

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSavers Prima Life Membership Program.

I, _____ NRIC No. (New) _____
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.

No Cash Accepted 

Please tick (✓) where boxes are made available :

MediSavers Prima Life			
<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver

	MediSavers Prima Life	Total
Deposit	RM _____ X 2	RM _____
1 st Month	RM _____	RM _____
	Total	RM _____
	2 nd Month onwards	RM _____ per month

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

VIA CREDIT CARD

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

I, _____ NRIC No. (New) _____
hereby authorize the usage of my credit card for purpose of application for membership under the MXM MediSavers Prima Life Membership Program.

Card Holder's Signature

Date _____

Relationship _____

Contact No. _____

X _____ (Sign Here)

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

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

TERMS AND CONDITIONS :

- This is the instruction that accompanies my application for MediSavers Prima Life Membership Program that is automatically renewable on the anniversary of each Membership and subject to terms and conditions in the Takaful certificate. I understand that the Membership Fee during renewal may vary due to change of age band.
- I hereby authorize Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above indicated credit card the applicable Membership Fee payable for the Program and the renewals thereof.
- I understand and agree that the monthly installments shall be charged to the above indicated credit card in accordance to the transaction dates indicated in the IMPORTANT note under item 3.
- I hereby instruct 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.
- 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.
- 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 PHM to charge the above credit card indicated above with the amount being the revised rates.
- 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.
- MXM reserves the right at its own discretion to vary, delete or add to any of the Membership benefit of the program and terms and conditions from time to time.
- 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 card number, termination or cancellation of credit card at least 30 days before the next monthly installment due date.

X _____ (Sign Here)
Signature of Applicant / Parent for Junior Application

_____ Date

Below pricing table is applicable for **MediSavers Prima Life** Program

Age of Next Birthday	MediSavers Prima Life			
	MONTHLY STANDING INSTRUCTION (MSI) (Monthly Membership Fees)			
	Diamond	Platinum	Gold	Silver
30 days - 35 years	RM219.29	RM151.75	RM84.21	RM48.47
36 years - 50 years	RM250.03	RM172.95	RM94.81	RM53.77
51 years - 60 years	RM515.03	RM348.91	RM182.79	RM97.23
61 years - 64 years	RM810.77	RM546.07	RM281.37	RM147.05
65 years - 70 years (Renewal)	RM945.39	RM636.17	RM326.95	RM169.31
71 years - 75 years (Renewal)	RM1,557.01	RM1,043.21	RM530.47	RM271.07
76 years - 80 years (Renewal)	RM3,081.29	RM2,059.75	RM1,038.21	RM525.47

* MediSavers Prima Life last entry age is 64.

FOR OFFICE USE ONLY		Centre Code		Submitted By		Handled By	
	Member Code	Program Code		Amount	Loading		Receipt No.
MediSavers Prima Life							
Batch No.		Payment Clearance Date			Discount		Total Amount