

Reactivation Application Form

A. Applicant Information

Full Name: SYUZIMAH BINTI MOHAMAD
Contact Number: 010-7731812

B. Carer Information

Full Name: MARYAM BINTI MOHD FARID WAZANI
NRIC: 210506-01-1598
Contact Number: 010-7731812
E-mail Address: mb.yuzi@gmail.com

C. Self Declaration Medical Question

I hereby declare the following regarding my medical history and health status:

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. I have never been diagnosed with or sought medical advice or treatment for any form of high blood pressure, diabetes, heart disease, stroke, cancer, liver or kidney disease, AIDS, HIV, or any other serious illness/physical impairment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. I have never been diagnosed with or treated for or advised to seek treatment for any lung disease, blood disorder, tumors/cysts, ear/nose/throat disorders, eye disorders, disease of the digestive tract (bowel, gall bladder, pancreas), endocrine/thyroid/autoimmune disorders, diseases of the musculoskeletal system/back problems, brain or nervous system disorders, mental disorders, or genitourinary disorders (inclusive of breast/prostate disorders). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. My application has not been rejected by any insurance/takaful provider. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. I have never submitted any claim and/or been postponed, charged higher than standard premium rates, or offered modified or restricted benefits for life, critical illness, disability, or health insurance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 12 months, I have not attended or am currently attending any treatment at hospitals/clinics for any illness, injury, medical advice, operation, or treatment, and I have not undergone any diagnostic tests (such as an ECG, X-Ray, blood test, etc.) or taken medication on a regular ongoing basis not mentioned above. I exclude minor ailments like common colds, flu, minor accidental injuries from which I have recovered, and routine health checkups with normal basis results. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO , kindly explain: _____ | | |
| 6. I do not currently have any signs or symptoms of illness or disease for which I have not sought medical advice. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I am not a smoker. I understand that smokers may be subject to a crowd-sharing amount 1.2 times the regular crowd share amount. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I have never been diagnosed with Covid-19 category 3, 4, or 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

D. Plans

Reactivate

Eligibility:

- Carer's account closed within 1 month
- Carer age below 40 years old
- For first time reactivation only

Requirements:

- RM150 Reactivation Fee
- RM360 Annual Fee **if due*
- Full Deposit Top Up **if any*

Carer's Account Changes:

- Waiting period 60 days
- Continue All Benefits

I understand that providing false or misleading information may result in the rejection of my application. I confirm that the above statements are true and accurate to the best of my knowledge. I hereby confirm that I have read, understand, and agree to the new terms & conditions of Gathercare as per the updated program guidelines published on the website.

Syuzimah

Full Name: Syuzimah Binti Mohamad
NRIC: 870322-12-5148
Date: 22-04-2025

* For Office Use Only

Previous Account Join Date: / / Reason of Account Closure: ☐ Payment Issue ☐ Missed Payment ☐ Others:

Account Closure Date: / /

Request Date: / /

Application Approval: ☐ Approve ☐ Decline

Handled by: _____ Approved by: _____