



IHM SDN BHD (446996-U) AJL No:931084
 12, Jalan PJS 8/6, Sunway Mentari,
 Bandar Sunway, 46150 Petaling Jaya.
 Tel: 03-5638 6889 (10 lines) Fax: 03-5638 6819/39
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For Branch / Service Centre Use	For Medical Authorisation
Receipt No.	Serial No.
Date Issued	Validity Date
Time Issued	Clinic Code
Br / SC Code	Clinic Name
Br / SC Name	

Membership Application Form 会员籍申请表格

Membership No./会员籍编号	Distributor Code No./传销商编号
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APPLICANT'S PARTICULARS (use capital letters) 申请人资料 (请用正楷填写)

Name of Applicant (Mr/Mrs/Miss) (as in NRIC/Passport)
 申请人姓名(依照身份证)

New NRIC/Passport No. Old NRIC
 新身份证号码 旧身份证号码

Sex (M/F) Date of birth / / Height cm 公分 Weight kg 公斤
 性别 (男/女) 出生日期 身高 体重

Nationality Race Marital Status Occupation
 国籍 种族 婚姻状况 职业

Telephone No. Office 公司电话 House 住家 H/P 手提电话

Correspondence Address 通讯地址

Line 1:
 Line 2:
 Line 3:

Post code 邮区编号 City / Town 城市 State 州 E-mail address 电子邮件

PAYMENT PARTICULARS 付款资料

Mode of Payment 付款方式 Cash 现款 Cheque (No:) Credit Card 信用卡

CREDIT CARD CHARGES AT PREVAILING RATE SHALL BE DEDUCTED FROM THE DISTRIBUTOR'S COMMISSION

Name of VISA / MASTERCARD holder
 信用卡主姓名

VISA / MASTERCARD NUMBER Card Expiry Date 届满日期

PAYMENT INSTRUCTION (Card Holder) 授权缴付(持卡人) Please charge the total amount of RM <input type="text"/> to my credit card account as stated above. / 请依照上述指示, 以我的信用卡户口缴付总额为 RM: <input type="text"/> Signature of cardholder* / 持卡人签名 *as per VISA/MASTERCARD Card Account *签名必须与信用卡上签名相同	AUTO RENEWAL INSTRUCTION 授权自动更新 I hereby authorize IHM Sdn Bhd to charge RM <input type="text"/> to my credit card account as stated above for subsequent renewal(s) of my programme. / 我谨此授权IHM SDN BHD依照上述指示, 以我的信用卡户口缴付总额为RM: <input type="text"/> 以便继续自动更新我的保健计划。 Signature of cardholder* / 持卡人签名 *as per VISA/MASTERCARD Card Account *签名必须与信用卡上签名相同	APPLICANT (if differ from the Cardholder) 申请人(如果不同于持卡人) I/We understand and agree to pay the total purchase price by charging the credit card account as detailed above. I/We agree to be bound by the Terms and Conditions printed herein. / 我/我们完全理解与同意以上信用卡户口缴付总费用。同时, 我/我们也同意接受条款与细节的约束。 Signature of applicant* / 申请人签名
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TERMS & CONDITIONS 条款与细节

- IHM Sdn Bhd (IHM) is an integrated healthcare management company specialising in the management and administration of healthcare programmes. Benefits provided includes annual medical checkup, wellness programmes, 24-hour alarm centre, assistance services, e-medical records, discounts for enrolment at IHM Sunshine Home and consultation at IHM clinics (terms & conditions apply). / IHM有限公司是一间精于管理及经营保健计划的保健管理机构。设置利益包括了常年身体检查, 保健计划, 24小时支援中心, 援助服务, 电子医药记录, IHM康复中心和IHM诊所所优惠待遇(请参与条款和资格)。
- As an IHM member, you are entitled to purchase at special rates Healthcare Insurance and Critical Illness products arranged & distributed by our Corporate Agencies and underwritten by licensed insurers. The insurance policy to be issued by the insurer is an individual policy in the name of the member and is a contract between the insurer and the member/成为 IHM 的一位会员, 您能享有以特惠价格购买一份由我们企业机构安排的保险公司承保的医药保单, 以及疾病保单, 保险公司所发出的保单是一份会员名义下的个人保单, 同时也是一份承保公司和投保人之间的契约。
- IHM Sdn Bhd, being an agent of the insured, is not liable for any claims. The claims settling authority lies strictly with the insurer. Any claims submitted to IHM are forwarded to the insurer, for the insurer's assessment of admissibility. / IHM Sdn Bhd 乃是受保人的代理人, 任何索赔将由承保公司全权负责。只有承保公司是索赔的决定者, 任何呈交给 IHM 索赔将移交上保险公司, 以作索赔资格的评估。
- If a member qualifies, IHM shall issue a Letter of Guarantee (Guarantee) for eligible medical expenses for admission to panel hospital (terms and conditions apply). / 以保健计划及保单内的条款与细节为标准, IHM 将发出合格医药费用的付款保证书(保证)予有关委定医院。
- Guarantee will not be issued in the event of non-compliance to policy terms and conditions including any non-disclosure of medical condition by the member. / 对于不符合条款与资格, 又或会员没有在先透露医药状况, IHM 将不发出保证书。
- If a Guarantee is issued by IHM for its members' hospital admission, the member is fully liable for all or any part of the hospital expenses that are not guaranteed. If no Guarantee is issued, member is fully liable for all the hospital expenses. Member is advised to pay the hospital and file his/her claim to the insurer. / 如 IHM 发出保证书予其委定医院, 会员仍然必须负责还清所有或部分不受保的医药费用。如果会员不获得 IHM 发出保证书, 所有医药费用将由会员负责还清。
- IHM reserves the right at its absolute discretion to refuse, withdraw and/or suspend the Issuance and/or continuance of a Guarantee for payment of hospital expenses without providing any reason whatsoever. / IHM 有权力在不需提供任何理由下拒绝, 收回和/或暂时停止发出和/或继续保证医院费用付款。
- IHM also reserves the right to recover from the member the hospital expenses guaranteed by IHM that are not claimable or rejected by the insurer. If the member defaults in settlement, IHM reserves the right to suspend the issuance of further Guarantee(s) and/or refuse renewal. / 不受任何方面的规定, IHM 有权向会员索回已担保但却不能向保险公司索赔或遭受保险公司拒绝的医药费用, 若会员拖欠款项, IHM 有权暂停担保和/或拒绝会员更新会员籍。
- In the event that your application/renewal is rejected or cancelled, IHM reserves the right to deduct the cost of any medical check-up and any other incidental costs. / 如果您的申请/更新会员籍遭受拒绝, IHM 有权扣除您的体检检验费或其他有关的费用。
- The products and services provided under the healthcare programmes are subject to the terms and conditions of the providers. / 所有保健计划所提供的产品与服务必须符合提供者的条件和资格。
- IHM reserves the right to refuse renewal of its members without providing any reasons whatsoever and to impose such other terms and conditions from time to time as it deems fit. / IHM 有权拒绝会员的更新会员籍申请, 并无须向会员提供任何理由。
- If you wish to purchase the Healthcare Insurance or Critical Illness product, please declare fully and faithfully, all the facts which you know or ought to know in the Proposal Form, otherwise the policy issued may be void and your claims may be rejected. The declaration in the Proposal Form shall form the basis of the contract between you and the insurer. / 如您欲购买保健计划, 请在申请表格上毫无保留的透露您所知道的, 和应当知道的一切资料。如不遵守, 将导致保单失效或赔偿遭受拒绝。您申请表格上所透露的一切, 将被视为您与保险公司契约的根据。
- Please be advised that the FPX deductions for new and renewal cases are for the convenience of customers only. It shall be your sole duty and responsibility to ensure that the FPX deductions are made on time and without any delays. The Company shall not be held responsible or liable for any claims, loss, damages, cost and expenses (including consequential, incidental, general, special and indirect loss or damage or claims made on you/us or by any third party) arising from the successful or unsuccessful deductions due to whatsoever reasons. 有关 FPX 扣除是要方便新的客户与及更新保单客户而设立。你必须在预定的时间, 确保你的 FPX 扣除没有任何延误。无论在任何情况之下, FPX 扣除当中成功与否, 本公司一概不需要负责与承担任何损失。

MEMBER'S DECLARATION, AUTHORISATION & INDEMNITY

I hereby authorize IHM Sdn Bhd (IHM) to have access to my/dependant(s) medical records, medical history and laboratory test results and to disclose such part of the medical information as IHM Sdn Bhd may deem necessary in its absolute discretion to:

我据此授予 IHM 私人有限公司(IHM)存取我/我的眷属()的医 病 和化 室分析 果, 并在必要的情况下, 向以下 定的人士或在以下有 事 透露相 料:

(ii) the insurer as required under the policy including for claims purposes and in circumstances where I have omitted to make such disclosure in respect of my dependant(s)'s medical condition.

按照保 保 条例, 向保 公司透露, 包括 索 的用途和在某些情况下我在透露我/我的眷属()的医 状况 省略了。

In the event IHM issues a Guarantee to the hospital for payment of my/dependant(s) hospital expenses, I hereby agree to indemnify IHM any or all amount(s) guaranteed by IHM to the hospital which are not payable under the terms and conditions of the policy.

在IHM 我/我的眷属()的医院 用 出医院付款保 , 我据此同意作出 IHM 在保 条款和限制下不 的部分或全部数量的款 。

I further undertake to be fully liable for any or all hospital expenses incurred by me/dependant(s) that are not guaranteed by IHM Sdn Bhd.

我 一 的 承担我/我的眷属()任何或所有不 得IHM 担保的医 用 。

I hereby authorize IHM to act on my behalf in respect of any matters relating to my insurance. I further authorize IHM to receive and retain all claims monies reimbursed by the insurer to

IHM Sdn Bhd for which a Guarantee has been issued by IHM and to execute the receipt and discharge form.

我据此授予IHM 全 理所有有 我的保 事件。并更 一 授予IHM 收下和保留保 公司所 的款 , 以 IHM 已 我 出保 以及已付清医院 用和出院 。

I hereby declare and confirm the appointment of IHM as my healthcare manager handling my healthcare matters under this programme.

我 此声明及确 IHM 成 我的保健管理机构, 并全 理我的保健 划所有保健 理的 。

I fully understand and agree that this is a "Cash Before Cover" contract - my insurance cover will not be effective until I make the premium payments to IHM. Therefore, it shall be my responsibility to ensure that IHM receives the premium payments on time. IHM will not be held responsible or liable in the event the premium payments are not received before the expiry date.

我全然明白及同意这是一个“保前付款”的合约-我的保单必须在我付清了有关保费于IHM之后才生效。因此, 确保IHM准时收到我支付有关保费是我的责任。如有关保费未能在保单有效期内付清IHM将不会负起任何责任。

I hereby declare that I am not a bankrupt or have any legal proceedings and / or executions against me. 我在此声明, 我不是一个破产者或有任何法律诉讼和/或执行对付我

REQUEST FOR PASSWORD申请密码

I wish to apply for a password to access my personal health and medical information through IHM website. I hereby authorise IHM Sdn Bhd to place information in the IHM website for the purpose of enabling me to access it through the web.

我欲申 IHM密, 与同意授 于IHM把我全部医 料置放于IHM网站, 以便通 此网站 取我的医 料。

IMPORTANT重要:

I fully understand and agree to be bound by the terms and conditions stated herein which have been explained to me by my distributor.

经过我的传销商详细明述以上的宣告, 我全然明白与同意, 并乐意受条款的约束。

Distributor Name/传销商姓名 : _____
 NRIC/身份证号码 : _____
 Distributor Code No./传销商编号 : _____
 Tel No./电话号码 : _____
 H/P No./手提电话 : _____

Signature of Applicant

申请人签名

Name 姓名 :

Date 日期 :

Signature of Witness (Distributor)

见证人签名 (传销商)

Date 日期 :

Note: In the event of any disputes on the translation of languages, the English version shall prevail.
 备注: 若华文译本引起任何争论, 将以英文本为准。

THIS APPLICATION IS SUBJECT TO A COOLING - OFF PERIOD OF TEN (10) WORKING DAYS AS REQUIRED BY THE DIRECT SALES ACT, 1993

根据1993年传销法令, 这份申请表格必须给予为十(10)天工作日的冷却期。

Please indicate below the IHM Programme and Healthcare Plan enrolled. 请在以下注明向IHM所购买的计划和医疗保健计划

IHM Programme IHM计划 : _____	Healthcare Plan Type 医疗保健计划的种类: : _____
Programme Fee (RM) 计划数额 (马币) : _____	Plan Amount (RM) 医疗保健的数额 (马币) : _____

Kindly refer to the Price List for fee information. 请参阅价格表与详细了解所购买的计划和医疗保健计划的价格。

Documentary Requirement for New Application

NEW CASES	Individual	Single Parent	Family	Junior	Foreigner		
					Individual	Single Parent	Family
A) IHM Membership Application Form	Yes	Yes	Yes	Yes	Yes	Yes	Yes
B) EVO Healthcare Application Form	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C) Photocopy Documents to be attached	Yes	Yes	Yes	Yes	-----	-----	-----
1) NRIC of Applicant	-----	-----	-----	-----	-----	-----	-----
2) NRIC of Spouse	-----	-----	Yes	-----	-----	-----	-----
3) NRIC of Parent	-----	-----	-----	Yes	-----	-----	-----
4) Birth Certificate(s) of Child/Children	-----	Yes	Yes	Yes	-----	Yes	Yes
5) Working Permit Class 1 only	-----	-----	-----	-----	Yes	Yes	Yes
6) Passport	-----	-----	-----	-----	Yes	Yes	Yes
7) Marriage Certificate (If Family Plan for foreigner)	-----	-----	-----	-----	-----	-----	Yes