



IHM SDN BHD (446996-U) AJL No:931084
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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

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. _____
 电话

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. _____

Postcode 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
 支票号码 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 _____
 信用卡号码 届满日期

<p>PAYMENT INSTRUCTION (Card Holder) 授权缴付 (持卡人)</p> <p>Please charge the total amount of RM _____ 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: _____</p> <p>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</p>	<p>AUTO RENEWAL INSTRUCTION 授权自动更新</p> <p>I hereby authorize IHM Sdn Bhd to charge RM _____ 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: _____ 以便继续自动更新我的保健计划。</p> <p>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</p>	<p>APPLICANT (if differ from the Cardholder) 申请人 (如果不同于持卡人)</p> <p>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。</p> <p>Signature of applicant* / 申请人签名</p>
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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 IHM Risk Management Sdn Bhd 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IHM Risk Management Sdn Bhd 安排与销售, 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然负责。只有承保公司是索赔的决定者, 任何呈交给IHM索赔将直交上保险公司, 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有权扣除您的体格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. / 如您欲购买保险计划, 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。

* Eligibility to a Letter of Guarantee in the event of admission is subject to terms & conditions. / 任何住院时发出的保证书必须符合保单内的一切条款。

