

Healthcare Membership Terms and Conditions

1. I declare that I have attained eighteen (18) years of age and I understand that the Program is automatically renewable on the anniversary of each Healthcare Membership period subject to existing policies, terms and conditions.
2. I agree to be bound by the terms and conditions of the Healthcare Membership Program more particularly stipulated in the Program leaflet and the Program 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 vouchers and/or Healthcare Membership Guide in the Program.
3. Payment for the Healthcare Membership Fee of the Program shall be according to the accompanying payment option form and I agree to be bound by the terms thereof.
4. In the event of a third party's credit card/debit card(s) being used for purpose of payment for the Healthcare Membership Fee, I shall obtain authorization condoning such usage by causing the third party credit card/debit card authorization section in the application form to be duly signed by the credit card/debit card(s) holder, together with all relevant legal documents in support of such usage. I understand that MetaFin will discharge their liability from any legal action arising from this request and that I shall be fully responsible for any claims arising in any forms.
5. I acknowledge that this application is subject to a cooling off period of ten (10) working days from the date of receipt by MetaFin of this application ("the Cooling Off Period"). I acknowledge that I shall be entitled to a refund of the Healthcare Membership Fee provided I return the Program Welcome Pack to MetaFin and that I have not utilized any of the benefits of the Program.
6. In the event that I have utilized any part of the Program and/or the Program Welcome Pack is incomplete or is not in a reusable condition, MetaFin 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 Welcome Pack, as the case may be.
7. I acknowledge that cancellation of my Healthcare membership in the Program is strictly not allowed after the Cooling Off Period and that MetaFin shall not be liable to refund to me any portion of the Healthcare Membership Fee.
8. I acknowledge that once my Healthcare Membership application has been approved, I cannot change my Introducer unless my Healthcare Membership has expired under the prevailing Healthcare Membership period and a period of six (6)

months has lapsed.

9. I acknowledge that the terms and conditions herein, the Program leaflet, the Healthcare Membership Guide and the Program Welcome Pack shall constitute the entire understanding of the parties.
10. In the event that any cheque or credit card/debit card(s) toward payment of the Healthcare Membership Fee is declined for whatsoever reasons, the Program benefits and insurance policy will automatically be cancelled. The insurer and PHM shall not be liable for any claims incurred thereafter. MediSavers has the right to terminate the Healthcare Membership with immediate effect. Any cost incurred will automatically be charged to the applicant's assigned credit card/debit card as indicated in the payment instruction form.
11. I acknowledge that the terms and conditions herein shall be governed by the laws of Malaysia.
12. MetaFin reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time.
13. 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 MetaFin or the respective Advisor on such information. Such omission will be borne by me.
14. MetaFin reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time. Please refer to our website at metafin.com.my for any latest updates on ANY amendments.
15. Upon my submission of this application to MetaFin, I hereby agree to be bound by the terms stipulated above.

THIS CONTRACTS IS SUBJECT TO A COOLING-OFF PERIOD OF TEN WORKING DAYS

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize MetaFin Sdn. Bhd. (MetaFin) and where required Pathlab Health Management (M) Sdn. Bhd. "(PHM)", MediSavers Management Sdn. Bhd. "(MSM)", MediSavers Health Management Sdn. Bhd "(MHM)", Quantum Secure Sdn. Bhd "(QS)" to have access to my medical records, laboratory test results and any other medical information (collectively "the Information"). I understand MetaFin, PHM, MSM, MHM and QS 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 company (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 MetaFin, such disclosure is warranted.