

MEMBERSHIP CANCELLATION FORM FOR MAKSAK MEDIC CARE / BORANG PEMBATALAN KEAHLIAN MAKSAK MEDIC CARE

Please email complete form to helpdesk@mscreen.com.my or contact MediScreen Careline at 03-7885 0733 ext. no **101** to speak with our customer service.

Principle's Name / <i>Nama Pencarum</i>		Telephone No. / <i>Nombor Telefon</i>	
NRIC / <i>No Kad Pengenalan</i>		Email / <i>E-mail</i>	
Membership No. / <i>No Keahlian</i>		Mailing Address / <i>Alamat Surat-menyurat</i>	Postcode / <i>Poskod:</i> Bandar / City: State / Negeri:
Plan Type / <i>Jenis Pelan</i>	<input type="checkbox"/> Family (Keluarga) <input type="checkbox"/> Individu (Pensendirian)		

REASON FOR CANCELLATION / SEBAB-SEBAB UNTUK BERHENTI:-

- | | |
|--|--|
| <input type="checkbox"/> Personal Problem / <i>Masalah Peribadi</i>
<input type="checkbox"/> Financial Issues / <i>Masalah kewangan</i>
<input type="checkbox"/> Already Applied Another Policy Insurans / <i>Mempunyai Insurans Lain</i> | <input type="checkbox"/> Not Interested / <i>Tidak Berminat</i>
<input type="checkbox"/> Other / <i>Lain-lain (Please explain below / Sila jelaskan di bawah)</i> |
|--|--|

Comments / *Komen:*

REMINDER / PERINGATAN

- **Please be reminded that every cancellation applied will be in process for 1-2 month/** *Adalah diingatkan bahawa proses pembatalan akan mengambil masa 1-2 bulan selepas permohonan dibuat.*
- **We are not responsible for any admission and claims incurred after cancellation applied/** *Pihak kami tidak akan bertanggungjawab sebarang urusan kemasukkan ke hospital atau tuntutan yang dibuat selepas permotongan bulan berakhir.*

I hereby submit that I am the holder of an insurance membership no. _____ to cancel my policy and I understand that as per insurance group policy term and condition, cancellation that I have applied will take within 1-2 month to be effective. I acknowledge that I am not eligible to any admission and claims incur after my termination request is submitted.

Dengan ini saya adalah pemegang keahlian insuran yang bernombor _____ memohon untuk pembatalan polisi insuran saya mengikut terma dan syarat yang telah ditetapkan. Saya memahami proses pembatalan ini akan mengambil jangka masa 1-2 bulan selepas permohonan. Saya mengetahui bahawa saya tidak lagi layak untuk membuat sebarang tuntutan selepas proses pembatalan ini berlaku.

Kindly ensure to check your termination deduction on your salary slip or BPA (Biro Perkhidmatan Angkasa) after the termination process has been done. *Mohon jasa baik ahli untuk memeriksa pembatalan potongan skim ini di slip gaji atau Koperasi Angkasa selepas proses pembatalan dilakukan.*

We are not responsible for any negligence or claims incur after termination process has been done accordingly.
Kami tidak akan bertanggungjawab terhadap sebarang kecuaihan yang berlaku selepas proses pambatalan dilakukan.

<p style="text-align: center;">_____</p> <p style="text-align: center;">Principle's Signature & Name</p> <p>NAME : _____</p> <p>NRIC : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>TELEPHONE NO : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DATE : _____</p>																												<h3>FOR OFFICE USE ONLY</h3> <p>Date Received : _____</p> <p>Date Join : _____</p> <p>Last Payment : _____</p> <p>Termination Effective : _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Marketing Executive</p>