah pembelian anda akan dibahagikan dengan sama rata mengikut tempoh bayaran yang dijanjikan. Anda hanya perlu membuat bayaran ansuran bulanan.

Merchant Name / Nama Pedagang

Merchant ID / ID Pedagang

☑ I hereby agree to abide by the terms and conditions governing the use of the Hong Leong Credit Card and the Extended Payment Plan (EPP), and any amendments or additions made by HLB at any one time at its absolute discretion /
Saya bersetuju untuk mematuhi terma dan syarat-syarat yang tertakluk atas penggunaan Kad Kredit Hong Leong dan Program Pelan Pembayaran Lanjutan (EPP) dan sebarang pengubahan, penambahan atau pembetulan terma dan syarat oleh HLB dari masa ke semasa atas budi bicaranya.

☑ HLB reserves the right to approve or reject the credit card (s) applied and the Extended Payment Plan (EPP) or the whole amount requested without assigning any reason thereof /
HLB berhak untuk meluluskan atau menolak permohonan Pelan Pembayaran Lanjutan (EPP) ini sepenuhnya daripada amaun yang dimohon tanpa menyatakan sebab-sebabnya.

☑ I understand that HLB will only allow application of Extended Payment Plan (EPP) up to a maximum of 80% of my combined credit limit subject to availability /
Saya memahami bahawa HLB akan membenarkan permohonan sehingga maksima 80% daripada gabungan had kredit Ahli (-ahli) Kad untuk urus niaga EPP, tertakluk kepada had kredit yang sedia ada.

Company Stamp with address /
Cop Syarikat dengan alamat

David
Cardmember's Signature /
Tandatangan Ahli Kad

30-09-17 (dd-mm-yy)
Date of Request /Tarikh Permohonan

For Merchant Use Only

Authoriser's Name

Approval Code

Date (dd-mm-yy) Time

Step 1 — Call 03-7626 8811 / 03-7626 8866 for HLB Approval Code.
Step 2 — Keep the form for at least one (1) year for future references.

Merchant's Signature

Advised Copy

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

OCBC DDA Form

Important ! Compulsory for EPP via OCBC card. Must use original form (3 plies)

OCBC INSTALMENT PLAN FORM
NOTE: Please mail **Orignal Bank Copy** to OCBC within seven (7) working days.

Cardmember's Copy
Salinan Ahli Kad

To: OCBC Bank (Malaysia) Berhad, Card Operations - Settlement Unit, P.O. Box 10418, 50712 Kuala Lumpur

Cardmember's Particulars / Butir-butir Ahli Kad

Name (as it appears on the Card) / Nama seperti tertera di Kad : David Leong Ken Li

Visa / MasterCard Number : / No Kad Visa / Kad MasterCard
4 5 0 0 – 1 2 3 4 – 5 6 7 8 – 1 2 3 4

Card Expiry Date / Tarikh Luput Kad
1 1 / 1 2
M M / Y Y

Instalment Plan (Pelan Ansuran)

Purchase Price / Harga Beli : RM 201.25

Number of Instalments: 12
Bilangan Ansuran

Instalments / Ansuran : 1st month x RM 2,416.20
Bulan Pertama
Subsequent 11 months x RM 201.35
Bulan yang seterusnya

Goods / Services (Barang-barangan / Khidmat)

Name and ID of Merchant: _____ Branch: _____
Nama Pedagang / Cawangan

Date of Purchase: _____ Quantity: _____
Tarikh Beli / Bilangan

Description of Goods / Services purchased / Diskripsi Barang-barangan / Khidmat Yang Dibeli:
Insurance

OCBC Authoriser Name: _____ ~~Approval Code:~~ _____

(Authorisation Number: 03-2691 4533)

Declaration and Agreement / Pengakuan dan Perjanjian

1. I warrant and undertake that all information stated above is true, correct and complete in all respects.
   Saya mengesahkan dan menjamin bahawa semua maklumat yang dinyatakan di atas adalah benar, penuh dan lengkap dalam semua aspek.
2. I acknowledge and agree that the Bank may at its sole discretion approve or reject this application without assigning any reason therefore.
   Saya mengesahkan dan mengakui bahawa Bank harus mempunyai hak mutlak untuk meluluskan atau menolak permohonan ini tanpa menguntukkan sebarang sebab.
3. I agree to be bound by OCBC's Instalment Plan Terms and Conditions printed overleaf and any amendments and additions made thereto by the Bank at any time and from time to time.
   Saya bersetuju untuk tertakluk di bawah Terma-terma dan Syarat-syarat Pelan Ansuran yang dinyatakan di halaman sebelah dan sebarang pindaan dan tambahan yang dikenakan oleh Bank pada bila-bila masa atau dari semasa ke semasa.

David _____ 30/09/17 _____

Cardmember's Signature / Date / Tarikh
(Must correspond with signature of OCBC Credit Card Account)
Tandatangan Ahli Kad
Tandatangan mestilah menyerupai tandatangan di akaun OCBC Credit Card

№ 741969

OCBC Bank

10/08

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Bank Simpanan Nasional DDA Form

Important ! Compulsory for EPP via Bank Simpanan Nasional card.

Important :

1. Agents to call BSN to get the Authorization Code & Staff ID (Card holder must be with agents as BSN will do verification with the card holder)
2. Agents to fill in the Authorization Code & Staff ID in BSN DDA Form
3. Agents to submit BSN DDA Form together with Application Form immediately to MXM HQ (Bank required the DDA Form to be submitted to them on the same day or next working days)

0% EASY PAYMENT PLAN FORM

BANK SIMPANAN NASIONAL
Please complete all sections of the form and fax to 03-2164 6798

VISA

CARDMEMBER'S PARTICULARS

❑ Yes, I wish to purchase the Product(s) or Services from the following Authorised Merchant :

Company Name : **PATHLAB HEALTH MANAGEMENT SDN BHD** MID No : **41360005-7**

Name : Ali Bin Ahmad NRIC No : 820719-14-1184

Tel (Hse) : Tel (off) : 03-772128888 ext :

Mobile : 012-2023322 Email Address : ali@gmail.com

As per the Instalment Payment Plan below, please debit my purchase to my BSN Visa/MasterCard Card

BSN Visa/MasterCard No : 4 5 0 0 1 2 3 4 5 6 7 8 1 2 3 4 Card Expiry Date : 1 1 / 2 2

EASY PAYMENT PLAN

Product/Service Description : Insurance

Purchase Amount : RM 2,416.35 Invoice No : _____

EPP Instalment Amount : Equal monthly amounts of RM 201.35 Interest Free Tenure : 12 months

BANK'S AUTHORIZATION (1300 88 5855)

Authorization Code 1 2 3 4 5 6 Staff ID 1 2 3 4 5

DECLARATION & SIGNATURE

I authorise the Bank to debit my BSN Visa/MasterCard Card account with the above stated EPP Instalment Amount on a monthly basis for the duration of the stated Interest Free Tenure. I have read and understood and agreed to be bound by the BSN EASY PAYMENT PLAN Terms and Conditions printed herein.

Ali — Cardmember's Signature (as per BSN Visa or MasterCard Card Account)

30/09/17 — Date

* Only applicable for a minimum purchase and/or charge of RM 500.00 to the BSN Visa/MasterCard Card.

TERMS & CONDITIONS

1) This promotion is open to all Principal Visa/MasterCard Cardmembers ("the cardmember") of the Bank Simpanan Nasional ("Bank").
2) The product offered in this promotion are supplied by Bank's Merchant. The Bank only provides the means of payment for these goods via the usage of the Bank's Visa/MasterCard and the Bank's Easy Payment Plan.
3) To participate in this programme, the Cardmember is required to complete the order form ("Order Form") and fax or mail the same to Bank Simpanan Nasional, EPP Unit, Card Business Department, Ground Floor, Block A, No. 117, Jalan Ampang, 50450 Kuala Lumpur. Purchase of the product(s) is subject to the Cardmember's available credit limit in the credit card account. The Bank reserves the right to reject applications without giving reasons thereof.
4) The Cardmember's signature on the Order Form serves as acceptance by the Cardmember of Bank's Merchant's terms and conditions of sale, the conditions herein, and the Bank's Visa/MasterCard Agreement ("Cardmember Agreement").
5) Fulfillment services shall be arranged between the Cardmember and Bank's Merchant only and the Bank shall not be responsible for any claims, loss, expenses incurred or damages arising from the Cardmember's use or any purchase of goods under this promotion.
6) The Bank shall not entertain any request for cancellation of the order or return of goods upon approval of the application by the Bank.
7) Upon approval of the application, the Bank will debit the Cardmember's credit card account with the monthly installment payable on a monthly basis, for the duration as stipulated in the Order Form with the first installment commencing on the next monthly statement due. The Cardmember's available credit limit in the credit card account shall be reduced by the amount of monthly installment due and as each monthly installment is paid, the amount equivalent to such installment shall be restored to the Cardmember's available credit limit.
8) In the event the Cardmember opts to pay only the minimum payment of the five percent (5%) of the outstanding balance without making payment of the full monthly installment amount, the applicable interest/facility fee (as the case may be) set out in the Cardmember Agreement shall be chargeable on any of the outstanding amount remaining unpaid in the Cardmember's credit card account.
9) The Bank reserves the absolute right and discretion at any time to suspend indefinitely cancel and/or terminate the Cardmember's Easy Payment Plan facility with at least 21 days prior notice whereupon all outstanding monthly installments shall immediately become due and payable upon demand. All such outstanding installments will be shown in the Cardmember's monthly statement and the Cardmember shall pay the same in accordance with the provisions of the Cardmember's Agreement, in default of which, the Bank shall be entitled to exercise its rights under the Cardmember's Agreement.
10) Any return of good by Cardmember to Bank's Merchant shall be subject to Bank's Merchant's term for return for goods.
11) The Bank shall not be liable for any inadequate, defective or damaged goods or be responsible for any dispute between the Cardmember and Bank's Merchant and the Bank is authorized to continue to debit the installment to the Cardmember's credit card account regardless of any such dispute.
12) These terms and conditions are in addition to the Cardmember's Agreement which regulates the provision of the credit card facility by the Bank to the Cardmember. In the event of inconsistency between terms and conditions herein and the Cardmember's Agreement, these terms and conditions shall prevail in so far as they apply to this promotion.
13) The Bank and Bank's Merchant reserves the right to cancel, change or substitute any part of the promotion by notification at least 21 days prior to such cancellation, changes or substitution.
14) All purchases under this promotion are subject to the Bank's Easy Payment Plan terms and conditions. However, the Cardmembers under this promotion shall be exempted from any handling fee.
15) All products supplied by Bank's Merchant are authorized sets and covered under the "Full Warranty" and subject to Bank's Merchant's terms and conditions.

For Office Use Only

Staff ID _____ Authorization Signature _____ Date

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Bank Rakyat DDA Form

Important ! Compulsory for EPP via Bank Rakyat card.

BANKRAKYAT
Bank Pilihan Anda

Borang pengesahan kebenaran Debit Terus
Direct Debit Authorization Form

Saya memberi kebenaran kepada Bank Rakyat Berhad untuk membuat potongan terus sebanyak RM 2,416.20 (jumlah penuh) dari Akaun Kad Kredit-i Bank Rakyat saya secara ansuran selama 12 bulan.

I hereby authorise Bank Rakyat Berhad to debit RM _____ (full amount) to my Bank Rakyat Credit Card-i over _____ months instalment.

Nama pemegang kad (En / Pn / Cik) :
Cardholder's name (Mr / Mrs / Miss) :
Ali Bin Ahmad

Nombor Kad Kredit-i Bank Rakyat :
Bank Rakyat Credit Card-i number :

4	5	0	0	1	2	3	4	5	6	7	8	1	2	3	4

Tarikh luput kad / *Card expiry date* : 11/22

Nombor telefon / *Contact number* : 012-2023322

Alamat / *Address* :
1-1-01, Jalan 1-1, Taman 1,
11000 Kuala Lumpur.

Saya telah membaca dan bersetuju bahawa pembelian saya ini adalah di bawah Perjanjian Skim Ansuran Mudah Kad Kredit-i Bank Rakyat dan adalah tertakluk kepada terma & syarat yang terkandung di dalamnya.

I have read and agree that my purchase(s) under the Bank Rakyat Credit Card-i Instalment Scheme is subject to the Terms & Conditions stated, copies of which have been made available to me.

Ali
Tandatangan Pemegang Kad
Cardholder's Signature

30/09/17
Tarikh
Date

Tarikh Pengesahan
Approval Date :

ID Pedagang
Merchant ID :

Kod Pengesahan
Approval Code :

Tandatangan Penerima Pesanan
Recipient Signature

Nama & Cop Syarikat
Name & Company Stamp

Terma & Syarat

1. Promosi ini sah sementara stok masih ada selain dari yang dinyatakan.
2. Tawaran ini terbuka kepada semua Pemegang Kad Kredit-i Bank Rakyat sahaja.
3. Tandatangan Pemegang Kad dalam Borang Kebenaran Debit Terus (BKDT) dan/atau Borang Pesanan juga mengesahkan bahawa Pemegang Kad bersetuju dengan terma dan syarat jualan yang ditetapkan oleh pedagang, syarat di sini, dan Perjanjian MasterCard Bank Rakyat. Pihak Bank berhak mutlak untuk menolak sebarang permohonan tanpa perlu memberikan sebarang alasan. Keputusan pihak Bank adalah terakhir dan muktamad dan semua surat-menyurat tidak akan dilayan.
4. Perkhidmatan penghantaran perlulah diatur di antara Pemegang Kad dan pedagang sendiri, dan pihak Bank tidak akan bertanggungjawab ke atas sebarang kehilangan atau kerosakan daripada penghantaran yang lewat atau tidak diterima oleh Pemegang Kad.
5. Penghantaran barang dan/atau perkhidmatan (di mana bersesuaian) akan dilakukan melalui kurier ke alamat di dalam Malaysia sahaja dan tiada sebarang penghantaran akan dilakukan ke alamat Peti Surat. Jangka masa penghantaran adalah di dalam lingkungan empat hingga enam minggu dari tarikh penerimaan borang.
6. Setelah permohonan diluluskan, pihak Bank akan mendebitkan Ansuran Bulanan dari Akaun Kad Kredit Pemegang Kad setiap bulan dalam tempoh pembayaran Ansuran seperti yang dipersetujui di atas. Had kredit Pemegang Kad yang sedia ada akan dikurangkan selaras dengan Amaun Pembelian di mana amaun itu tidak akan disedia selagi mana bayaran ansuran bulanan tidak dibayar dan had akan ditambah setelah pembayaran dibuat.
7. Pelanggan boleh memilih untuk menikmati 0% kadar keuntungan sekiranya membuat bayaran mengikut jadual Ansuran Mudah atau dikenakan caj keuntungan (mengikut tier) sekiranya memilih untuk membuat bayaran minima baki kredit.
8. Pihak Bank berhak menamatkan Skim Ansuran Mudah Pemegang Kad dengan memberi notis dalam apa jua keadaan.
9. Pihak Bank berhak mencaj jumlah baki bayaran Ansuran ke dalam Akaun Kad Kredit Pemegang Kad sekiranya Pemegang Kad tidak membuat bayaran yang dikenakan; melanggar mana-mana syarat di sini/Perjanjian Pemegang Kad MasterCard Bank Rakyat; telah meninggal dunia/muflis; atau Akaun Kad Kredit telah dibatalkan atau digantung oleh pihak Bank atas sebarang alasan sekalipun atau Pemegang Kad telah menamatkan Akaun Kredit MasterCard.
10. Pihak Bank tidak akan menanggung sebarang kerosakan atau bertanggung-jawab terhadap sebarang pertikaian di antara Pemegang Kad dan pedagang, dan pihak Bank akan terus mendebit ansuran bulanan dari Akaun Kad Kredit Pemegang Kad.
11. Barangan yang diterima di dalam keadaan yang baik tidak dibenarkan untuk dipulangkan atau ditukar. Semasa penerimaan barangan, Pemegang Kad mestilah memeriksa barangan tersebut bagi memastikan barangan di dalam keadaan yang baik.
12. Barangan ataupun perkhidmatan yang ditawarkan di sini akan dibekalkan oleh pedagang-pedagang yang berkenaan manakala pihak Bank hanya menyediakan kemudahan pembayaran bagi barangan atau perkhidmatan tersebut melalui penggunaan Kad.
13. Jika terdapat sebarang kerosakan pembuatan barangan, Pemegang Kad hendaklah memulangkan barangan tersebut kepada pedagang dalam tempoh 7 hari selepas penerimaan barangan. Barangan mestilah di dalam bungkusan asli dan berkeadaan baik.
14. Barangan TIDAK akan diterima oleh pedagang jika didapati barangan tersebut telah terdedah kepada kelembapan, kerosakan akibat bahan tajam, terjatuh dan apa jua yang terkandung di dalam jaminan terhad produk.
15. Pihak Bank mempunyai hak mutlak untuk menukar, membuang atau menambah mana-mana bahagian dalam program ini dengan memberi notis dalam apa jua keadaan terlebih dahulu kepada Pemegang Kad.
16. Sekiranya berlaku percanggahan dalam taksiran terma dan syarat ini dengan sebarang terjemahannya di dalam apa-apa bahasa, versi terma dan syaratBahasa Inggeris akan digunapakai.

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Monthly Standing Instruction Form (MSI)

MONTHLY STANDING INSTRUCTION (MSI) FORM

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSavers Plus / MediSavers Deductible Membership Program.

I David Leong Ken Li NRIC No. 820719-14-1184
hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

Please tick (√) where boxes are made available :

MediSavers Plus				MediSavers Deductible			
√ 500 - SP	350 - SP	500	350	500 - DSP	350 - DSP	500 - D	350 - D

	MediSavers Plus		MediSavers Deductible		Total	
Deposit	RM 288.15	X 2	RM	X 2	RM 576.30	
1st Month	RM 288.15		RM		RM 288.15	
				Total	RM 864.45	
				2nd Month onwards	RM 288.15	per month

NOTE : Applicants are required to make 2 months deposit + 1 month 1st payment

If using Third Party Card Holder

NRIC Photocopy
+
Credit Card Photocopy

√ VIA CREDIT CARD ☐ VIA DEBIT CARD

Card Holder's Name David Leong Ken Li NRIC No. (New) 822719-14-1184
Tel (H/P) 012-2023322 (O) (Hse) 03-772128888
Credit / Debit Card No. 4500 1234 5678 1234 Card Expiry Date 11/22
Issuing Bank Maybank √ VISA ☐ MasterCard

I, David Leong Ken Li NRIC 822719-14-1184
hereby authorize the usage of my credit / debit card for purpose of application for membership under the MXM MediSavers Plus / MediSavers Deductible Membership Program.

Cardholder's Signature *David* Date 30-09-2017
Relationship OWN
Contact No. 012-2023322

IMPORTANT : 1. Please ensure you have sufficient fund or credit limit in your credit card / debit card at the time the payment is due.
2. Third party credit / debit card holders are required to provide photocopy of credit / debit card (front and back), NRIC (front and back) for verification purposes.
3.

1st Payment (Transaction Date)	2nd Payment (Subsequent Payment Date – Working Day)
1st to 7th	1st
8th to 14th	8th
15th to 21st	15th
22nd to 25th	22nd
26th to 31st	26th

Terms & Conditions :

1. This is the instruction that accompanies my application for MediSavers Plus / MediSavers Deductible Membership Program that is automatically renewable on the anniversary of each Membership period up to year 2115. I understand that the Membership Fee during renewal may vary due to change of age band.
2. I hereby authorize MXM International Sdn Bhd (MXM) or its authorized collection agent, Pathlab Health Management (M) Sdn Bhd (PHM) to charge to my above indicated credit / debit card the applicable Membership Fee payable for the Program and the renewals thereof.
3. I understand and agree that the monthly installments shall be charged to the above indicated credit / debit card in accordance to the transaction dates indicated in the IMPORTANT note under item 3.
4. I hereby instruct MXM or PHM to charge the monthly installment mentioned in item 3 above. I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
5. In the event due to whatsoever reason, I shall discontinue my membership with MXM, I shall give at least Sixty (60) Days Discontinuation Notice in writing prior to the date of expiry of my prevailing Membership. I acknowledge and understand that upon receipt of such Notice, MXM shall utilize the deposit to off-set the final monthly installment payable for my Membership Fee.
6. In the event of changes in the Membership Fee due to change of age band and / or revision to the Insurance Premium imposed by the Insurance Underwritter(s), I hereby authorize MXM and / or PHM to charge the above credit / debit card indicated above with the amount being the revised rates.
7. In the event that any installment payment payable hereunder is not effected for any whatsoever reason, the Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), PHM and / or MXM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnify and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
8. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions from time to time.
9. In the event that Membership Fee cannot be successfully processed for three(3) consecutive attempts, MXM reserves the right to cancel the membership accordingly. Account holder must inform PHM in writing of any changes pertaining to the bank including new credit / debit card number, termination or cancellation of credit / debit card at least 30 days before the next monthly installment due date and subject to a processing fee charged of RM 21.20.

David 30-09-2017
Signature of Applicant / Parent for Junior Application Date

FOR OFFICE USE ONLY		Centre Code		Submitted By			Handled By	
	Member Code	Program Code		Amount	GST (6%)	Loading	GST (6%) For Loading	Receipt No.
MediSavers Plus / Deductible								
MediSavers Plus / Deductible - Super Protector								
Batch No.		Payment Clearance Date			MRM / F.Fund		Total Amount	

MXM-F008/05/2017

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Monthly Standing Instruction Form (MSI)

Below pricing table is applicable for MediSavers Plus & MediSavers Deductible **PRINCIPAL** Program

AGE OF NEXT BIRTHDAY	MediSavers Plus *				MediSavers Deductible *			
	MONTHLY STANDING INSTRUCTION (MSI) *(Monthly Membership Fees)*				MONTHLY STANDING INSTRUCTION (MSI) *(Monthly Membership Fees)*			
	500 - SP	350 - SP	500	350	500 - DSP	350 - DSP	500 - D	350 - D
30 days - 18 (JUNIOR)	RM203.80	RM154.65	RM187.00	RM137.85	RM89.05	RM80.80	RM72.25	RM64.00
19 - 25	RM245.55	RM184.55	RM226.70	RM165.70	RM136.80	RM116.00	RM117.95	RM97.15
26 - 35	RM267.95	RM191.50	RM245.75	RM169.30	RM147.10	RM120.80	RM124.90	RM98.60
36 - 45	RM288.15	RM210.85	RM263.40	RM186.10	RM156.00	RM131.30	RM131.25	RM106.55
46 - 55	RM310.15	RM240.80	RM283.30	RM213.95	RM165.10	RM145.15	RM138.25	RM118.30
56 - 60	RM423.15	RM314.55	RM385.70	RM277.10	RM202.75	RM182.05	RM165.30	RM144.60
61 - 65	RM561.45	RM433.35	RM507.60	RM379.50	RM258.10	RM241.10	RM204.25	RM187.25
66 - 70	RM759.00	RM617.35	RM679.95	RM538.30	RM338.40	RM324.00	RM259.35	RM244.95
71 - 75 *(renewal only)*	RM851.20	RM754.55	RM761.85	RM665.20	RM375.30	RM355.45	RM285.95	RM266.10
76 - 80 *(renewal only)*	RM1,065.95	RM882.65	RM945.60	RM762.30	RM478.55	RM456.20	RM358.20	RM335.85
Above 80 *(renewal only)*	RM1,519.10	RM1,331.35	RM1,341.85	RM1,154.10	RM668.95	RM651.95	RM491.70	RM474.70

** MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.*
*** All program pricing is valid till 30 June 2021.*

Below pricing table is applicable for MediSavers Plus & MediSavers Deductible **SPOUSE / JUNIOR** Program

AGE OF NEXT BIRTHDAY	MediSavers Plus *				MediSavers Deductible *			
	MONTHLY STANDING INSTRUCTION (MSI) *(Monthly Membership Fees)*				MONTHLY STANDING INSTRUCTION (MSI) *(Monthly Membership Fees)*			
	500 - SP	350 - SP	500	350	500 - DSP	350 - DSP	500 - D	350 - D
30 days - 18 (JUNIOR)	RM199.55	RM150.40	RM182.75	RM133.60	RM84.80	RM76.55	RM68.00	RM59.75
19 - 25	RM228.55	RM167.55	RM209.70	RM148.70	RM119.80	RM99.00	RM100.95	RM80.15
26 - 35	RM250.95	RM174.50	RM228.75	RM152.30	RM130.10	RM103.80	RM107.90	RM81.60
36 - 45	RM271.15	RM193.85	RM246.40	RM169.10	RM139.00	RM114.30	RM114.25	RM89.55
46 - 55	RM293.15	RM223.80	RM266.30	RM196.95	RM148.10	RM128.15	RM121.25	RM101.30
56 - 60	RM406.15	RM297.55	RM368.70	RM260.10	RM185.75	RM165.05	RM148.30	RM127.60
61 - 65	RM544.45	RM416.35	RM490.60	RM362.50	RM241.10	RM224.10	RM187.25	RM170.25
66 - 70	RM742.00	RM600.35	RM662.95	RM521.30	RM321.40	RM307.00	RM242.35	RM227.95
71 - 75 (renewal only)	RM834.20	RM737.55	RM744.85	RM648.20	RM358.30	RM338.45	RM268.95	RM249.10
76 - 80 (renewal only)	RM1,048.95	RM865.65	RM928.60	RM745.30	RM461.55	RM439.20	RM341.20	RM318.85
Above 80 (renewal only)	RM1,502.10	RM1,314.35	RM1,324.85	RM1,137.10	RM651.95	RM634.95	RM474.70	RM457.70

** MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.*
*** All program pricing is valid till 30 June 2021.*

Below pricing table is applicable for MediSavers Plus & MediSavers Deductible **SENIOR CITIZEN** Program

AGE OF NEXT BIRTHDAY	MediSavers Plus *				MediSavers Deductible *			
	MONTHLY STANDING INSTRUCTION (MSI) *(Monthly Membership Fees)*				MONTHLY STANDING INSTRUCTION (MSI) *(Monthly Membership Fees)*			
	500 - SP	350 - SP	500	350	500 - DSP	350 - DSP	500 - D	350 - D
46 - 55	RM276.15	RM206.80	RM249.30	RM179.95	RM131.10	RM111.15	RM104.25	RM84.30
56 - 60	RM389.15	RM280.55	RM351.70	RM243.10	RM168.75	RM148.05	RM131.30	RM110.60
61 - 65	RM527.45	RM399.35	RM473.60	RM345.50	RM224.10	RM207.10	RM170.25	RM153.25
66 - 70	RM725.00	RM583.35	RM645.95	RM504.30	RM304.40	RM290.00	RM225.35	RM210.95
71 - 75 (renewal only)	RM817.20	RM720.55	RM727.85	RM631.20	RM341.30	RM321.45	RM251.95	RM232.10
76 - 80 (renewal only)	RM1,031.95	RM848.65	RM911.60	RM728.30	RM444.55	RM422.20	RM324.20	RM301.85
Above 80 (renewal only)	RM1,485.10	RM1,297.35	RM1,307.85	RM1,120.10	RM634.95	RM617.95	RM457.70	RM440.70

** MediSavers Plus & MediSavers Deductible last entry age is 70 and renewable up to year 2115.*
*** All program pricing is valid till 30 June 2021.*

MXM INTERNATIONAL SDN BHD (251435-D) AJL 93246
MXM Tower, Level 801, Block A, Pusat Dagangan Phileo Damansara II, No. 15 Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor
T 603-7721 2888 **F** 603-7721 2889 **E** enquiries@mxm.com.my **W** www.mxm.com.my **FB** fb.mxm.com.my

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

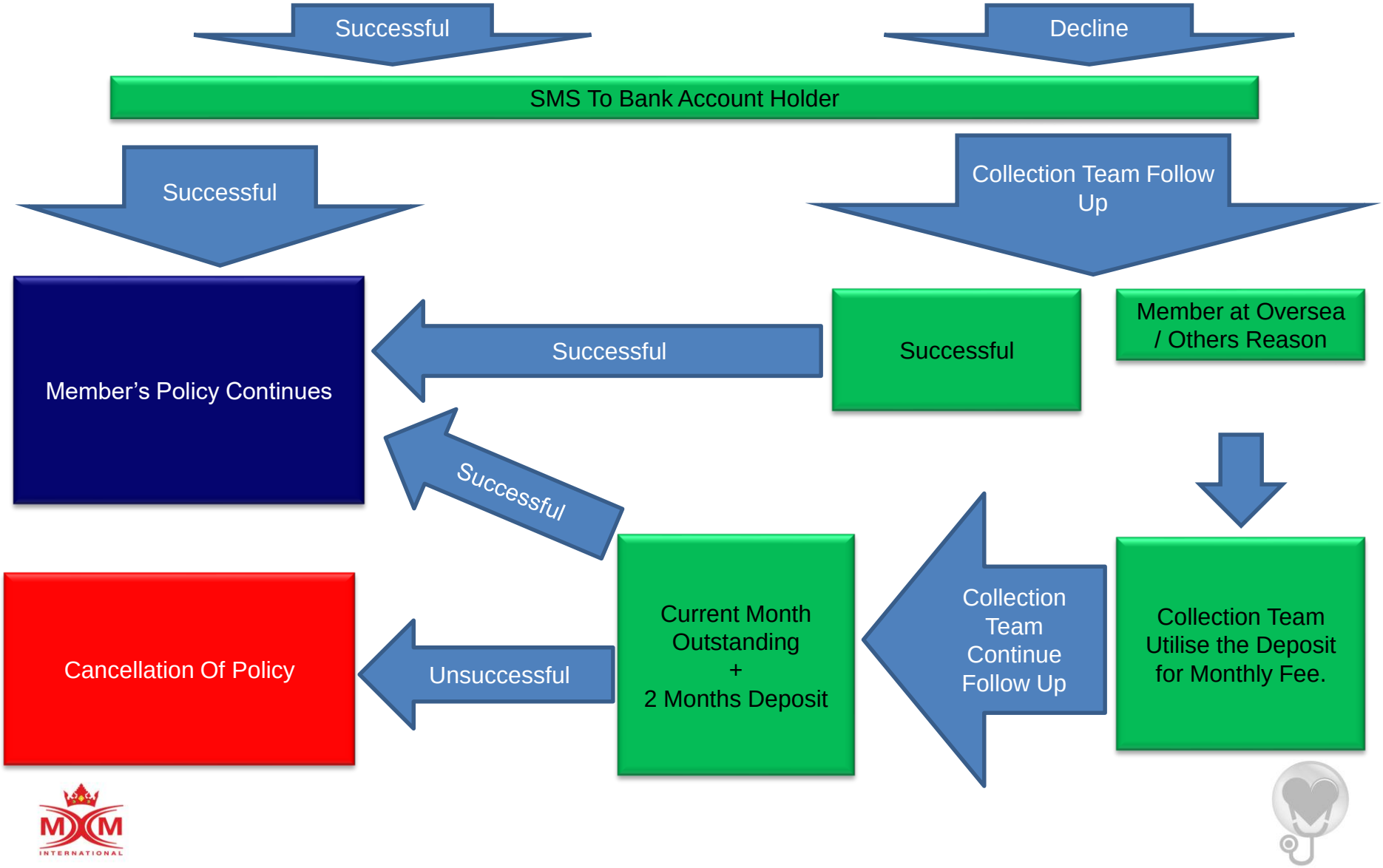
Date Of Subsequent Payment

1st Payment (Transaction Date)	2nd Payment (Subsequent Payment Date – Working Day)
1st To 7th	1st
8th To 14th	8th
15th To 21st	15th
22nd To 25th	22nd
26th To 31st	26th

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Monthly standing instruction (MSI)



MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Agent Application Form

Important and compulsory

Important ! Agent Account can not pair with Junior Membership

MXM AGENT APPLICATION FORM

• COMPULSORY TO COMPLETE (To be completed in block letters)

Please pair this agent account with the MXM membership program indicated below :

☐ Existing Membership Program ☑ New Membership Program

Member's Name David Leong Ken Li New NRIC No. 820719-14-1184

• APPLICANT'S INFORMATION (To be completed in block letters)

Please tick (√) where boxes are made available :

Full Name as in NRIC / Company Name David Leong Ken Li

New NRIC No. / Company Registration No. 820719-14-1184 Date of Birth (DD/MM/YY) 19/7/82

Gender ☐ Male ☑ Female | Marital Status ☐ Single ☑ Married ☐ Divorced ☐ Widower ☐ Widow

Race ☐ Malay ☑ Chinese ☐ Indian ☐ Others | Nationality ☑ Malaysian ☐ Others

Occupation

Nature of Work Businessman Selling car

Correspondence Address 1-1-01, Jalan 1-1, Taman 1, Kuala Lumpur.

Postcode 11100

Tel No. (H) (O) (H/P) 012-2023322

Email Address david@gmail.com

I hereby apply to be appointed as an independent MXM AGENT and I hereby agree, acknowledge and declare as follows :

1. I have attained eighteen (18) years of age and agree to pay the Agent Fee herein stated.
2. I am not restricted in my territorial coverage unless prohibited by any law.
3. Upon submission of this application to MXM, I hereby agree to be bound by the terms and conditions herein stipulated and the Agent's Code of Conduct.
4. This application is subject to a cooling off period of ten (10) working days from the date of receipt by MXM in which instance I acknowledge that I shall be entitled to a refund of Agent Fee after deducting such administrative fee to be decided at the sole discretion of MXM.
5. Upon the expiry of the aforesaid cooling off period, I acknowledge that cancellation of my AGENT Account is strictly prohibited and MXM shall not be liable to refund me any portion of the Agent Fee.
6. Any commission payable under the respective incentive / marketing plans shall only be paid after the expiry of the applicable cooling off period for purchase of a Program. In the event any commissions are paid pursuant to a purchase that is subsequently terminated, I acknowledge that MXM is entitled to a full refund of same.
7. I acknowledge that I am not an employee of MXM and I am therefore solely responsible to declare and pay any taxes payable in the course of my agency.
8. I acknowledge that I cannot change my introducer unless my AGENT Account has been terminated and that MXM is not obliged to accept a new application for a new agent account from me until six (6) months has lapsed after such termination.
9. Any agent's account that has been inactive for more than 180 days from the date of expiry / lapsed of membership, the Agent Account will be terminated without prior notice.
10. Once the termination takes effect, all commissions under the network will be compressed upwards the immediate active agent/s under the same hierachy.
11. Upon the termination, no reactivation is allowed and agents are always welcome to re-join MXM under a new agent account.
12. I may engage other persons to assist in the agency on condition that I shall be fully responsible for their acts and commissions and I shall ensure that they are of reputable character and presentable in appearance and that they observe the terms and conditions herein.
13. All Existing Agents shall have a period of 60 days to follow-up with their Prospective Agent(s) from the date of the 1st Appointment. During this period, other Existing Agents shall not induce or procure the Prospective Agent to enrol as an agent under them or advise the Prospective Agents to register under them through a proxy. Should the Prospective Agent fail due to whatsoever reasons to enrol by the end of the 60 days period, other Existing Agents are free and able to solicit these Prospective Agent(s).
14. Upon achieving the status of RMA (or its equivalent), I hereby declare and undertake that I shall not be actively associated with any direct selling company other than MXM International Sdn. Bhd. as this may result in potential direct or indirect conflict of interests.
15. I acknowledge that the terms and conditions herein shall be governed by the enforced laws of Malaysia.
16. In the event I am in breach of any of the above terms and conditions, or any rules of conduct or code of ethics of MXM and / or the Program, my AGENT Account and / or Program Membership may be terminated immediately without any compensation whatsoever and I acknowledge that I shall remain liable for any loss or damage incurred or suffered by MXM resulting from such breach.
17. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and / or terms and conditions of the Program and / or the incentive / marketing plan from time to time.

Please sign below to indicate that you have read and understood and agreed to be bound by the aforesaid terms and conditions. Please obtain an official receipt as evidence of payment of the Agent Fee.

KONTRAK INI ADALAH TERTAKLUK KEPADA TEMPOH BERTENANG SELAMA SEPULUH HARI KERJA.

THIS CONTRACT IS SUBJECT TO A COOLING-OFF PERIOD OF TEN WORKING DAYS.

Personal Data Protection Act 2010 - Consent for the Personal Data processing
I hereby give my consent to MXM International Sdn Bhd (MXM), its affiliate company and / or other third parties including MXM agents to collect and process my personal data in compliance with Personal Data Protection Act 2010. I understand that I am entitled to revoke my consent at any time by sending a written notice to MXM.

Dept In-charge:
Database Dept, Tel : 03-7721 2888 / Fax : 03-7721 2889 / Email : enquiries@mxm.com.my

For more information on MXM's privacy practices, you may refer to our Personal Data Protection Policy at www.mxm.com.my

David
Signature of Applicant
Name of Applicant David Leong Ken Li
Date 30-09-2017

Kow
Introducer's Signature
Introducer's Name Chong Ah Kow
NRIC No. 790110-05-5334
Date 30-09-2017

MXM-F043/18/0618

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Agent Application Form

• AUTO BANK-IN OF MONTHLY COMMISSION AUTHORIZATION FORM

I hereby authorize the company to credit my commission to my bank account indicated below. I agree that with this service, a deduction of RM2.00 from the amount credited will be incurred each time I request for a commission payout.

MY BANK ACCOUNT DETAILS ARE AS FOLLOWS
Please tick (√) your bank:

- ☐ ALLIANCE BANK MALAYSIA BHD (code: 02)
- ☐ AMBANK BHD (code: 03)
- ☐ BANK ISLAM MALAYSIA BHD (code: 05)
- ☐ BANK MUALAMAT (M) BHD (code: 31)
- ☐ CIMB BANK BHD (code: 30)
- ☑ CITIBANK BHD (code: 15)
- ☐ EON BANK BHD (code: 07)
- ☐ EONCAP ISLAMIC BANK BHD (code: 32)
- ☐ OTHERS : _____
- ☐ HONG LEONG BANK BHD (code: 09)
- ☐ HSBC BANK (M) BHD (code: 24)
- ☐ MAYBANK BHD (code: 11)
- ☐ OCBC BANK (M) BHD (code: 25)
- ☐ PUBLIC BANK BHD (code: 12)
- ☐ RHB BANK BHD (code: 13)
- ☐ STANDARD CHARTERED BANK (M) BHD (code: 26)
- ☐ UNITED OVERSEAS BANK (M) BHD (code: 27)

Branch Damansara Utama Account No. 6555 1234 2222 1111 Signature David

Via Debit / Credit Card *(Subject to Terms & Conditions)*

Upon acceptance of my application as a MXM Agent, I hereby authorize **MXM or its authorized collecting agent (Pathlab Health Management (M) Sdn. Bhd)** to charge my Agent Fee amounting to

☑ **RM 200.00** *(2-Yearly)*

Card Holder's Name David Leong Ken Li NRIC No. (new) 820719-14-1184
Tel (H/P) 012-2023322 (O) (Hse)
Credit Card No. 4500 1234 5678 1234 Card Expiry Date 11/22
Issuing Bank Maybank ☑ VISA ☐ MasterCard
Cardholder's Signature David Date 30-09-2017

THIRD PARTY CREDIT CARD AUTHORIZATON

I, _____ , NRIC _____
hereby authorize the usage of my credit card for the purpose of renewal of the Agent Account.

Cardholder's Signature _____ Date _____

STANDING INSTRUCTION TO CHARGE AGENT ANNUAL RENEWAL FEE VIA CREDIT CARD / DEBIT CARD

☐ I hereby authorize MXM INTERNATIONAL SDN. BHD. or its collecting agent (Pathlab Health Management (M) Sdn. Bhd.) to charge the Agent Fee where applicable to my Credit / Debit Card indicated herein upon each anniversary at the expiry of my prevailing Agent Account and / or off setting the Agent Renewal Fee from any commission due to me. This authorization will remain valid until the cancellation made by myself in writing to MXM INTERNATIONAL SDN. BHD. three (3) months prior to the expiry of my prevailing Agent Account. In the event that the Credit / Debit Card transaction is declined for whatsoever reasons, I understand that my Agent Account will be terminated upon the expiry date.

Signature of Applicant _____ Date _____

Cash / Cheque Via Direct Bank-In

Bank	Account No.
Maybank Berhad	014 178 220 256

Cheque is to be made payable to MXM International Sdn. Bhd.
Note : Applicants are required to submit the original deposit slip with the application form.

• FOR OFFICE USE ONLY

Centre's Code _____ Member's Name (if any) _____ Official Receipt No. _____
Batch Form No. _____ Agent's Code _____

MXM INTERNATIONAL SDN BHD (251435-D) AJL 93246
MXM Tower, Level 801, Block A
Pusat Dagangan Phileo Damansara II
No. 15 Jalan 16/11, Off Jalan Damansara
46350 Petaling Jaya, Selangor
T +603 7721 2888 F +603 7721 2889

MXM PENANG
16B, 2nd Floor, Lebuhraya Thean Teik
Bandar Ayer Hitam, 11500 Penang
T +604 826 9223 F +604 829 4829

MXM IPOH
43B, Medan Ipoh 1A, Medan Ipoh Bistari, 31400 Ipoh Perak
T +605 548 9529 F +605 548 9529

MXM JOHOR BAHRU
No. 51, Jalan Harmonium 33/1, Taman Desa Tebrau, 81100
Johor Bahru, Johor.
T +607 361 1938 F +607 361 7251

MXM KUCHING
22, Tabuan Heights Commercial Centre, Jalan Song, 93350 Kuching,
Sarawak.
T +6082 459 526 F +6082 455 526

MXM KOTA KINABALU
No. 21-1, Lot 58A, 1st floor, Lorong Lintas Plaza 2
Lintas Plaza, 88300 Kota Kinabalu, Sabah
T +6088 260 655 F +6088 260 655

MXM SANDAKAN
Block 14, Lot 2, 1st Floor, Bandar Indah
90000 Sandakan, Sabah
T +6089 236 282 F +6089 236 180

MXM SIBU
No. 43, Lorong Pahlawan 7, 96000 Sibu Sarawak
T +6084 212 292 F +6084 219 622

Email: enquiries@mxm.com.my
Log on to: www.mxm.com.my
Facebook : fb.mxm.com.my

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Summary

MediSavers 3 Generations (3G) Family Plan Application Form

+

EPP / Full Payment Form

+

CIMB/UOB/OCBC/HLBB/Bank Simpanan Nasional/Bank Rakyat DDA Form
(Applicable for EPP payment only)

Or

Monthly Standing Instruction Form (MSI)

+

Agent Form

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Proposal Form

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Lonpac Proposal Form

Last entry age is 70 years (age of next birthday)

LONPAC INSURANCE BHD

(307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

PHM Medisavers 2015 Proposal Form / Borang Cadangan PHM Medisavers 2015

IMPORTANT NOTICE / *NOTIS PENTING*

Consumer Insurance Contract
Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Kontrak Insurans Pengguna
Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon Insurans ini sepenuhnya untuk diri sendiri/keluarga/ tanggungan, anda mempunyai kewajipan untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan ini. Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, keengganan atau pengurangan gantirugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan dalam Borang Cadangan ini, anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

Non-Consumer Insurance Contract
Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing insurance benefits to your employees and their family/dependants, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Kontrak Insurans Komersial
Menurut Perenggan 4(1) daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon Insurans ini untuk memberi manfaat insurans kepada pekerja dan keluarga/tanggungan mereka, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

PRIVACY POLICY
For information on our privacy policy, please visit our website www.lonpac.com/web/my/privacy_policy_my

POLISI PRIVASI
Bagi maklumat mengenai polisi privasi kami, sila lawat laman web kami www.lonpac.com/web/my/privacy_policy_my

MXM INTERNATIONAL

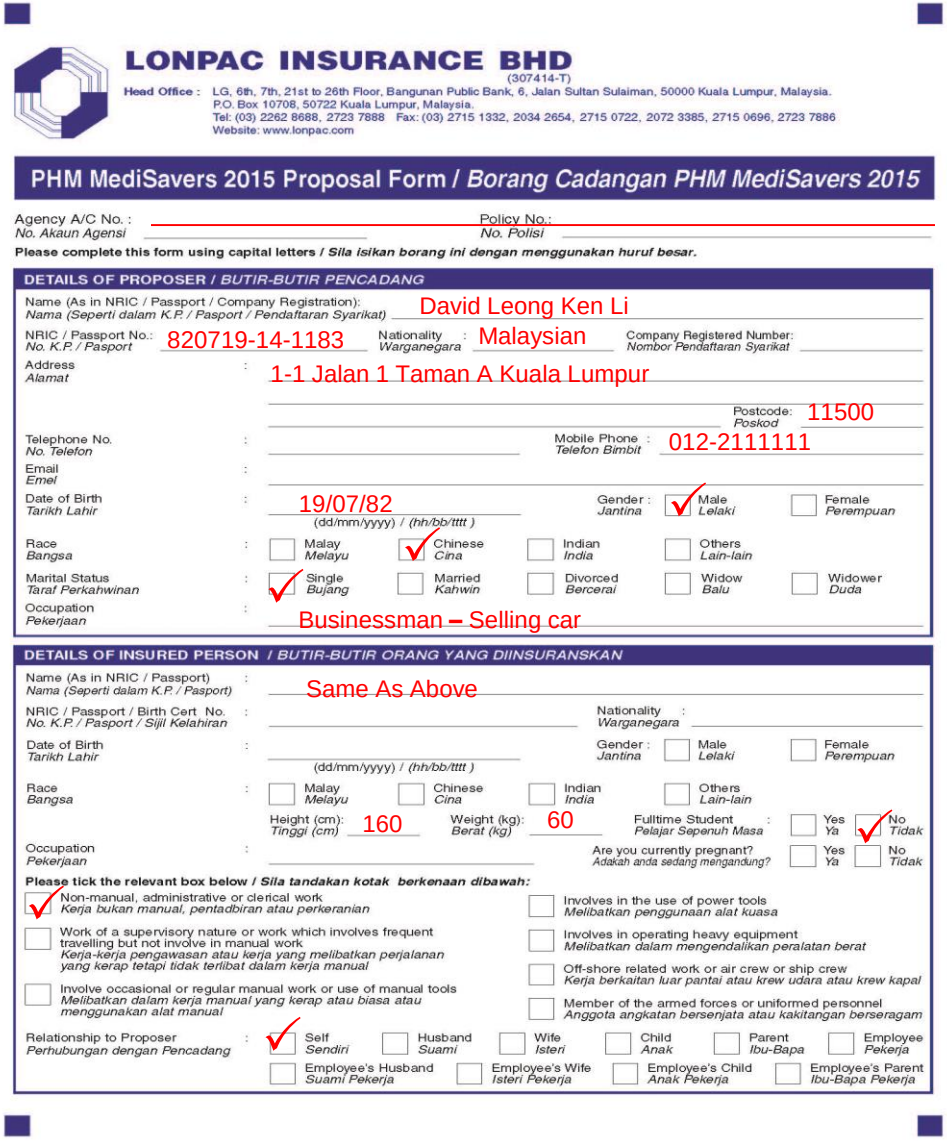
MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Lonpac Proposal Form

Proposer's information
Only 19 years (age of next birthday) can be the proposer.

Child below 19 years, only parent can be the child proposer

Insured's information



LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

PHM MediSavers 2015 Proposal Form / *Borang Cadangan PHM MediSavers 2015*

Agency A/C No. : *No. Akaun Agensi*
Policy No.: *No. Polisi*

Please complete this form using capital letters / *Sila isikan borang ini dengan menggunakan huruf besar.*

DETAILS OF PROPOSER / *BUTIR-BUTIR PENCADANG*

Name (As in NRIC / Passport / Company Registration): *Nama (Seperti dalam K.P. / Pasport / Pendaftaran Syarikat)* : David Leong Ken Li

NRIC / Passport No.: *No. K.P. / Pasport* : 820719-14-1183 Nationality : *Warganegara* Malaysian Company Registered Number: *Nombor Pendaftaran Syarikat*

Address : *Alamat* 1-1 Jalan 1 Taman A Kuala Lumpur

Postcode: *Poskod* 11500

Telephone No. : *No. Telefon* Mobile Phone : *Telefon Bimbit* 012-2111111

Email : *Emel*

Date of Birth : *Tarikh Lahir* 19/07/82 (dd/mm/yyyy) / *(hh/bb/tttt)* Gender : *Jantina* ☑ Male *Lelaki* ☐ Female *Perempuan*

Race : *Bangsa* ☐ Malay *Melayu* ☑ Chinese *Cina* ☐ Indian *India* ☐ Others *Lain-lain*

Marital Status : *Taraf Perkahwinan* ☑ Single *Bujang* ☐ Married *Kahwin* ☐ Divorced *Bercerai* ☐ Widow *Balu* ☐ Widower *Duda*

Occupation : *Pekerjaan* Businessman – Selling car

DETAILS OF INSURED PERSON / *BUTIR-BUTIR ORANG YANG DIINSURANSKAN*

Name (As in NRIC / Passport) : *Nama (Seperti dalam K.P. / Pasport)* Same As Above

NRIC / Passport / Birth Cert No. : *No. K.P. / Pasport / Sijil Kelahiran* Nationality : *Warganegara*

Date of Birth : *Tarikh Lahir* (dd/mm/yyyy) / *(hh/bb/tttt)* Gender : *Jantina* ☐ Male *Lelaki* ☐ Female *Perempuan*

Race : *Bangsa* ☐ Malay *Melayu* ☐ Chinese *Cina* ☐ Indian *India* ☐ Others *Lain-lain*

Height (cm): *Tinggi (cm)* 160 Weight (kg): *Berat (kg)* 60 Fulltime Student : *Pelajar Sepenuh Masa* ☐ Yes *Ya* ☑ No *Tidak*

Occupation : *Pekerjaan* Are you currently pregnant? *Adakah anda sedang mengandung?* ☐ Yes *Ya* ☐ No *Tidak*

Please tick the relevant box below / *Sila tandakan kotak berkenaan dibawah:*

☑ Non-manual, administrative or clerical work *Kerja bukan manual, pentadbiran atau perkeranian*

☐ Work of a supervisory nature or work which involves frequent travelling but not involve in manual work *Kerja-kerja pengawasan atau kerja yang melibatkan perjalanan yang kerap tetapi tidak terlibat dalam kerja manual*

☐ Involve occasional or regular manual work or use of manual tools *Melibatkan dalam kerja manual yang kerap atau biasa atau menggunakan alat manual*

☐ Involves in the use of power tools *Melibatkan penggunaan alat kuasa*

☐ Involves in operating heavy equipment *Melibatkan dalam mengendalikan peralatan berat*

☐ Off-shore related work or air crew or ship crew *Kerja berkaitan luar pantai atau krew udara atau krew kapal*

☐ Member of the armed forces or uniformed personnel *Anggota angkatan bersenjata atau kakitangan berseragam*

Relationship to Proposer : *Perhubungan dengan Pencadang* ☑ Self *Sendiri* ☐ Husband *Suami* ☐ Wife *Isteri* ☐ Child *Anak* ☐ Parent *Ibu-Bapa* ☐ Employee *Pekerja*
☐ Employee's Husband *Suami Pekerja* ☐ Employee's Wife *Isteri Pekerja* ☐ Employee's Child *Anak Pekerja* ☐ Employee's Parent *Ibu-Bapa Pekerja*

Only the below relationship can be accepted

Proposer	Insured
Parent	Child (age below 19)
Child	Parent
Husband	Wife
Wife	Husband
Company	Employee

For cases company buy for employee : Company representative need to sign the proposer form together with company stamp

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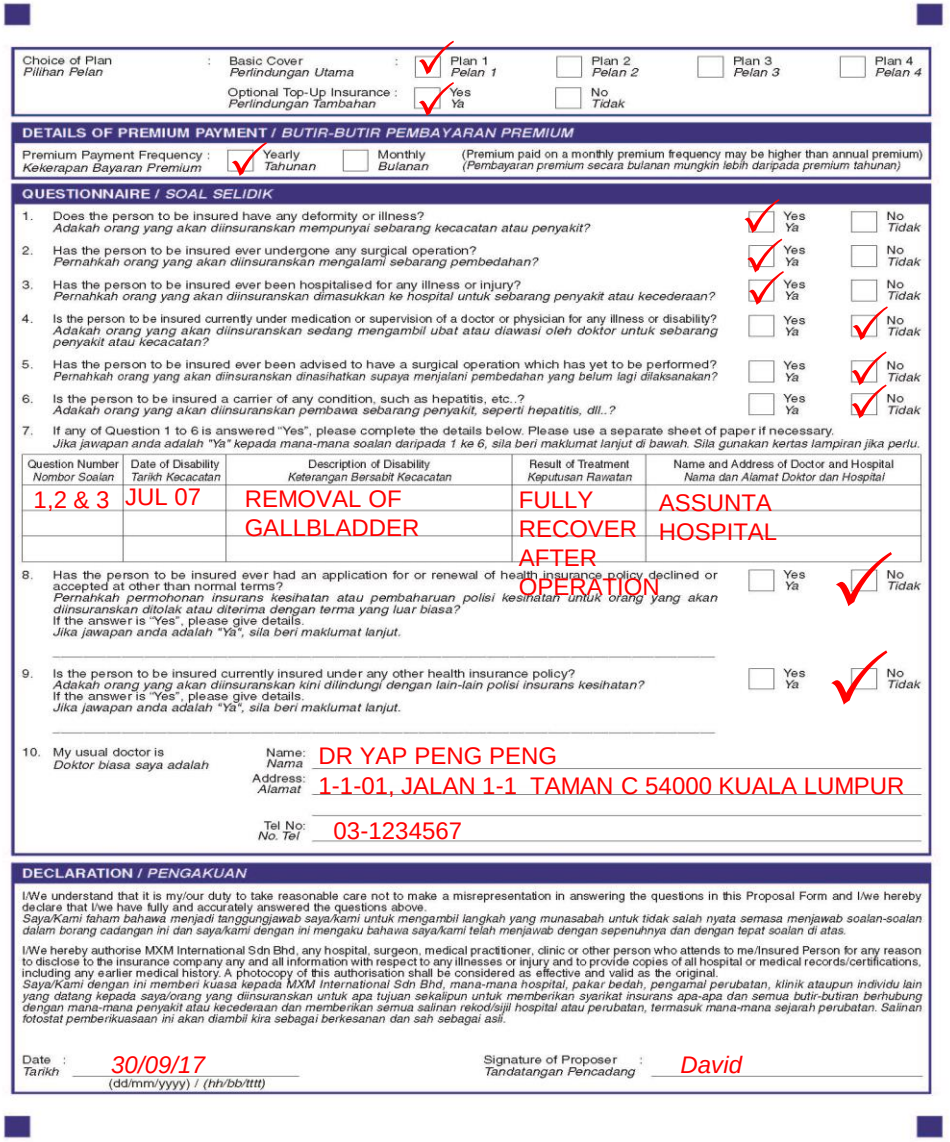
Lonpac Proposal Form

If any of question 1 - 6 is yes, must complete the details

Tick “Yes” or “No”
If “Yes”, please provide the details

If have, please fill in the detail
Doctor name / clinic name must complete



Choice of Plan / *Pilihan Pelan* : Basic Cover / *Perlindungan Utama* : ☑ Plan 1 / *Pelan 1* ☐ Plan 2 / *Pelan 2* ☐ Plan 3 / *Pelan 3* ☐ Plan 4 / *Pelan 4*

Optional Top-Up Insurance / *Perlindungan Tambahan* : ☑ Yes / *Ya* ☐ No / *Tidak*

DETAILS OF PREMIUM PAYMENT / *BUTIR-BUTIR PEMBAYARAN PREMIUM*

Premium Payment Frequency / *Kekerapan Bayaran Premium* : ☑ Yearly / *Tahunan* ☐ Monthly / *Bulanan* (Premium paid on a monthly premium frequency may be higher than annual premium) (*Pembayaran premium secara bulanan mungkin lebih daripada premium tahunan*)

QUESTIONNAIRE / *SOAL SELIDIK*

1. Does the person to be insured have any deformity or illness? / *Adakah orang yang akan diinsuranskan mempunyai sebarang kecacatan atau penyakit?* ☑ Yes / *Ya* ☐ No / *Tidak*
2. Has the person to be insured ever undergone any surgical operation? / *Pernahkah orang yang akan diinsuranskan mengalami sebarang pembedahan?* ☑ Yes / *Ya* ☐ No / *Tidak*
3. Has the person to be insured ever been hospitalised for any illness or injury? / *Pernahkah orang yang akan diinsuranskan dimasukkan ke hospital untuk sebarang penyakit atau kecederaan?* ☑ Yes / *Ya* ☐ No / *Tidak*
4. Is the person to be insured currently under medication or supervision of a doctor or physician for any illness or disability? / *Adakah orang yang akan diinsuranskan sedang mengambil ubat atau diawasi oleh doktor untuk sebarang penyakit atau kecacatan?* ☐ Yes / *Ya* ☑ No / *Tidak*
5. Has the person to be insured ever been advised to have a surgical operation which has yet to be performed? / *Pernahkah orang yang akan diinsuranskan dinasihatkan supaya menjalani pembedahan yang belum lagi dilaksanakan?* ☐ Yes / *Ya* ☑ No / *Tidak*
6. Is the person to be insured a carrier of any condition, such as hepatitis, etc..? / *Adakah orang yang akan diinsuranskan pembawa sebarang penyakit, seperti hepatitis, dll..?* ☐ Yes / *Ya* ☑ No / *Tidak*
7. If any of Question 1 to 6 is answered “Yes”, please complete the details below. Please use a separate sheet of paper if necessary. / *Jika jawapan anda adalah “Ya” kepada mana-mana soalan daripada 1 ke 6, sila beri maklumat lanjut di bawah. Sila gunakan kertas lampiran jika perlu.*

Question Number / *Nombor Soalan*	Date of Disability / *Tarikh Kecacatan*	Description of Disability / *Keterangan Bersabit Kecacatan*	Result of Treatment / *Keputusan Rawatan*	Name and Address of Doctor and Hospital / *Nama dan Alamat Doktor dan Hospital*
1,2 & 3	JUL 07	REMOVAL OF GALLBLADDER	FULLY RECOVER AFTER OPERATION	ASSUNTA HOSPITAL

8. Has the person to be insured ever had an application for or renewal of health insurance policy declined or accepted at other than normal terms? / *Pernahkah permohonan insurans kesihatan atau pembaharuan polisi kesihatan untuk orang yang akan diinsuranskan ditolak atau diterima dengan terma yang luar biasa?* ☐ Yes / *Ya* ☑ No / *Tidak*
   If the answer is “Yes”, please give details. / *Jika jawapan anda adalah “Ya”, sila beri maklumat lanjut.*
9. Is the person to be insured currently insured under any other health insurance policy? / *Adakah orang yang akan diinsuranskan kini dilindungi dengan lain-lain polisi insurans kesihatan?* ☐ Yes / *Ya* ☑ No / *Tidak*
   If the answer is “Yes”, please give details. / *Jika jawapan anda adalah “Ya”, sila beri maklumat lanjut.*
10. My usual doctor is / *Doktor biasa saya adalah*
    Name: / *Nama* DR YAP PENG PENG
    Address: / *Alamat* 1-1-01, JALAN 1-1 TAMAN C 54000 KUALA LUMPUR
    Tel No: / *No. Tel* 03-1234567

DECLARATION / *PENGAKUAN*

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam borang cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.

I/We hereby authorise MXM International Sdn Bhd, any hospital, surgeon, medical practitioner, clinic or other person who attends to me/Insured Person for any reason to disclose to the insurance company any and all information with respect to any illnesses or injury and to provide copies of all hospital or medical records/certifications, including any earlier medical history. A photocopy of this authorisation shall be considered as effective and valid as the original.
Saya/Kami dengan ini memberi kuasa kepada MXM International Sdn Bhd, mana-mana hospital, pakar bedah, pengamal perubatan, klinik ataupun individu lain yang datang kepada saya/orang yang diinsuranskan untuk apa tujuan sekalipun untuk memberikan syarikat insurans apa-apa dan semua butir-butiran berhubung dengan mana-mana penyakit atau kecederaan dan memberikan semua salinan rekod/sijil hospital atau perubatan, termasuk mana-mana sejarah perubatan. Salinan fotostat pemberikuasaan ini akan diambil kira sebagai berkesanan dan sah sebagai asli.

Date / *Tarikh* : 30/09/17 (dd/mm/yyyy) / (*hh/bb/tttt*)

Signature of Proposer / *Tandatangan Pencadang* : David

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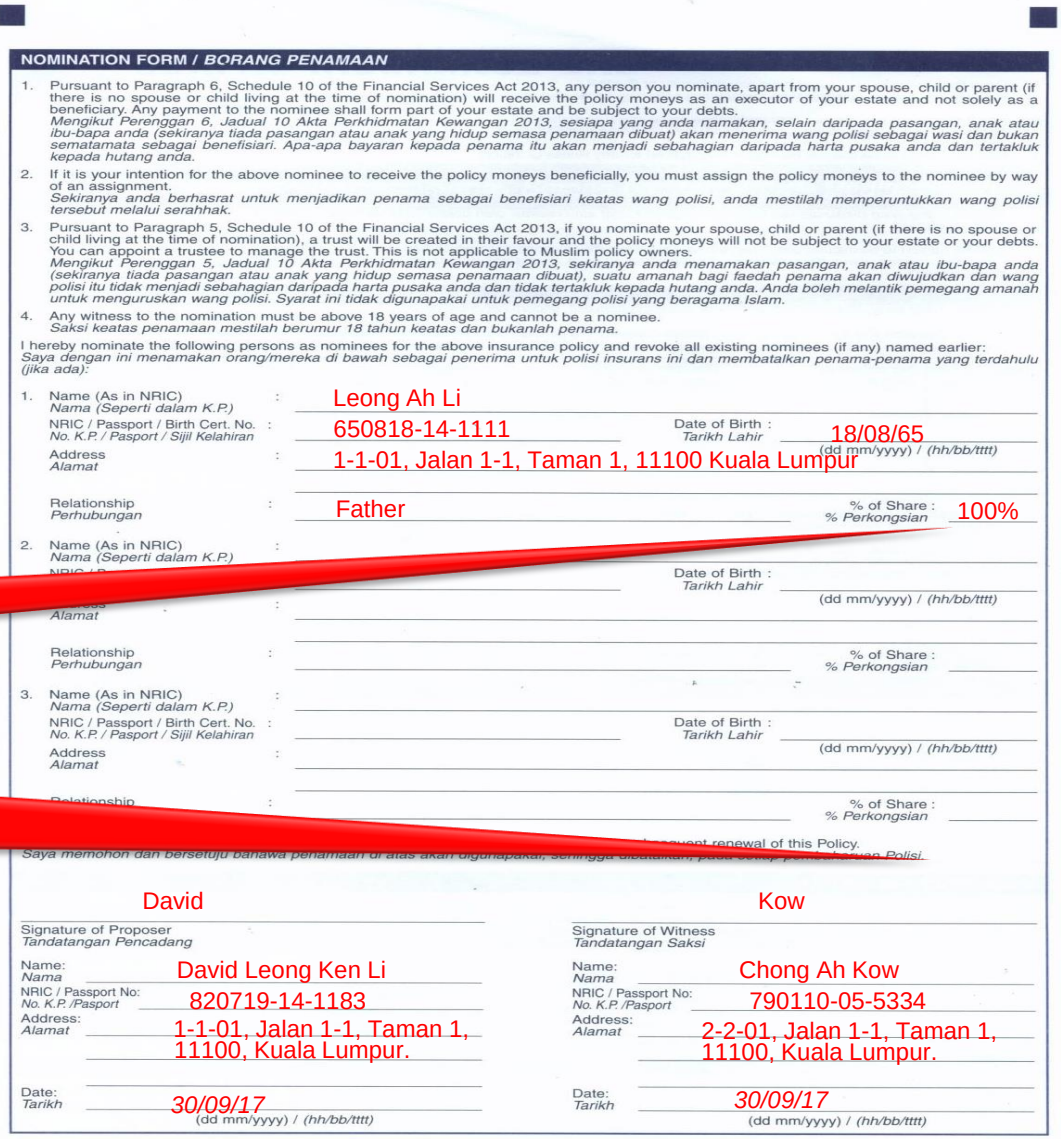
Lonpac Proposal Form

If proposer and Insured are not the same person, Nomination Page to be leave it blank

Important ! Total % of share must 100%

Important ! Witness must be above 18 years of age and cannot be a nominee



NOMINATION FORM / *BORANG PENAMAAN*

1. Pursuant to Paragraph 6, Schedule 10 of the Financial Services Act 2013, any person you nominate, apart from your spouse, child or parent (if there is no spouse or child living at the time of nomination) will receive the policy moneys as an executor of your estate and not solely as a beneficiary. Any payment to the nominee shall form part of your estate and be subject to your debts.
Mengikut Perenggan 6, Jadual 10 Akta Perkhidmatan Kewangan 2013, sesiapa yang anda namakan, selain daripada pasangan, anak atau ibu-bapa anda (sekiranya tiada pasangan atau anak yang hidup semasa penamaan dibuat) akan menerima wang polisi sebagai wasi dan bukan sematamata sebagai benefisiari. Apa-apa bayaran kepada penama itu akan menjadi sebahagian daripada harta pusaka anda dan tertakluk kepada hutang anda.
2. If it is your intention for the above nominee to receive the policy moneys beneficially, you must assign the policy moneys to the nominee by way of an assignment.
Sekiranya anda berhasrat untuk menjadikan penama sebagai benefisiari keatas wang polisi, anda mestilah memperuntukkan wang polisi tersebut melalui serahhak.
3. Pursuant to Paragraph 5, Schedule 10 of the Financial Services Act 2013, if you nominate your spouse, child or parent (if there is no spouse or child living at the time of nomination), a trust will be created in their favour and the policy moneys will not be subject to your estate or your debts. You can appoint a trustee to manage the trust. This is not applicable to Muslim policy owners.
Mengikut Perenggan 5, Jadual 10 Akta Perkhidmatan Kewangan 2013, sekiranya anda menamakan pasangan, anak atau ibu-bapa anda (sekiranya tiada pasangan atau anak yang hidup semasa penamaan dibuat), suatu amanah bagi faedah penama akan diwujudkan dan wang polisi itu tidak menjadi sebahagian daripada harta pusaka anda dan tidak tertakluk kepada hutang anda. Anda boleh melantik pemegang amanah untuk menguruskan wang polisi. Syarat ini tidak digunapakai untuk pemegang polisi yang beragama Islam.
4. Any witness to the nomination must be above 18 years of age and cannot be a nominee.
Saksi keatas penamaan mestilah berumur 18 tahun keatas dan bukanlah penama.

I hereby nominate the following persons as nominees for the above insurance policy and revoke all existing nominees (if any) named earlier:
Saya dengan ini menamakan orang/mereka di bawah sebagai penerima untuk polisi insurans ini dan membatalkan penama-penama yang terdahulu (jika ada):

1. Name (As in NRIC) / *Nama (Seperti dalam K.P.)* : Leong Ah Li
NRIC / Passport / Birth Cert. No. / *No. K.P. / Pasport / Sijil Kelahiran* : 650818-14-1111 Date of Birth / *Tarikh Lahir* : 18/08/65 (dd mm/yyyy) / *(hh/bb/tttt)*
Address / *Alamat* : 1-1-01, Jalan 1-1, Taman 1, 11100 Kuala Lumpur
Relationship / *Perhubungan* : Father % of Share / *% Perkongsian* : 100%

2. Name (As in NRIC) / *Nama (Seperti dalam K.P.)* :
NRIC / Passport / Birth Cert. No. / *No. K.P. / Pasport / Sijil Kelahiran* : Date of Birth / *Tarikh Lahir* : (dd mm/yyyy) / *(hh/bb/tttt)*
Address / *Alamat* :
Relationship / *Perhubungan* : % of Share / *% Perkongsian*

3. Name (As in NRIC) / *Nama (Seperti dalam K.P.)* :
NRIC / Passport / Birth Cert. No. / *No. K.P. / Pasport / Sijil Kelahiran* : Date of Birth / *Tarikh Lahir* : (dd mm/yyyy) / *(hh/bb/tttt)*
Address / *Alamat* :
Relationship : % of Share / *% Perkongsian*

Saya memohon dan bersetuju bahawa penamaan di atas akan digunapakai, sehingga dibatalkan, pada setiap pembayaran Polisi renewal of this Policy.

David

Signature of Proposer / *Tandatangan Pencadang*

Name: / *Nama* : David Leong Ken Li
NRIC / Passport No: / *No. K.P. /Pasport* : 820719-14-1183
Address: / *Alamat* : 1-1-01, Jalan 1-1, Taman 1, 11100, Kuala Lumpur.
Date: / *Tarikh* : *30/09/17* (dd mm/yyyy) / *(hh/bb/tttt)*

Kow

Signature of Witness / *Tandatangan Saksi*

Name: / *Nama* : Chong Ah Kow
NRIC / Passport No: / *No. K.P. /Pasport* : 790110-05-5334
Address: / *Alamat* : 2-2-01, Jalan 1-1, Taman 1, 11100, Kuala Lumpur.
Date: / *Tarikh* : *30/09/17* (dd mm/yyyy) / *(hh/bb/tttt)*

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Group Term Assurance Proposal Form

Important !
Last entry age : 60 year (age of next birthday)

Archipelago Life Insurance Limited [A Life Insurer Licensed by Labuan FSA] Co. No. LL09829 I Licence No. IS2013141

Registered Office Address :
Brumby Centre, Lot 42,
Jalan Muhibbah,
87000 Labuan FT, Malaysia.

Co-located Office :
B-08-07, Gateway Corporate Suites,
Gateway Kiaramas, No.1 Jalan Desa Kiara,
Mont Kiara, 50480 Kuala Lumpur, Malaysia.

Phone : +6 (03) 6201 0899
Fax : +6 (03) 6201 0481
Email : info@archipelagolife.com
URL : www.archipelagolife.com

GROUP TERM ASSURANCE PROPOSAL FORM | *BORANG CADANGAN*

Certificate No. / *No. Sijil:*

IMPORTANT NOTICE

Pursuant to Section 192 of The Labuan Financial Services and Securities Act 2010, you are to take reasonable care not to make a misrepresentation when answering any questions in the proposal form or in any request made by the Company before the certificate is issued, varied or renewed/reinstated. In addition, you are also required to take reasonable care to disclose to the Company any matter that you know to be relevant to the decision of the Company on whether to accept this proposal or not and the rates and terms to be applied and this duty to exercise utmost good faith is extended to all your dealings with the Company after the certificate has been issued varied or renewed/reinstated, including the making of a claim.

NOTIS PENTING

Menurut Seksyen 192 Akta Perkhidmatan Kewangan dan Sekuriti Labuan 2010, anda dikehendaki menyatakan dengan jujur dan lengkap di dalam borang cadangan ini atau di dalam mana-mana permintaan yang dibuat oleh Syarikat sebelum sijil dikeluarkan, diperbaharui/dikuatkuasa semula. Dalam pada itu, anda juga dikehendaki mendedahkan segala maklumat yang anda tahu berkenaan keputusan Syarikat samada untuk menerima cadangan Asurans hayat ini atau tidak dan menuruti segala kadar serta syarat-syarat yang ditetapkan dalam segala urusan dengan Syarikat selepas sijil dikeluarkan, diperbaharui/dikuatkuasa semula termasuk untuk membuat tuntutan.

PARTICULARS OF PROPOSER / *BUTIR-BUTIR PENCADANG*

PATHLAB HEALTH MANAGEMENT (M) SDN BHD
MXM TOWER, LEVEL 1201, BLOCK A, PUSAT DAGANGAN PHILEO DAMANSARA II
NO 15 JALAN 16/11, OFF JALAN DAMANSARA, 46350 PETALING JAYA, SELANGOR

PARTICULARS OF LIFE ASSURED / *BUTIR-BUTIR ORANG YANG DIASURANSKAN*

Name (As In NRIC/Passport) / *Nama (Seperti Dalam Kad Pengenalan/Pasport):* David Leong Ken Li

Nationality / *Wargenegara:* Malaysia

NRIC No. / *No. Kad Pengenalan:*

New / *Baru* 820719-14-1183 Old / *Lama*

Passport No. / *No. Pasport:*

Address / *Alamat:* 1-1 Jalan 1 Taman A Kuala Lumpur

Postcode / *Poskod:* 11500

House Telephone No. / *No. Telefon Rumah:*

Mobile Phone / *Telefon Bimbit:* 012-2111111

Email / *Emel:*

Date of Birth (dd/mm/yyyy) / *Tarikh Lahir (hh/bb/tttt):* 19/07/82

Gender / *Jantina:* ☑ Male / *Lelaki* ☐ Female / *Perempuan*

Race / *Bangsa:* ☐ Malay / *Melayu* ☑ Chinese / *Cina* ☐ Indian / *India* ☐ Others / *Lain-lain*

Height / *Ketinggian:* 160 cm

Weight / *Berat:* 60 kg

Marital Status / *Taraf Perkahwinan:* ☑ Single / *Bujang* ☐ Married / *Kahwin* ☐ Divorced / *Bercerai* ☐ Widow / *Balu* ☐ Widower / *Duda*

Occupation / *Pekerjaan:* Businessman

Please specify nature of work / *Sila nyatakan tugas pekerjaan dengan jelas:* Selling car

SUM ASSURED / *JUMLAH DIASURANSKAN* Please (✓) / *Sila (✓)*

☑ Diamond Plan, SGD105,000 *Pelan Diamond, SGD105,000*
☐ Platinum Plan, SGD70,000 *Pelan Platinum, SGD70,000*
☐ Gold Plan, SGD35,000 *Pelan Gold, SGD35,000*
☐ Silver Plan, SGD17,500 *Pelan Silver, SGD17,500*

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HEALTHCARE MEMBERSHIP PROGRAM

Group Term Assurance Proposal Form

HEALTH INFORMATION / *MAKLUMAT KESIHATAN* **If your answer is 'Yes', please provide details / *Sekiranya jawapan anda 'Ya', sila nyatakan dengan terperinci***		
Please (✔) / *Sila (✔)*	Yes / *Ya*	No / *Tidak*
1. Has any of your application or reinstatement for life or medical Takaful ever been Declined / Rated / Modified / Postponed? *Adakah sebarang permohonan atau penyertaan semula Takaful perubatan atau hayat anda pernah Ditolak / Dikadarkan / Diubahsuai / Ditunda?*		✓
2. Have you ever had or been treated for respiratory disease, high blood pressure, chest pain, heart disease, blood/blood vessel disease, ulcer or bowel disease, liver/gall bladder disease, renal stones or any disorder of the genito-urinary system, epilepsy, mental/nervous disorder, diabetes, cancer, AIDS, tumour or any other disease/disorder/severe injury not mentioned above? *Adakah anda pernah menghidapi atau anda telah diberitahu atau telah menerima rawatan bagi penyakit rawatan pernafasan, tekanan darah tinggi, sakit dada, sakit jantung, penyakit darah/ saluran darah, penyakit usus atau ulser, penyakit hati/hempedu, batu karang atau sebarang gangguan system genitor-urinari, sawan, gangguan mental/saraf, kencing manis, kanser, AIDS, tumor atau sebarang panyakit/kecederaan yang teruk lain yang tidak dinyatakan diatas?* If 'yes', please state details / *Jika 'ya', sila nyatakan dengan terperinci.*		✓
3. Has any member of your immediate family ever suffered from or died of cancer, diabetes, hypertension, stroke, kidney diease, heart disease, nervous disorder, mendel disease, hereditary or congenital disease or any AIDS related condition? *Adakah ibubapa kandung atau adik-beradik anda menghidap atau meninggal dunia akibat kanser, kencing manis, darah tinggi, angin ahmar, penyakit buah pinggang, penyakit jantung, sakit jiwa atau apa-apa jenis penyakit sejak lahir atau sebarang keadaan yang berkaitan dengan AIDS?* If yes, give details below / *Jika ya, sila beri keterangan lengkap:-*		✓
4. In the past 5 years, have you had any diagnostic test (such as X-ray, electrocardiogram or blood study) done due to medical reasons and/or any serious illness, operation, medical advice or hospital treatment not mentioned above? *Dalam tempoh 5 tahun lepas, pernahkah anda menjalani sebarang ujian diagnostic (seperti sinaran-X, elektrokardiogram atau ujian darah) dilakukan atas sebab-sebab perubatan dan/atau sebarang penyakit yang serius, pembedahan, khidmat nasihat perubatan atau rawatan hospital yang tidak dinyatakan diatas?*		✓
5. Have you ever used any habit forming drugs / narcotics / alcohol excessively / smoking more than 20 cigarettes a day? *Adakah anda pernah mengambil dadah / narkotik / ketagihan arak (meminum arak secara berlebihan) / merokok melebihi 20 batang sehari?*		✓
6. Is there any other fact, circumstances or information regarding your health which was not specifically mentioned above? *Adakah terdapat fakta-fakta, keadaan atau maklumat berkenaan dengan kesihatan anda yang lain yang tidak dinyatakan diatas?*		✓
7. Female only / *Untuk wanita sahaja* (a) Are you now pregnant? (if 'yes', how many months) *Adakah anda sedang hamil? (Jika 'ya', berapa bulan)* (b) Have you ever had any disorder of the breast or female organs, or complication at birth? *Pernahkah anda mengalami sebarang komplikasi semasa bersalin atau penyakit payudara atau organ wanita?*		

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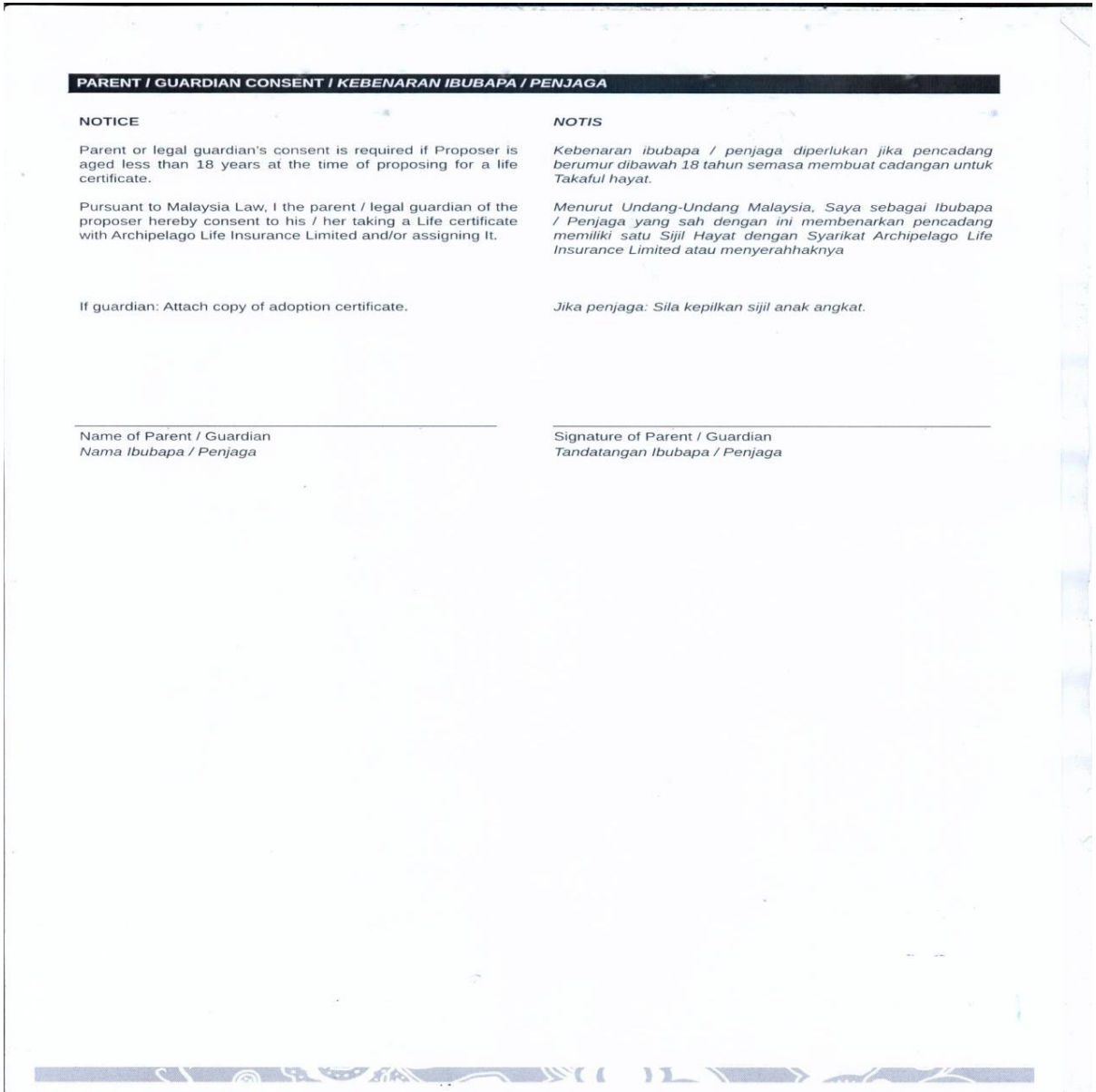
HEALTHCARE MEMBERSHIP PROGRAM

Group Term Assurance Proposal Form

Important !
If life assured is age less than 18 years old, parent or legal guardian must sign and fill up the information



PARENT / GUARDIAN CONSENT / *KEBENARAN IBUBAPA / PENJAGA*

NOTICE

Parent or legal guardian's consent is required if Proposer is aged less than 18 years at the time of proposing for a life certificate.

Pursuant to Malaysia Law, I the parent / legal guardian of the proposer hereby consent to his / her taking a Life certificate with Archipelago Life Insurance Limited and/or assigning It.

If guardian: Attach copy of adoption certificate.

Name of Parent / Guardian
Nama Ibubapa / Penjaga

NOTIS

Kebenaran ibubapa / penjaga diperlukan jika pencadang berumur dibawah 18 tahun semasa membuat cadangan untuk Takaful hayat.

Menurut Undang-Undang Malaysia, Saya sebagai Ibubapa / Penjaga yang sah dengan ini membenarkan pencadang memiliki satu Sijil Hayat dengan Syarikat Archipelago Life Insurance Limited atau menyerahhaknya

Jika penjaga: Sila kepilkan sijil anak angkat.

Signature of Parent / Guardian
Tandatangan Ibubapa / Penjaga

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HEALTHCARE MEMBERSHIP PROGRAM

Group Term Assurance Proposal Form

NOMINATION FORM | *BORANG PENAMAAN*

Please read the following carefully before you appoint your nominee(s).

Beneficiaries for Proceeds:

- Beneficiary(ies) are only entitled to the benefit upon death of the life assured.
- You may nominate one or more beneficiaries under this policy. Please ensure you provide NRIC/Passport no. of the beneficiary (ies); otherwise the Nomination of a Beneficiary will not be accepted.
- You may change the beneficiaries appointed in this application by notifying Archipelago Life Insurance Limited in writing and which must be received before your death.
- If no beneficiary is nominated, the executor of your estate will advise Archipelago Life Insurance Limited of the natural person(s) entitled to receive the proceeds, failing which the proceeds may be payable to your estate subject to the requirements of the regulatory authority and/or legislation.
- In accordance with the Labuan Financial Services and Securities Act 2010:
  - Section 121 - It states that a nomination by a policy owner, other than a Muslim policy owner, shall create a trust in favour of the nominee of the policy monies payable upon the death of the policy owner IF the nominee is a spouse or child of the policy owner, or where there is no spouse or child living at the time of nomination, the nominee is the parent. A payment under this section shall NOT form part of the estate of the deceased policy owner or be subject to his/her debts; OR
  - Section 122 - It states that a nominee, other than a nominee under Section 121, shall receive the policy monies payable on the death of the policy owner as an executor and not solely as a beneficiary and any payment to the nominee shall form part of the estate of the deceased policy owner and be subject to his debts. This section also applies to a nominee of a Muslim policy owner who, on receipt of the policy monies, shall distribute the policy monies in accordance with the Shariah Principles.

Sila baca terlebih dahulu dengan teliti sebelum tuan/puan melantik penama.

Benefisiari Untuk Hasil

- *Benefisiari hanya berhak mendapat manfaat apabila berlaku kematian orang yang diasuranskan.*
- *Anda boleh menamakan satu atau lebih benefisiari di bawah polisi ini. Sila pastikan anda menyediakan nombor kad pengenalan / pasport benefisiari; jika tidak, Pencalonan Benefisiari tidak akan diterima.*
- *Anda boleh menukar benefisiari yang dilantik dalam permohonan ini dengan memaklumkan Archipelago Life Insurance Limited secara bertulis dan ianya mesti diterima sebelum kematian anda.*
- *Jika tiada benefisiari yang dicalonkan, pentadbir harta anda akan menasihati Archipelago Life Insurance Limited orang sebenar yang berhak menerima hasil, jika tidak hasil itu boleh dibayar kepada harta anda tertakluk kepada syarat-syarat pihak berkuasa kawal selia dan/atau perundangan.*
- *Selaras dengan Akta Perkhidmatan Kewangan dan Sekuriti Labuan 2010:*
  - *Seksyen 121 - lanya menyatakan bahawa penamaan oleh pemunya polisi, selain pemunya polisi yang beragama Islam, hendaklah mewujudkan suatu amanah memihak kepada penama bagi wang polisi yang kena dibayar atas kematian pemunya polisi JIKA penama adalah seorang suami atau isteri atau anak pemunya polisi itu, atau jika tiada suami atau isteri atau anak yang hidup pada masa penamaan itu, penama adalah ibu bapa. Bayaran di bawah seksyen ini tidak boleh menjadi sebahagian daripada harta pemunya polisi yang mati atau tertakluk kepada hutangnya; ATAU*
  - *Seksyen 122 - lanya menyatakan bahawa penama, selain penama di bawah seksyen 121, hendaklah menerima wang polisi yang kena dibayar atas kematian pemunya polisi sebagai pelaksana dan bukan semata-mata sebagai benefisiari dan apa-apa bayaran kepada penama itu hendaklah menjadi sebahagian daripada harta pemunya polisi yang mati dan tertakluk kepada hutangnya. Seksyen ini juga terpakai bagi seseorang penama pemunya polisi beragama Islam yang, apabila menerima wang polisi itu, hendaklah membahagikan wang polisi itu mengikut Prinsip-prinsip Syariah.*

I, the Proposer / Certificate Owner of the abovementioned Proposal for Assurance / Certificate, hereby appoint the following person(s) as Nominees to receive all certificate moneys payable only upon my death. I further declare that I shall deal with the certificate on the terms specified above.

Saya, Pencadang / Pemegang Sijil untuk Cadangan untuk Asurans / Sijil di atas, dengan ini melantik nama-nama seperti berikut sebagai penama-penama ke atas sijil ini untuk menerima semua wang sijil hanya selepas kematian saya. Saya mengisytiharkan bahawa saya akan berurusan berkenaan sijil ini dengan mematuhi syarat-syarat yang tercatat diatas.

Proposal No. / *No Cadangan:*

Name and Address of Nominee(s) *Nama dan Alamat Penama-penama*	NRIC/BC/Passport No. *No. KP/SK/Pasport*	Date of Birth *Tarikh Lahir*	Relationship *Hubungan*	% of Share *% Bahagian*
Leong Ah Li 1-1-01, Jalan 1-1, Taman 1, 11100 Kuala Lumpur	650818-14-1111	18/08/65	Father	100

Important !
Total % of share must 100%

Important !
Life assured attain age 18 years only can sign

David

Kow

Signature of Proposer / Certificate Owner
Tandatangan Pencadang / Pemegang Sijil
Name / *Nama:* David Leong Ken Li
NRIC No. / *No. KP:* 790110-05-5334
Address / *Alamat:* 1-1 Jalan 1
Taman A 11500 KL

Signature of Witness
Tandatangan Saksi
Name / *Nama:* Chong Ah Kow
NRIC No. / *No. KP:* 790110-05-5334
Address / *Alamat:* 2-2-01, Jalan 1-1, Taman 1, 11100, Kuala Lumpur.

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MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Group Term Assurance Proposal Form

For **NON-MUSLIM**, you are advised to appoint a trustee in order to create a trust certificate.

NOTE: The trustee portion of this form is not applicable to Muslim certificate owners or nomination other than under Labuan Islamic Financial Services and Securities Act 2010.

Untuk **BUKAN ISLAM**, *anda dinasihatkan agar melantik pemegang amanah supaya sijil anda adalah sijil amanah.*

PERHATIAN: *Bahagian pemegang amanah tercatat di bawah tidak perlu kepada seorang pemegang sijil atau penama beragama Islam selain daripada Akta Perkhidmatan Kewangan dan Sekuriti Islam Labuan 2010.*

I consent to act as trustee to the above mentioned certificate.

Saya dengan ini bersetuju bertindak sebagai pemegang amanah terhadap sijil yang tersebut diatas.

Signature of Trustee / *Tandatangan Pemegang Amanah*

Name / *Nama:*
NRIC No. / *No. KP:*
Address / *Alamat:*

Signature of Witness / *Tandatangan Saksi*

Name / *Nama:*
NRIC No. / *No. KP:*
Address / *Alamat:*

Note: The certificate owner must be at least 18 years of age to be legally eligible to nominate and the witness must be at least 18 years of age and cannot be a named nominee.

Nota: *Pemegang sijil mestilah sekurang-kurangnya berumur 18 tahun untuk berhak melantik penamaan dan saksi hendaklah berumur tidak kurang daripada 18 tahun dan tidak boleh daripada penama yang dilantik.*

Signed at / *Ditandatangani di* MXM OFFICE (Place / *Tempat*) on / *pada* 30/09 (Date / *Haribulan*) (Month / *Bulan*) / 20 17 (Year / *Tahun*)

MXM INTERNATIONAL

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HEALTHCARE MEMBERSHIP PROGRAM

Group Term Assurance Proposal Form

DECLARATION AND AUTHORISATION / *PENGAKUAN DAN PENGESAHAN*

I / We declare that the information given in this proposal together with any other documents or questionnaires and/or any additional information supplied to **Archipelago Life Insurance Limited** (hereinafter referred to as the Company) in connection with this proposal form or the Medical Examiner of the Company, are complete, accurate and true whether written by me or on my behalf and that no information has been withheld. I / We also agree that the company may void the certificate (if issued) if there is any non-disclosure, misrepresentation, inaccuracy or omission. I / We understand that the information given in this proposal and any information made to the Company or to the Medical Examiner of the Company shall be the basis of the contract for Takaful. I/We agree to pay the Company all medical expenses incurred should I / We fail to take up this certificate at standard rates. I / We agree that there shall be no liability upon the Company until the first contribution is paid in full and the certificate issued. I / We further agree that prior to the issue of the certificate should there be any change in the state of health and circumstances of the Life to be Assured/Proposer between the date of this proposal form and completion of this certificate contract must be communicated in writing to the Company.

I / We give consent to the Company seeking medical information on the Person Covered from any doctor who at any time has attended to the Person Covered or seeking information from any Takaful/ insurance office, organisation or person on any relevant information concerning the Person Covered and I / We authorise the giving of such information. A photocopy of this authorisation shall be as valid as the original.

I / We further declare that in the filling up, completion or answering of this proposal form and in the negotiation leading to the filling up, completion or answering of this proposal form:

(a) I / We have given to your representative no other information, except that is written in this proposal form and that to the best of my/our knowledge and belief, your representative has given no other information or knowledge relating to any circumstances relevant to the acceptance of this risk.

(b) I am / We are submitting this proposal independent of any statement which your representative may have made contrary to the provision contained in the Company's standard certificate or which may have been intended to influence my filling up, completion or answering of this proposal form.

I / We, understand and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by the Company to individuals and / or organizations related to and associated with the Company or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service for this and other financial products and services and to communicate with me/us for such proposes.

I / We understand that I / We have a right to obtain access to and to request correction of any personal information held by the Company concerning me / us. Such request can be made to any of our customer services centre of the company.

I / We hereby agree that my / our entitlement for surplus sharing shall go to the contingency / charity fund and shall be managed by the Company in accordance with Shariah guidelines.

*Saya / Kami dengan ini mengaku bahawa sebarang maklumat yang diberikan di dalam borang cadangan ini bersama-sama dokumen yang lain atau borang soal selidik dan/atau maklumat tambahan yang lain yang diberikan kepada **Archipelago Life Insurance Limited** (Syarikat) berkaitan dengan borang cadangan ini atau Pegawai Perubatan Syarikat adalah lengkap, tepat dan benar sama ada ditulis oleh saya sendiri atau ditulis bagi pihak saya dan tiada sebarang maklumat yang terselindung. Saya / Kami juga bersetuju bahawa Syarikat akan membatalkan sijil (jika dikeluarkan) jika terdapat apa-apa yang tidak dinyatakan, kenyataan yang salah, ketidaktepatan atau tertinggal. Saya/ Kami memahami bahawa semua maklumat yang diberikan di dalam borang cadangan atau kepada syarikat atau Pegawai Perubatan Syarikat akan menjadi asas perjanjian kontrak Takaful. Saya / Kami bersetuju untuk membayar balik kesemua perbelanjaan perubatan sekiranya saya/kami tidak bersetuju menerima sijil yang akan dikeluarkan dengan kadar biasa. Saya / Kami bersetuju bahawa Syarikat tidak bertanggungjawab terhadap sebarang tuntutan sehingga sumbangan pertama dijelaskan dengan sepenuhnya dan sijil dikeluarkan. Saya / Kami juga bersetuju selanjutnya bahawa sekiranya ada sebarang perubahan di dalam kesihatan dan keadaan Hayat yang Dilindungi/Pencadang diantara tarikh borang cadangan dan kelengkapan kontrak sijil mestilah dibuat secara bertulis kepada Syarikat.*

Saya / Kami mengizinkan Syarikat mendapatkan keterangan daripada sebarang doktor yang merawat diri yang dilindungi pada bila-bila masa atausebarang keterangan dari pejabat Takaful, Syarikat atau sesiapa berhubung dengan diri yang dilindungi dan saya/kami membenarkan pemberian keterangan itu. Salinan fotokopi pengakuan ini adalah sah seperti asal.

Saya / Kami juga mengakui bahawa di dalam mengisi, memenuhi dan menjawab borang cadangan ini dan dalam perundingan terhadap perjanjian :-

(a) Saya / Kami tidak memberi sebarang maklumat selain daripada yang tertulis di dalam cadangan ini dan pada pengetahuan dan kepercayaan saya / kami, wakil tuan tidak memberi apa-apa maklumat atau pengetahuan, berkaitan dengan apa jua keadaan dalam penerimaan risiko ini.

(b) Saya / Kami mengemukakan permohonan ini bebas dari apa-apa kenyataan yang dibuat oleh wakil berkenaan yang bertentangan dengan peruntukan yang terkandung dalam sijil rasmi syarikat yang mungkin mempengaruhi semasa mengisi, memenuhi atau menjawab borang cadangan.

Saya / Kami memahami dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau disimpan oleh Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh disimpan, digunakan, diproses dan dimaklumkan kepada individu/organisasi yang berhubung dan berkaitan dengan syarikat atau mana-mana pihak ketiga yang dipilih (di dalam atau luar Malaysia, termasuk syarikat-syarikat Retakaful, penyiasat tuntutan dan persatuan/persekutuan industri) bagi tujuan memproses permohonan ini dan memberikan khidmat seterusnya untuk produk dan khidmat kewangan yang lain dan untuk berkomunikasi dengan saya/kami untuk tujuan tersebut.

Saya / Kami faham bahawa saya/kami berhak memperoleh akses, dan memohon pembetulan sebarang maklumat peribadi yang disimpan oleh Syarikat berkaitan dengan saya/ kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmat Pelanggan Syarikat.

Bahawasanya saya / kami dengan ini bersetuju bahawa kelayakan saya / kami untuk perkongsian lebihan akan diberikan kepada dana luar jangka / amal dan akan diuruskan oleh Syarikat mengikut garis panduan Syariah.

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HEALTHCARE MEMBERSHIP PROGRAM

Group Term Assurance Proposal Form

Important !
If life assured is age less than 18 years old, parent or legal guardian must sign and fill up the information

Note: If Person Covered is below 18 years old, the parent or legal guardian must sign and complete below information.

Nota: *Sekiranya Orang yang dilindungi adalah anak berumur bawah 18 tahun, ibubapa atau penjaga harus menandatangani dan melengkapkan maklumat di bawah.*

David

Signature of Person Covered/ / Parent / Legal Guardian
Tandatangan Orang Dilindungi / Ibubapa / Penjaga

David Leong Ken Li

Name of Person Covered / Parent / Legal Guardian
Nama Orang dilindungi / Ibubapa / Penjaga

790110-05-5334

Identity Card No. / *No. Kad Pengenalan*

30/09/17

Date / *Tarikh:*

Kow

Signature of Witness / *Tandatangan Saksi*

Chong Ah Kow

Name of Witness / *Nama Saksi*

790110-05-5334

Identity Card No. / *No. Kad Pengenalan*

30/09/17

Date / *Tarikh:*

Note:
(a) Please ensure that you receive an individual certificate of Takaful as proof of covered.

(b) If you do not received the certificate of Takaful within sixty (60) days from submission of your proposal form, please follow-up with the master certificate owner or contact the Takaful company

Nota:
(a) Sila pastikan anda menerima sijil Takaful Individu sebagai bukti perlindungan Takaful.

(b) Jika anda tidak menerima sijil Takaful dalam tempoh enam puluh (60) hari dari tarikh penghantaran borang cadangan, sila rujuk kepada pemegang sijil utama atau hubungi pihak syarikat Takaful.

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Chapter 3 Miscellaneous Form – Lonpac Insurance

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HEALTHCARE MEMBERSHIP PROGRAM

Hypertension Questionnaire Form Fill By Member's Regular Doctor

LONPAC INSURANCE BHD (307414-T)
Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

HYPERTENSION QUESTIONNAIRE

(To be completed by the Attending Physician)

Name of Proposer: _____

NRIC Number of Proposer: _____

Name of Person to be insured: _____

NRIC Number of Person to be insured: _____

1. What is Date an Elevated Blood Pressure Reading was first noticed and what was the blood pressure reading?
   Date: _____ Blood Pressure Reading: _____

2. What are the subsequent Blood Pressure Readings after treatment was initiated?
   Current Year Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____
   Previous Year Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____
   Two Year Ago Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____

3. Was any investigation carried out to ascertain the cause(s) of the Elevated Blood Pressure? For example: Chest X-Ray, ECG, Stress, SCG, Blood Tests, Scans, Microurinalysis etc. ☐ Yes ☐ No
   If "Yes", please provide details:
   Date of Investigation: _____ Type of Investigation: _____
   _____
   _____

4. Has the Person to be insured suffered from any End Organ Damage as a result of Elevated Blood Pressure?
   (a) Heart: ☐ Yes ☐ No (b) Kidney: ☐ Yes ☐ No
   (b) Brain: ☐ Yes ☐ No (d) Eyes ☐ Yes ☐ No
   If the answer to any of the above is "Yes", please indicate the extent of the organ damage:
   _____

5. Is the Person to be insured currently on Medication? ☐ Yes ☐ No
   If "Yes", please indicate the types of Medication prescribed for the Elevated Blood Pressure:
   Current Year: Medication: _____ Dosage: _____
   Previous Year: Medication: _____ Dosage: _____
   Two Year Ago: Medication: _____ Dosage: _____

LONPAC INSURANCE BHD (307414-T)
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If "No", please provide the date and reasons the treatment was discontinued:
_____
_____

6. Was Fundoscopy done on the Person to be insured? ☐ Yes ☐ No
   If "Yes", please provide details of the fundoscopy results:
   _____
   _____

7. Is the Person to be insured regular with his/her follow-up treatment at your Clinic? ☐ Yes ☐ No

8. Does the Person to be insured strictly adhere to the advice and treatment prescribed by you? ☐ Yes ☐ No

9. To the best of your knowledge, is the Person to be insured suffering from any other illness apart from his/her Elevated Blood Pressure? ☐ Yes ☐ No
   If "Yes", please provide details:
   _____
   _____
   _____
   _____

This Report has been prepared by:

Clinic Rubber Stamp:

Signature of Doctor: _____
Name of Doctor: _____
Name of Clinic: _____
Date: _____

Note:
All expenses incurred in the completion of this Questionnaire have to be borne by the Proposer.

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HEALTHCARE MEMBERSHIP PROGRAM

Backache Questionnaire Form Fill By Member

LONPAC INSURANCE BHD (307414-T)
Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
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Website: www.lonpac.com

BACKACHE QUESTIONNAIRE

(To be completed by the Proposer)

Name of Proposer: _____

NRIC Number of Proposer: _____

Name of Person to be insured: _____

NRIC Number of Person to be insured: _____

1. At what age did the Person to be insured have the first attack?

   _____

2. How many attacks does the Person to be insured have in the past 3 years?

   _____

3. When was the last attack?

   _____

4. Did the Person to be insured consult any doctor concerning it?
   If so, please state the name and address of the doctor, and the last consultation date.

   _____

5. Were any investigations done e.g, X ray etc?
   If so, please give full details: e.g. nature of test done, results and date.

   _____

6. What was the cause of the backache?

   _____

7. How has the backache been treated?

   _____

8. Has the Person to be insured been advised to undergo any surgery or has any surgery boon done?
   If so, please give details.

   _____

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Website: www.lonpac.com

9. Has the Person to be insured taken time off work in the last 3 years due to the backache?
   If so, please state when and duration and other details.
   When: _____ Duration: _____

   _____

   _____

I/We declare that the answers I/We have given are, to the best of my/our knowledge, true and that I/We have not withheld any material information that may influence the assessment or acceptance of this proposal.

I/We agree that this form will constitute part of my proposal for medical and health insurance and that failure to disclose any material fact known to me may invalidate the contract.

_____ _____

Date Signature of Proposer

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HEALTHCARE MEMBERSHIP PROGRAM

Asthma Questionnaire Form Fill By Member

LONPAC INSURANCE BHD (307414-T)
Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

ASTHMA QUESTIONNAIRE

(To be completed by the Proposer)

Name of Proposer: _____

NRIC Number of Proposer: _____

Name of Person to be insured: _____

NRIC Number of Person to be insured: _____

1. At what age did the Person to be insured have the first attack?

   _____

2. How many attacks does the Person to be insured have in the past 3 years?

   _____

3. When was the last attack?

   _____

4. Which of these are applicable for the control of the Person to be insured's asthma?

   - ☐ Take medication daily to control asthma
   - ☐ Only require medication when there is an attack
   - ☐ Only use an inhaler when there is an attack
   - ☐ Also use steroids off and on for asthma

5. Please indicate the medication and dosage that the Person to be insured is taking for the control of asthma.

   _____

6. When was the last time that the Person to be insured used steroids?

   _____

7. Please state name and address of the doctor whom the Person to be insured normally consult on asthma and when was the last consultation.

   _____

8. How much time has the Person to be insured taken off work during the last 3 years due to the attacks?

   _____

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9. Have the Person to be insured ever been admitted to a hospital in the last 3 years due to an attack? If so, please give full details e.g. dates, duration, which hospital.

   _____
   _____
   _____

I/We declare that the answers I/We have given are, to the best of my/our knowledge, true and that I/We have not withheld any material information that may influence the assessment or acceptance of this proposal.

I/We agree that this form will constitute part of my proposal for medical and health insurance and that failure to disclose any material fact known to me may invalidate the contract.

_____ Date

_____ Signature of Proposer

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HEALTHCARE MEMBERSHIP PROGRAM

Declaration Form – Caesarean Operations

LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
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Website: www.lonpac.com

DECLARATION FORM / *BORANG PENGISYTIHARAN*
Caesarean Operations / *Pembedahan Caesarean*

Name of Proposer:
Nama Pencadang: _____

NRIC Number of Proposer:
Nombor Kad Pengenalan Pencadang: _____

Name of Person to be insured:
Nama Orang yang Diinsuranskan: _____

NRIC Number of Person to be insured:
Nombor Kad Pengenalan Orang yang Diinsuranskan : _____

Product Name:
Nama Produk: _____ Policy No:
Nombor Polisi: _____

I hereby declare that Insured Person has undergone Caesarean Operation(s) but has fully recovered and I agree to a specific exclusion of treatment to or arising directly or indirectly from Caesarean Operations.

Saya dengan ini mengaku bahawa Orang Yang Diinsuranskan telah melalui Operasi Caesarean tetapi telah pulih sepenuhnya dan saya bersetuju dengan pengecualian rawatan tertentu dengan atau yang timbul secara langsung atau tidak langsung daripada Operasi Caesarean.

Date:
Tarikh: _____

Signature of Proposer
Tandatangan Pencadang: _____

Only applicable for Caesarean Operation less than 5 years

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MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Declaration Form – Member of Armed Force

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P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

DECLARATION FORM / *BORANG PENGISYTIHARAN*
Member of the Armed Forces / *Ahli Angkatan Bersenjata*

Name of Proposer:
Nama Pencadang: _____

NRIC Number of Proposer:
Nombor Kad Pengenalan Pencadang: _____

Name of Person to be insured:
Nama Orang yang Diinsuranskan: _____

NRIC Number of Person to be insured:
Nombor Kad Pengenalan Orang yang Diinsuranskan : _____

Product Name:
Nama Produk: _____ Policy No:
Nombor Polisi: _____

I hereby declare that Insured Person is a Member of the Armed Forces and I agree to the imposition of following to my policy:

Saya dengan ini mengaku bahawa orang yang diinsuranskan adalah Ahli Angkatan Bersenjata dan saya bersetuju dengan pengenaan berikut kepada polisi saya:

Warranty relating to Occupation
Warranted that the Company shall not be liable for any claims arising while Insured Person is carrying out his duties in the pursuit of his/her occupation.

Waranti yang berkaitan dengan pekerjaan:
Diwarantikan bahawa Syarikat tidak akan bertanggungjawab untuk apa-apa tuntutan yang timbul semasa Orang Diinsuranskan menjalankan tugasnya dalam pekerjaan beliau.

"Off-Duty Clause"
It is hereby agreed and understood that notwithstanding anything contained herein to the contrary, the exclusion regarding the occupations/duties will only apply whilst at work or whilst engaged in work-related activities including travelling to and from the place of work.

"Fasal Masa Tidak Bertugas"
Adalah dengan ini dipersetujui dan difahami bahawa apa jua yang terkandung di dalam ini yang berlawanan, pengecualian mengenai pekerjaan / tugas akan hanya terpakai semasa terlibat dalam aktiviti yang berkaitan dengan kerja termasuk perjalanan ke dan dari tempat kerja

I understand that a premium loading of 25% will be imposed in my insurance policy and I confirm my agreement to the premium loading.
Saya faham bahawa premium beban sebanyak 25% akan dikenakan dalam polisi insurans saya dan saya mengesahkan persetujuan saya untuk loading premium.

Date:
Tarikh: _____

Signature of Proposer
Tandatangan Pencadang: _____

MXM INTERNATIONAL

MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Declaration Form – Pilot

LONPAC INSURANCE BHD (307414-T)
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Website: www.lonpac.com

DECLARATION FORM / *BORANG PENGISYTIHARAN*
Pilot / *Juruterbang*

Name of Proposer:
Nama Pencadang: _____

NRIC Number of Proposer:
Nombor Kad Pengenalan Pencadang: _____

Name of Person to be insured:
Nama Orang yang Diinsuranskan: _____

NRIC Number of Person to be insured:
Nombor Kad Pengenalan Orang yang Diinsuranskan : _____

Product Name:
Nama Produk: _____ Policy No:
Nombor Polisi: _____

I hereby declare that Insured Person is a Pilot and I agree to the imposition of following to my policy:

Saya dengan ini mengaku bahawa orang yang diinsuranskan adalah Juruterbang dan saya bersetuju dengan pengenaan berikut kepada polisi saya:

Warranty relating to Occupation
Warranted that the Company shall not be liable for any claims arising while Insured Person is carrying out his duties in the pursuit of his/her occupation.

Waranti yang berkaitan dengan pekerjaan:
Diwarantikan bahawa Syarikat tidak akan bertanggungjawab untuk apa-apa tuntutan yang timbul semasa Orang Diinsuranskan menjalankan tugasnya dalam pekerjaan beliau.

"Off-Duty Clause"
It is hereby agreed and understood that notwithstanding anything contained herein to the contrary, the exclusion regarding the occupations/duties will only apply whilst at work or whilst engaged in work-related activities including travelling to and from the place of work.

"Fasal Masa Tidak Bertugas"
Adalah dengan ini dipersetujui dan difahami bahawa apa jua yang terkandung di dalam ini yang berlawanan, pengecualian mengenai pekerjaan / tugas akan hanya terpakai semasa terlibat dalam aktiviti yang berkaitan dengan kerja termasuk perjalanan ke dan dari tempat kerja

I understand that a premium loading of 25% will be imposed in my insurance policy and I confirm my agreement to the premium loading.
Saya faham bahawa premium beban sebanyak 25% akan dikenakan dalam polisi insurans saya dan saya mengesahkan persetujuan saya untuk loading premium.

Date:
Tarikh: _____

Signature of Proposer
Tandatangan Pencadang: _____

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HEALTHCARE MEMBERSHIP PROGRAM

Declaration Form – Offshore Worker

LONPAC INSURANCE BHD (307414-T)
Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com

DECLARATION FORM / *BORANG PENGISYTIHARAN*
Offshore Worker / Pekerja Offshore

Name of Proposer:
Nama Pencadang: _____

NRIC Number of Proposer:
Nombor Kad Pengenalan Pencadang: _____

Name of Person to be insured:
Nama Orang yang Diinsuranskan: _____

NRIC Number of Person to be insured:
Nombor Kad Pengenalan Orang yang Diinsuranskan : _____

Product Name:
Nama Produk: _____ Policy No:
Nombor Polisi: _____

I hereby declare that Insured Person is Offshore Worker and I agree to the imposition of following to my policy:

Saya dengan ini mengaku bahawa orang yang diinsuranskan adalah Pekerja Offshore dan saya bersetuju dengan pengenaan berikut kepada polisi saya:

Warranty relating to Occupation
Warranted that the Company shall not be liable for any claims arising while Insured Person is carrying out his duties in the pursuit of his/her occupation.

Waranti yang berkaitan dengan pekerjaan:
Diwarantikan bahawa Syarikat tidak akan bertanggungjawab untuk apa-apa tuntutan yang timbul semasa Orang Diinsuranskan menjalankan tugasnya dalam pekerjaan beliau.

"Off-Duty Clause"
It is hereby agreed and understood that notwithstanding anything contained herein to the contrary, the exclusion regarding the occupations/duties will only apply whilst at work or whilst engaged in work-related activities including travelling to and from the place of work.

"Fasal Masa Tidak Bertugas"
Adalah dengan ini dipersetujui dan difahami bahawa apa jua yang terkandung di dalam ini yang berlawanan, pengecualian mengenai pekerjaan / tugas akan hanya terpakai semasa terlibat dalam aktiviti yang berkaitan dengan kerja termasuk perjalanan ke dan dari tempat kerja

I understand that a premium loading of 25% will be imposed in my insurance policy and I confirm my agreement to the premium loading.
Saya faham bahawa premium beban sebanyak 25% akan dikenakan dalam polisi insurans saya dan saya mengesahkan persetujuan saya untuk loading premium.

Date:
Tarikh: _____

Signature of Proposer
Tandatangan Pencadang: _____

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HEALTHCARE MEMBERSHIP PROGRAM

Local Treatment Clause Letter for Foreigner Case

LONPAC INSURANCE BHD (307414-T)

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Website: www.lonpac.com

APPLICATION FORM
Medical Insurance For A Foreigner

Name of Proposer: _____
NRIC Number of Proposer: _____
Name of Person to be insured: _____
NRIC Number of Person to be insured: _____
Product Name: _____ Policy No: _____

I wish to apply for extension to cover the Insured Person who is a foreigner and I declare that I am legally in Malaysia when purchasing the insurance policy.

I also understand that the policy shall be subject to the LOCAL TREATMENT CLAUSE and I confirm my agreement to subject the Insured Person to the LOCAL TREATMENT CLAUSE which is as follows:-

LOCAL TREATMENT CLAUSE

Notwithstanding anything contained herein to the contrary, if the Insured Person is not a Malaysian, the coverage and benefits provided by this Policy shall be limited to treatment in Malaysia only.

Subject otherwise to the terms, provisions, exclusions and conditions of this policy.

_____ _____
Date Signature of Proposer

Important ! Compulsory for foreigner Case

Document required for Lonpac :
-Photocopy passport (Page with the personal particular detail and entry stamp date)
-Photocopy student pass (student)

Document required for Archipelago Group Term Assurance :
-Photocopy passport & visa
-Photocopy student pass (student)
-ROC (Register of Company)
-Marriage certificate

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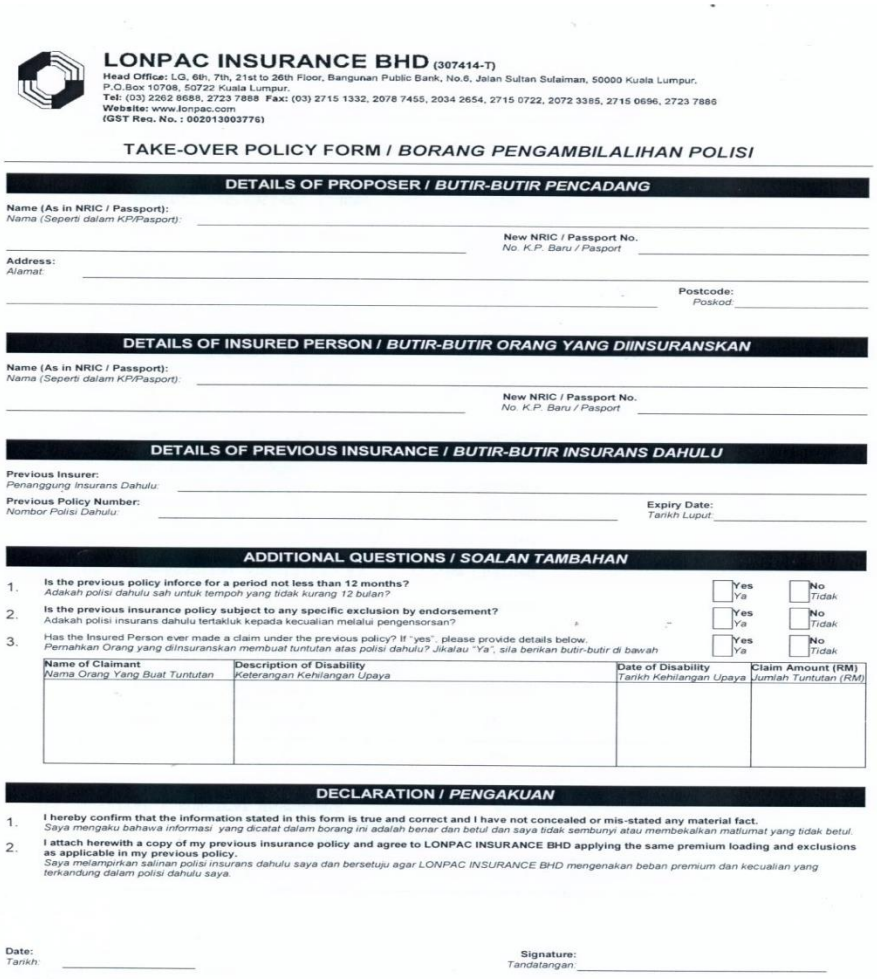
MediSavers
HEALTHCARE MEMBERSHIP PROGRAM

Take Over Policy Form



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Head Office: LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, No.6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
P.O.Box 10708, 50722 Kuala Lumpur.
Tel: (03) 2262 8688, 2723 7888 **Fax:** (03) 2715 1332, 2078 7455, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com
(GST Reg. No. : 002013003776)

TAKE-OVER POLICY FORM / *BORANG PENGAMBILALIHAN POLISI*

DETAILS OF PROPOSER / *BUTIR-BUTIR PENCADANG*

Name (As in NRIC / Passport):
Nama (Seperti dalam KP/Passport):

New NRIC / Passport No.
No. K.P. Baru / Pasport

Address:
Alamat:

Postcode:
Poskod:

DETAILS OF INSURED PERSON / *BUTIR-BUTIR ORANG YANG DIINSURANSKAN*

Name (As in NRIC / Passport):
Nama (Seperti dalam KP/Pasport):

New NRIC / Passport No.
No. K.P. Baru / Pasport

DETAILS OF PREVIOUS INSURANCE / *BUTIR-BUTIR INSURANS DAHULU*

Previous Insurer:
Penanggung Insurans Dahulu:

Previous Policy Number:
Nombor Polisi Dahulu:

Expiry Date:
Tarikh Luput:

ADDITIONAL QUESTIONS / *SOALAN TAMBAHAN*

1. Is the previous policy inforce for a period not less than 12 months? / *Adakah polisi dahulu sah untuk tempoh yang tidak kurang 12 bulan?* — Yes / *Ya* ☐ No / *Tidak* ☐
2. Is the previous insurance policy subject to any specific exclusion by endorsement? / *Adakah polisi insurans dahulu tertakluk kepada kecualian melalui pengensorsan?* — Yes / *Ya* ☐ No / *Tidak* ☐
3. Has the Insured Person ever made a claim under the previous policy? If "yes", please provide details below. / *Pernahkan Orang yang diinsuranskan membuat tuntutan atas polisi dahulu? Jikalau "Ya", sila berikan butir-butir di bawah* — Yes / *Ya* ☐ No / *Tidak* ☐

Name of Claimant / *Nama Orang Yang Buat Tuntutan*	Description of Disability / *Keterangan Kehilangan Upaya*	Date of Disability / *Tarikh Kehilangan Upaya*	Claim Amount (RM) / *Jumlah Tuntutan (RM)*

DECLARATION / *PENGAKUAN*

1. I hereby confirm that the information stated in this form is true and correct and I have not concealed or mis-stated any material fact. / *Saya mengaku bahawa informasi yang dicatat dalam borang ini adalah benar dan betul dan saya tidak sembunyi atau membekalkan matiumat yang tidak betul.*
2. I attach herewith a copy of my previous insurance policy and agree to LONPAC INSURANCE BHD applying the same premium loading and exclusions as applicable in my previous policy. / *Saya melampirkan salinan polisi insurans dahulu saya dan bersetuju agar LONPAC INSURANCE BHD mengenakan beban premium dan kecualian yang terkandung dalam polisi dahulu saya.*

Date:
Tarikh:

Signature:
Tandatangan:

Important !
- Previous policy must in force more than 1 year
- Take Over Application Form must reach Insurer before the expiry date

Document required :
- Take Over Policy Form
- Notification on Cancellation of Previous Policy (Not applicable for Take Over Policy from General Insurance Policy)
- Photocopy of previous policy

2 scenarios:

Take Over Policy from Life Insurance Policy
- The inception date will follow the cancellation date stated in the Notification on Cancellation of Previous Policy

Take Over Policy from General Insurance Policy
- The inception date will follow the existing policy inception date

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HEALTHCARE MEMBERSHIP PROGRAM

Notification on Cancellation of Previous Policy

Date: _____

Lonpac Insurance Berhad
24th Floor, Bangunan Public Bank
6, Jalan Sultan Sulaiman
50000 Kuala Lumpur

Re: NOTIFICATION ON CANCELLATION OF PREVIOUS POLICY

I'm writing in to confirm that I'm cancelling my policy with

_____

(name of Insurance Company) with effect from _____

Thank you.

_____
Name of Proposer (As in NRIC):
New NRIC No:

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HEALTHCARE MEMBERSHIP PROGRAM

Chapter 4 Additional Information

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

(a) Occupational Classification

Category	Class	Description	Loading	Clause
01	1	1. Retiree 2. Housewife 3. Children 4. Unemployed		
02	1	1. Persons who engage in professional, administrative, management, clerical work indoors. 2. Persons who work indoors in non-manual work		
02	2	1. Children, Students (studying or pending job placement) 2. Persons who engage in professional or management work outdoors 3. Persons engaged in work of a supervising manual labour 4. Persons who work outdoors not involving mechanically driven tools		
03	3	1. Persons engaged in manual work not of a particularly hazardous nature 2. Persons engaged in manual work not involving the use of power tools 3. Persons engaged in the use or operation of mechanically driven machines or devices	15% 15% 15%	
03	4	1. Persons engaged in work involving the use of power tools 2. Armed force, security force, civil defence force and similar uniformed personnel 3. Ship Crew, Air Crew 4. Occupation specifically classified as Class 4 by the Company	25% 25% 25% 25%	Off-Duty Clause Off-Duty Clause Off-Duty Clause Off-Duty Clause
04	4	1. Persons engaged in occupations of extra-hazardous nature		Decline

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Accountant	1	02		
Actor	4	04	Decline	
Acupuncturist	2	02		
Aerobics Teacher	2	02		
Air Crew	4	03	25%	Off-Duty Clause
Air Traffic Controller - Office Work	1	02		
Air Traffic Controller - Outdoors	2	02		
Air-Cond Installer & Repairer	3	03	15%	
Aircraft Engineer - Office Work	1	02		
Aircraft Engineer - Outdoors	2	02		
Aircraft Engineer - Supervise Manual Work	2	02		
Aircraft Engineer - Manual Work	3	03	15%	
Alarm Installer	3	03	15%	
Anesthesiologist	2	02		
Apprentice - Office Work	1	02		
Apprentice - Manual Work	3	03	15%	
Architect - Office Work	1	02		
Architect - Outdoors	2	02		
Architect - Supervise Manual Work	2	02		
Architect - Manual Work	3	03	15%	
Armed Force	4	03	25%	Off-Duty Clause
Art Designer	1	02		
Art Teacher	1	02		
Artificial Flower Maker	3	03	15%	
Asbestos Machine Operator	4	04	Decline	
Assembly Line Worker	3	03	15%	
Attendant	3	03	15%	
Auctioneer	1	02		
Audiologist	1	02		
Auditor	1	02		
Author	1	02		
Baby Sitter	2	02		
Baker	3	03	15%	
Bank Manager	1	02		
Bar Manager	2	02		
Barber	2	02		
Bartender	2	02		

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Beautician	2	02		
Bee Keeper	3	03	15%	
Beer Promoter	4	04	Decline	
Bellboy	3	03	15%	
Bicycle Repairer	3	03	15%	
Bill Collector	4	04	Decline	
Bird Nest Collector	3	03	15%	
Blacksmith	4	04	Decline	
Boat Captain	4	03	25%	Off-Duty Clause
Boiler man	4	04	Decline	
Bricklayer	3	03	15%	
Building Maintenance Worker	3	03	15%	
Building Manager - Office Work	1	02		
Building Manager - Outdoors	2	02		
Building Manager - Supervise Manual Work	2	02		
Building Manager - Manual Work	3	03	15%	
Bus Conductor	3	03	15%	
Bus Station Manager	2	02		
Business Development Personnel - Office Work	1	02		
Business Development Personnel - Outdoors	2	02		
Businessman	2	02		
Butcher	4	04	Decline	
Butler	3	03	15%	
Calibrator	3	03	15%	
Camera Operator	3	03	15%	
Canteen Operator	3	03	15%	
Car Dealers	2	02		
Car Repairer	3	03	15%	
Car Salesman	2	02		
Carpenter - using manual tools	3	03	15%	
Carpenter - using power tools	4	03	25%	
Carpet Installer	3	03	15%	
Cashier	2	02		
Cement Worker	3	03	15%	
Chargeman	3	03	15%	
Chauffeur	3	03	15%	
Chef	3	03	15%	
Chemist - Office Work	1	02		
Chemist - Laboratory Work	2	02		

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Chinese Physician	2	02		
Chiropractor	2	02		
Cleaner	3	03	15%	
Clinic Worker	2	02		
Coach	3	03	15%	
Cobbler	3	03	15%	
Coffee Shop Worker	3	03	15%	
Computer Analysts - Office Work	1	02		
Computer Engineer - Supervise Manual Work	2	02		
Computer Programmer - Office Work	1	02		
Construction Manager - Supervise Manual Work	2	02		
Construction Worker	3	03	15%	
Contractor	3	03	15%	
Cook	3	03	15%	
Copywriter	1	02		
Coroner	2	02		
Crematorium Worker	3	03	15%	
Customer Service Worker - Office Work	1	02		
Customer Service Worker - Manual Work	3	03	15%	
Customers Officer - Outdoors	2	02		
Customs Officer - Office Work	1	02		
Dance Teacher	2	02		
Dancer	4	04	Decline	
Deliveryman	3	03	15%	
Dental Surgeon	2	02		
Dentist	2	02		
Designer - Office Work	1	02		
Designer - Outdoors	2	02		
Despatch Worker	3	03	15%	
Dietician	1	02		
Diplomat	1	02		
Direct Sales Worker	2	02		
Disc Jockey	4	04	Decline	
Dishwasher	3	03	15%	
Dispenser	2	02		
Diver	4	03	25%	Off-Duty Clause
Domestic Helper	3	03	15%	
Draughtsman	1	02		
Dressmaker	2	02		

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Driver - Ambulance	3	03	15%	
Driver - Bus	3	03	15%	
Driver - Heavy Equipment	4	04	Decline	
Driver - Limousine	3	03	15%	
Driver - Lorry	3	03	15%	
Driver - Manufacturing	3	03	15%	
Driver - Office	3	03	15%	
Driver - Petroleum Tanker	4	04	Decline	
Driver - School Bus	3	03	15%	
Driver - Taxi	3	03	15%	
Driver - Tractor	3	03	15%	
Driver - Truck	3	03	15%	
Driving Instructor	3	03	15%	
Editor	1	02		
Electrical Engineer - Office Work	1	02		
Electrical Engineer - Outdoors	2	02		
Electrical Engineer - Supervise Manual Work	2	02		
Electrical Engineer - Manual Work	3	03	15%	
Electrician	3	03	15%	
Electronics Engineer - Office Work	1	02		
Electronics Engineer - Outdoors	2	02		
Electronics Engineer - Supervise Manual Work	2	02		
Electronics Engineer - Manual Work	3	03	15%	
Elevator Installer	3	03	15%	
Elevator Repairer	3	03	15%	
Engineers - Office Work	1	02		
Engineers - Outdoors	2	02		
Engineers - Supervise Manual Work	2	02		
Engineers - Manual Work	3	03	15%	
Environment Consultant - Office Work	1	02		
Environment Consultant - Outdoors	2	02		
Environment Consultant - Supervise Manual Work	2	02		
Estate Manager	2	02		
Estate Supervisor	2	02		
Estate Worker	3	03	15%	
Estimator	2	02		
Event Management Worker	2	02		
Event Manager	2	02		
Explosive Workers	4	04	Decline	
Factory Manager - Office Work	1	02		
Factory Manager - Supervise Manual Work	2	02		

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Factory Operator	3	03	15%	
Factory Supervisor	2	02		
Farm Worker	3	03	15%	
Farmer	3	03	15%	
Fashion Designer - Office Work	1	02		
Fashion Designer - Outdoors	2	02		
Fashion Model	2	02		
Feng Shui Consultant	2	02		
Film Production Worker	2	02		
Financial Planner	1	02		
Fireman	4	03	25%	Off-Duty Clause
Fish Farmer	3	03	15%	
Fish Wholesaler	3	03	15%	
Fisherman	4	03	25%	Off-Duty Clause
Fishmonger	3	03	15%	
Fitness Instructor	2	02		
Fitter	4	04	Decline	
Florist	2	02		
Food Caterer	3	03	15%	
Food Processing Industry Worker	3	03	15%	
Food Seller	3	03	15%	
Food Technologist	2	02		
Food Vendor	3	03	15%	
Foreign Worker Agent	2	02		
Foreman	3	03	15%	
Fortune Teller	1	02		
Freight Forwarder - Office Work	1	02		
Freight Forwarder - Outdoors	2	02		
Freight Forwarder - Supervise Manual Work	2	02		
Fruit Stall Owner - Manual Work	3	03	15%	
Fruit Stall Worker	3	03	15%	
Fumigator	4	04	Decline	
Funeral Manager	2	02		
Garbage Collector	3	03	15%	
Gardener	3	03	15%	
Geologist	4	03	25%	Off-Duty Clause
Goldsmith - Supervise Manual Work	2	02		
Goldsmith - Manual Work	3	03	15%	
Golf Caddy	3	03	15%	
Graphics Designer	1	02		
Hairdresser / Hairstylist	2	02		

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HEALTHCARE MEMBERSHIP PROGRAM

Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Handyman	3	03	15%	
Hawker	3	03	15%	
Helmsman	4	03	25%	Off-Duty Clause
Herbalist	2	02		
Homemakers	2	02		
Hospital Assistant	2	02		
Hospital Attendant	2	02		
Hotel Manager - Office Work	1	02		
Hotel Manager - Supervise Manual Work	2	02		
Hotel Worker - Office Work	1	02		
Hotel Worker - Supervise Manual Work	2	02		
Hotel Worker - Manual Work	3	03	15%	
Housemen	2	02		
Housewife	1	01		
Infant	1	01		
Insurance Adjuster	2	02		
Insurance Agent	2	02		
Interior Designer - Office Work	1	02		
Interior Designer - Outdoors	2	02		
Inventory Officer	2	02		
Jockey	4	03	25%	Off-Duty Clause
Journalist	4	03	25%	
Judge	1	02		
Kitchen Helper	3	03	15%	
Laboratory Worker	2	02		
Labourer	3	03	15%	
Laundry Worker	3	03	15%	
Lawyer	1	02		
Lecturer	1	02		
Librarian	1	02		
Lifeguard	4	03	25%	Off-Duty Clause
Locksmith	3	03	15%	
Logistic Manager - Office Work	1	02		
Logistic Manager - Supervise Manual Work	2	02		
Logistic Supervisor	2	02		
Logistic Worker	3	03	15%	
Machine Operator	3	03	15%	
Machine Operator - Lathe	4	03	25%	
Machinist	4	03	25%	
Manager - Office Work	1	02		
Manager - Outdoors	2	02		
Manager - Supervise Manual Work	2	02		

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Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Manufacturing Manager - Office Work	1	02		
Manufacturing Manager - Supervise Manual Work	2	02		
Manufacturing Maintenance Worker	3	03	15%	
Manufacturing Operator	3	03	15%	
Manufacturing Supervisor	2	02		
Marble Polisher	3	03	15%	
Mason	3	03	15%	
Mechanic	3	03	15%	
Medical Doctor	2	02		
Medical Provider Administrator	2	02		
Medical Records Officer	1	02		
Merchandiser - Office Work	1	02		
Merchandiser - Supervise Manual Work	2	02		
Metal Works & Engineering Manager	2	02		
Metal Works & Engineering Manual Worker	3	03	15%	
Metal Works & Engineering Supervisor	2	02		
Midwife	2	02		
Mining and Quarrying Manager - Office Work	1	02		
Mining and Quarrying Manager - Outdoors	4	03	25%	Off-Duty Clause
Mining and Quarrying Manager - Supervise Manual Work	4	03	25%	Off-Duty Clause
Mining and Quarrying Supervisor	4	03	25%	Off-Duty Clause
Mining and Quarrying Worker - Manual Work	4	03	25%	Off-Duty Clause
Minor	1	01		
Missionary	3	03	15%	
Mosaic Worker	3	03	15%	
Moulding Work Designer	2	02		
Moulding Work Manual Worker	4	03	25%	
Moulding Work Supervisor	2	02		
Music Conductor	1	02		
Music Teacher	1	02		
Musician in Orchestra	2	02		
Network Marketer	2	02		
Newspaper Deliveryman	3	03	15%	
Nurse	2	02		
Office Worker	1	02		
Offshore Worker	4	03	25%	Off-Duty Clause
Oil Mills Manager - Office Work	1	02		
Oil Mills Manager - Outdoors	2	02		
Oil Mills Supervisor - Supervise Manual Work	2	02		

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Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Oil Mills Worker - Manual Work	3	03	15%	
Operator - Backhoe	3	03	15%	
Operator - Breaker	3	03	15%	
Operator - Bulldozer	3	03	15%	
Operator - Crane	4	03	25%	
Operator - Excavator	3	03	15%	
Operator - Forklift	3	03	15%	
Operator - Road Roller	3	03	15%	
Operator – Tamrock	3	03	15%	
Operator - Wheel Loader	3	03	15%	
Ophthalmologist	2	02		
Optician	2	02		
Optometrist	2	02		
Orchard Manager	2	02		
Orchard Worker	3	03	15%	
Packing Worker	3	03	15%	
Painter	3	03	15%	
Panel Beater	3	03	15%	
Pastor	2	02		
Pensioner	1	01		
Pharmacist	1	02		
Pharmacy Shop Worker	2	02		
Photographer	2	02		
Physical Therapist	2	02		
Physiotherapist	2	02		
Pilot	4	03	25%	Off-Duty Clause
Pipe Fitter	3	03	15%	
Plumber	3	03	15%	
Policeman	4	03	25%	Off-Duty Clause
Postman	3	03	15%	
Pottery Maker	3	03	15%	
Priest	2	02		
Printer	3	03	15%	
Prison Warden	4	03	25%	Off-Duty Clause
Production Manager - Office Work	1	02		
Production Manager - Outdoors	2	02		
Production Manager - Supervise Manual Work	2	02		
Project Manager - Outdoors	2	02		
Project Manager - Office Work	1	02		
Project Manager - Supervise Manual Work	2	02		
Psychiatrist	2	02		
Public Attorney	1	02		

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Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Purchasing Manager - Office Work	1	02		
Purchasing Manager - Supervise Manual Work	2	02		
Quality Assurance Manager - Outdoors	2	02		
Quality Assurance Manager - Supervise Manual Work	2	02		
Quality Assurance Manager - Office Work	1	02		
Quality Assurance Worker - Office Work	1	02		
Quality Assurance Worker - Outdoors	2	02		
Quality Assurance Worker - Supervise Manual Work	2	02		
Quality Assurance Worker - Manual Work	3	03	15%	
Quantity Surveyor - Office Work	1	02		
Quantity Surveyor - Outdoors	2	02		
Quantity Surveyor - Supervise Manual Work	2	02		
Radiographer	2	02		
Railways Worker - Manual Work	4	03	25%	
Real Estate Agent	2	02		
Real Estate Appraaiser	2	02		
Real Estate Broker	2	02		
Real Estate Negotiator	2	02		
Registrar	1	02		
Remiser	1	02		
Reporter	2	02		
Researcher - Office Work	1	02		
Researcher - Outdoors	2	02		
Restaurant Manager - Office Work	1	02		
Restaurant Manager - Outdoors	2	02		
Restaurant Manager - Supervise Manual Work	2	02		
Restaurant Worker - Office Work	1	02		
Restaurant Worker - Outdoors	2	02		
Restaurant Worker - Supervise Manual Work	2	02		
Restaurant Worker - Manual Work	3	03	15%	
Retail Outlet Worker	3	03	15%	
Retiree	1	01		
Rice & Flour Mills Manager - Office Work	1	02		
Rice & Flour Mills Manager - Outdoors	2	02		
Rice & Flour Mills Manager - Supervise Manual Work	2	02		
Rice & Flour Mills Worker - Office Work	1	02		
Rice & Flour Mills Worker - Supervise Manual Work	2	02		

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Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Rice & Flour Mills Worker - Manual Work	3	03	15%	
Road Construction Worker	4	03	25%	
Rubber Tapper	3	03	15%	
Sales Personnel - Indoors	1	02		
Sales Personnel - Outdoors	2	02		
Sales Promoter	2	02		
Sawmill & Woodworking Manager - Office Work	1	02		
Sawmill & Woodworking Manager - Outdoors	2	02		
Sawmill & Woodworking Manager - Supervise Manual Work	2	02		
Sawmill & Woodworking Worker - Office Work	1	02		
Sawmill & Woodworking Worker - Supervise Manual Work	2	02		
Sawmill & Woodworking Worker - Manual Work	4	03	25%	
Scientist	2	02		
Scrap Metal Dealer	4	03	25%	
Seamstress	2	02		
Security Guard (armed)	4	03	25%	Off-Duty Clause
Security Guard (Unarmed)	4	03	25%	Off-Duty Clause
Ship Builders	4	03	25%	Off-Duty Clause
Ship Crew	4	03	25%	Off-Duty Clause
Shipping Manager - Office Work	1	02		
Shipping Manager - Outdoors	2	02		
Shipping Worker - Office Work	1	02		
Shipping Worker - Outdoors	2	02		
Signboard Indoor Painter	3	03	15%	
Signboard Installer	4	03	25%	
Signboard Outdoor Painter	4	03	25%	
Singer	4	04	Decline	
Storekeeper	3	03	15%	
Student	1	01		
Stuntman	4	04	Decline	
Supervisor - Office Work	1	02		
Supervisor - Outdoors	2	02		
Supervisor - Supervise Manual Work	2	02		
Surveyor - Office Work	1	02		
Surveyor - Outdoors	1	02		
Surveyor - Outdoors	2	02		
Tailor	2	02		
Tea Lady	3	03	15%	
Teacher	1	02		
Technician	3	03	15%	

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Occupation

OCCUPATION	CLASS	CATEGORY	LOADING	CLAUSE
Telemarketer	1	02		
Telephone Operator	1	02		
Teller	1	02		
Toll Collector	2	02		
Tool Maker	3	03	15%	
Tourist Guide	2	02		
Translator	1	02		
Travel Agent	2	02		
Tutor	1	02		
Unemployed	1	01		
Uniformed Personnel	4	03	25%	Off-Duty Clause
Unit Trust Agent	2	02		
Valuer - Office Work	1	02		
Valuer - Outdoors	2	02		
Vegetable Seller	3	03	15%	
Veterinarian	2	02		
Waiter	3	03	15%	
Warehouse Manager - Office Work	1	02		
Warehouse Manager - Outdoors	2	02		
Warehouse Manager - Supervise Manual Work	2	02		
Warehouse Worker - Office Work	1	02		
Warehouse Worker - Supervise Manual Work	2	02		
Warehouse Worker - Manual Work	3	03	15%	
Welder	4	03	25%	
Window Cleaner (high rise building)	4	03	25%	
Wireman	3	03	15%	

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What Is BMI

BMI or Body Mass Index is a measure of body fat based on height and weight

How To Calculate BMI

$$BMI = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

Exp : Weight is 70kg and height is 150cm

$$BMI = \frac{70kg}{1.5 \times 1.5}$$

$$= 31.1$$

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Height & Weight

HEIGHT / WEIGHT CHART

Average height and weight of boys at different ages

AGE	WEIGHT (kg)	HEIGHT (cm)
Birth	3.3	50.5
3 months	6.0	61.1
6 months	7.8	67.8
9 months	9.2	72.3
1 year	10.2	76.1
2 years	12.3	85.6
3 years	14.6	94.9
4 years	16.7	102.9
5 years	18.7	109.9
6 years	20.7	116.1
7 years	22.9	121.7
8 years	25.3	127.0
9 years	28.1	132.2
10 years	31.4	137.5
11 years	32.2	140.0
12 years	37.0	147.0
13 years	40.9	153.0
14 years	47.0	160.0
15 years	52.6	166.0
16 years	58.0	171.0
17 years	62.7	175.0
18 years	65.0	177.0

(Source: Nutrient Requirements and Recommended Dietary Allowances for Indians, I.C.M.R. 1990.)

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Height & Weight

Average height and weight of girls at different ages

AGE	WEIGHT (kg)	HEIGHT (cm)
Birth	3.2	49.9
3 months	5.4	60.2
6 months	7.2	66.6
9 months	8.6	71.1
1 year	9.5	75.0
2 years	11.8	84.5
3 years	14.1	93.9
4 years	16.0	101.6
5 years	17.7	108.4
6 years	19.5	114.6
7 years	21.8	120.6
8 years	24.8	126.4
9 years	28.5	132.2
10 years	32.5	138.3
11 years	33.7	142.0
12 years	38.7	148.0
13 years	44.0	150.0
14 years	48.0	155.0
15 years	51.5	161.0
16 years	53.0	162.0
17 years	54.0	163.0
18 years	54.4	164.0

(Source: Nutrient Requirements and Recommended Dietary Allowances

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Height & Weight

Height	Age			
	17-24	25-34	35-44	46-64
153 (5'0")	41-58 (90-128)	43-61 (94-135)	44-63 (98-139)	46-64 (101-141)
155 (5'1")	41-60 (91-132)	44-63 (97-137)	45-64 (100-143)	46-65 (102-143)
157 (5'2")	43-62 (94-136)	45-64 (99-141)	46-67 (102-147)	48-67 (105-147)
160 (5'3")	44-63 (97-138)	46-65 (101-144)	48-68 (105-156)	49-69 (108-157)
163 (5'4")	45-64 (99-142)	47-67 (104-148)	49-71 (108-156)	51-71 (112-157)
165 (5'5")	46-67 (102-147)	48-69 (107-153)	51-73 (112-161)	52-73 (115-162)
168 (5'6")	48-69 (108-157)	50-72 (114-162)	52-75 (119-172)	54-76 (123-173)
170 (5'7")	49-71 (108-157)	52-73 (114-162)	54-78 (119-172)	56-78 (123-173)
173 (5'8")	50-73 (111-162)	53-76 (123-173)	55-80 (122-177)	57-81 (126-181)
175 (5'9")	52-76 (115-167)	54-79 (120-174)	57-83 (126-183)	59-84 (131-186)
178 (5'10")	54-78 (119-172)	57-83 (125-182)	59-86 (131-189)	62-88 (136-193)
180 (5'11")	56-81 (123-178)	59-86 (130-189)	62-89 (136-196)	64-91 (141-201)
183 (6'0")	58-83 (127-184)	61-89 (135-197)	64-92 (141-203)	66-94 (146-208)

Inches to CM x 2.54
Pounds to KG % 2.2046

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Classification of Overweight and Obesity by BMI

No	Classification	BMI	BMI Level	Obesity Level
1	Underweight	< 18.5	0	
2	Normal	18.5 - 24.9	1	
3	Overweight	25.0 - 29.9	2	
4	Obesity	30.0 – 34.9	3	I
5	Obesity	35.0 – 39.9	4	II
6	Extreme Obesity	40.0 +	5	III

For Group Term :
BMI above 35 is under decline risk

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MXM HQ - Contact Us

Department / Area of Concerns	PIC	Contact No	Fax No	Email Address
Agency Enquiry :				
Agency Sales & Marketing	Mr. Patrick Hew Mun Kitt	012-209 3322 03-7721 2975	03-7721 2969	salesteam@mxm.com.my
	Mr. Johnny Wan Kam Meng	012-623 8902 03-7721 2991		
	Mr. Triston Ng Honng Wui	012-623 0262 03-7721 2986		
Agency Support (Agency Commission & Agency Enquiry)	Ms. Norhaslina Binti Hamidun	012-398 0326 03-7721 2984	03-7721 2969	agencysupport@mxm.com.my
	Ms. Lim Jia Yng	012-639 0626 03-7721 2973		

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MXM HQ - Contact Us

Department / Area of Concerns	PIC	Contact No	Fax No	Email Address
Membership Renewal, Monthly Payment Collection, Customer Service & Claims Department				
Membership Renewal	Ms. Josephine Leong Oi Choi	012-631 6309 03-7721 2956	03-7721 2889	renewal@mxm.com.my
	Mr. Wong Hann Yeong	012-901 5238 03-7721 2957		
	Ms. Jessy Loke Line Line	012-628 0960 03-7721 2959		
	Ms. Chang Hui Qi	016-295 1928 03-7721 2961		
Month Payment & Collection Status (MSI & FPP)	Ms. Angie Ng Yoke Ching	016-295 3928 03-7721 2819	03-7721 2839	collections@mxm.com.my
	Mr. Ken Woo Yew Keng	012-631 0938 03-7721 2814		
	Ms. Nursalina Sahira Binti Zulklifli	012-710 7238 03-7721 2815		
	Mr. Mazwan Bin Ros Mazalan	016-252 6232 03-7721 2817		
	Ms. Syazwani Binti Shamsuddin	016-305 7289 03-7721 2821		

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MXM HQ - Contact Us

Department / Area of Concerns	PIC	Contact No	Fax No	Email Address
Medical Claims Enquiry & status	Ms. Choo Yean Fun	012- 928 3820 03-7721 2911	03-7721 2889	adm@mxm.com.my
	Ms. Kooi Li Yi	016-263 9289 03-7721 2912		
	Mr. Yeoh Hong Shin	016-290 0289 03-7721 2915		
	Ms Amy Nai Sheue Fen	03-7721 2917		
Member Welcome Pack Enquiry (screening voucher & member card)	Ms. Noorehan Binti Ramli	03-7721 2896	03-7721 2889	database@mxm.com.my
	Mr. Shairilniza Bin Zulkifli	03-7721 2893		
	Ms. Mary Tan Chai Wah	03-7721 2892		
Submission, Update Member Info & Policy Replacement	Ms. Melissa Chau Geok Fen	012-6393 812 03-7721 2914	03-7721 2969	cs@mxm.com.my
	Ms. Kathryn Wan Poh Yoke	016-235 9232 03-7721 2953		
	Ms. Sharifah Kamariah Bin Syed Sheh	012-609 6733 03-7721 2954		
	Ms. Noor Liaza Bin Jaafar	016-235 9232 03-7721 2952		

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Thank You

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