

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

COMPULSORY TO COMPLETE

Please (✓) where applicable :

I hereby apply for the MediSavers® Prima Life Membership Program. I understand the benefits and agree to observe the terms and conditions of the Program.

Step 1 :

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

Step 2 :

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

IMPORTANT STATEMENT

- MXM International Sdn. Bhd. (MXM) is an esteemed multiple award-winning MSC-status healthcare management company established in 1998. As a pioneer of holistic healthcare management programs, our array of products & services includes health screening, medical claim management, worldwide emergency medical assistance, and other healthcare and wellness related services.
- Please note that MXM and its Healthcare Membership Advisors do not represent MetaFin® or its other service providers, and are not involved in the distribution or service of their products. For any enquiries, please reach out to us at compliance@medisavers.com.my.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorise MetaFin® Sdn. Bhd "(MetaFin®)" and where required its service providers, and/or authorised registered corporate agencies "(Associates)" to have access to my medical records, laboratory test results and other medical information "(the Information)". I understand MetaFin® and its Associates 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 and takaful operator (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.

**TERMS & CONDITIONS :-
MediSavers® Prima Life MEMBERSHIP PROGRAM**

I hereby apply for the MediSavers® Prima Life Membership Program ("the Program") and agree, acknowledge and declare as follows:-

1. I agree to be bound by the terms and conditions of the Program more particularly stipulated in the Program e-leaflet and the Program e-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 e-vouchers.
2. Payment for the Membership Fee of the Program shall be as per the accompanying payment form and I agree to be bound by the terms thereof.
3. 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 Payment 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.
4. 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 have not utilized any of the benefits of the Program.
5. In the event that I have utilized any part of the Program and/or the Program e-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 e-welcome pack, as the case may be.
6. 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.
7. I acknowledge that once my Membership application has been approved, I cannot change my Healthcare Membership Advisor unless my Membership has expired under the prevailing Membership period and a period of six (6) months has lapsed.
8. I acknowledge that the terms and conditions herein, the Program e-leaflet and the Program e-welcome pack shall constitute the entire understanding of the parties.
9. In the event that any cheque or credit card(s) toward payment of the Membership Fee is declined for whatsoever reasons, the Program benefits will automatically be cancelled. 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 form.
10. I acknowledge that the terms and conditions herein shall be governed by the laws of Malaysia.
11. Any information that has been declared on any of the forms is to my best knowledge. I have fully disclosed and did not withhold any material information that is relevant to the application. In the event if there's any information that has been acquired or missed out, it is my duty to inform MXM or the respective Healthcare Membership Advisor on such information. Such omission will be borne by me.
12. MXM reserves the right at its own discretion to vary, delete or add any of the membership benefit of the program and any of these terms and conditions and/or terms and conditions of the Program from time to time. Please refer to our website at www.medisavers.com.my for any latest updates on ANY amendments.
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 e-official receipt as evidence of payment of the Membership 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 Healthcare Membership Advisor 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@medisavers.com.my

For more information on MXM's privacy practices, you may refer to our Personal Data Protection Policy at www.medisavers.my/privacy-policy

X

Applicant's Signature

*For Junior Application, Parent / Guardian to sign

Applicant's Name

Date : _____

X

(Sign Here)

Introducer's Signature

Name : _____

NRIC No. : _____

Healthcare Membership Advisor's Code : _____

Date : _____