

**TAKAFUL *my*SME PARTNER
ENROLMENT / CHANGE FORM (FORM B)**

Authorised Signature & Company Stamp

Company Name

Tel No.

Certificate No. Type of Business

Date / /

I, as named above hereby confirm that the following names are full-time regular and actively at work employees as of to date with the Company.

This certificate will be in force subject to 100% participation of eligible employees. Dependants' coverage will only be in force provided ALL of the eligible dependants are enrolled into the plan.

Note: Takaful Malaysia reserves the right to request for further health evidence if deemed necessary.

No.	Applicant / Employee	Relationship to Employee	Date of Birth	Gender	Occupation	Plans				Effective Date For	E-Payment Services		
						Group Medical Family		Group Term Family				Critical Illness	Enrolment / Deletion / Change
						Hospitalisation	Outpatient Care	Sum Covered					
1.	Full Name <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>	
2.	Full Name <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>	
3.	Full Name <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>	
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5.	Full Name <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>	

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7.	Full Name <input type="text"/> <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>
8.	Full Name <input type="text"/> <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>
9.	Full Name <input type="text"/> <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>
10.	Full Name <input type="text"/> <input type="text"/> Mykad / Old IC / BC / Passport No. <input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> 350 <input type="checkbox"/> 250 <input type="checkbox"/> 200 <input type="checkbox"/> 150 <input type="checkbox"/> 80	<input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000	<input type="checkbox"/> 80,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> New Enrolment <input type="checkbox"/> Termination <input type="checkbox"/> Change of Plan	Bank Name <input type="text"/> Account No. <input type="text"/> Email Address <input type="text"/>
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This form must be completed by the employer. Please indicate the plans participated and ensure that the form is completed before submitting to Takaful Malaysia to avoid delay in processing.

- All Group Term Family Takaful applications for group size 5 to 10 employees or group size more than 10 employees with selected Plan 7 to Plan 9 (Sum Covered RM200K to RM300k) must be submitted with completed FORM C (Personal Health Declaration Form).
- All Group Medical Family Takaful applications for group size 5 to 10 employees must be submitted with a completed Form C (Personal Health Declaration Form). For group size more than 10 employees, Form C is not required.
- Please submit your applications in softcopy for the group size more than 11 employees.
- Please submit your completed form to your respective Business Manager (BM) / Business Executive (BE).
- Kindly contact the respective BE/BM if you do not received the certificate document within 14 days after the submission of completed application form.