

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.

Please tick (V) where boxes are made available :

No Cash Accepted





Step 1 :

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

Step 2 :

		Age Of Next Birthday	MediSavers Prima Life
<input checked="" type="checkbox"/> EASY PAYMENT PLAN (EPP)	<input type="checkbox"/> FULL PAYMENT		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)		
Issuing Bank _____	<input type="checkbox"/> 	<input type="checkbox"/> 	
Card Holder's Signature <u>X</u> _____	(Sign Here)		Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

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

X _____ (Sign Here)

Relationship _____

Contact No. _____

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

TERMS AND CONDITIONS :

- I hereby authorize Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above-indicated credit card(s) the applicable Membership Fees payable for MXM MediSavers Prima Life Membership Program and the renewals thereof.
- 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.
- I hereby instruct 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.
- 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 / debit card(s) indicated above with the amount being the revised rates.
- 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 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.

X _____ (Sign Here)

Signature of Applicant / Parent for Junior Application

Date _____

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 Prima Life :-

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

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

Age of Next Birthday	MediSavers Prima Life			
	Easy Payment Plan (EPP) / Full Payment			
	Diamond	Platinum	Gold	Silver
30 days - 35 years	RM2,605.08	RM1,796.72	RM988.36	RM554.18
36 years - 50 years	RM2,977.14	RM2,044.76	RM1,112.38	RM616.72
51 years - 60 years	RM6,156.08	RM4,163.70	RM2,172.38	RM1,146.72
61 years - 64 years	RM9,707.08	RM6,531.74	RM3,356.40	RM1,738.20
65 years - 70 years <i>(Renewal)</i>	RM11,318.28	RM7,605.52	RM3,892.76	RM2,006.38
71 years - 75 years <i>(Renewal)</i>	RM18,654.54	RM12,496.36	RM6,338.18	RM3,229.62
76 years - 80 years <i>(Renewal)</i>	RM36,949.08	RM24,692.72	RM12,436.36	RM6,279.24

* 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	