

I, _____ NRIC No. (New) _____
hereby authorize MediSavers Management Sdn Bhd to charge the Program Fee payable in accordance with my preferred payment plan as indicated below.

Please tick (v) where boxes are made available :

Step 1 :

Prime Secure	
<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 2A

Step 2 :

	Age Of Next Birthday	Prime Secure	Total
FULL PAYMENT		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) <input type="checkbox"/> <input type="checkbox"/>
Issuing Bank _____	
Cardholder's Signature _____	Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC No. (New) _____
hereby authorize the usage of my credit card for purpose of application for Prime Secure Program.

Cardholder's Signature Relationship _____
Date _____ 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), NRIC (Front & Back) for verification purposes.

VIA CHEQUE (FULL PAYMENT ONLY)

Cheque No. _____ Issuing Bank _____
Cheque should be made payable to MediSavers Management Sdn Bhd (Co. No. 1248537-X).

Step 4 :

Please tick (v) if you select Auto Renewal

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

I hereby authorize MediSavers Management Sdn Bhd (MSM) to auto charge my Program Renewal Fee at the expiry of each anniversary of my prevailing Program by charging the Credit Card indicated above. I understand that the Program Fee during renewal may vary due to change of age band / or revision to the Program 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 MSM at least Sixty (60) Days prior to the expiry of my prevailing Membership. Notwithstanding the above instructions, I agree that my Program may be terminated if the Program Fee is not paid when due. I agree to inform MSM 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 MediSavers Management Sdn Bhd (MSM) to charge to my above-indicated credit card(s) the applicable Program Fees payable for Prime Secure Program and the renewals thereof.
2. In the event of changes in the Program Fee due to change of age band and / or revision to the Program Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize MSM to charge the above credit card(s) indicated above with the amount being the revised rates.
3. In the event, that credit card(s) payment is declined for whatsoever reasons. The Program benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), MSM 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.
4. MSM 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

Below pricing table is applicable for **Prime Secure** Program

AGE OF NEXT BIRTHDAY	Prime Secure	
	FULL PAYMENT	
	PLAN 2	PLAN 2A
30 days - 18 (Junior)	Not Applicable	RM437.20
19 - 70	RM437.20	RM437.20
71 - 75 (renewable)	RM437.20	RM437.20
76 - 101 (renewable)	Not Applicable	RM437.20

- * Prime Secure last entry age is 70 and renewable up to 101 years old.
- ** The price above is inclusive of 6% SST on premium only effective 1st January 2024.
- *** Students are eligible for Plan 2A only.
- **** Class 3 occupation / housewives / retirees are eligible for Plan 2A only.

CASH / CHEQUE VIA DIRECT BANK-IN (FULL PAYMENT ONLY)		
BANK	ACCOUNT NO.	
Maybank Berhad	514 178 645 114	Cheque is to be made payable to MediSavers Management Sdn. Bhd. Note : Applicants are required to submit the original deposit slip with the application form.

FOR OFFICE USE ONLY		Centre Code	Submitted By	Handled By		Receipt No.
Member Code	Program Code	Amount	SST (6%)	Loading	SST (6%) For Loading	
Prime Secure						
Batch No.	Payment Clearance Date	MRM / F.Fund			Total Amount	