

Reactivation Application Form

_	Applicant Information					
	l Name:	MOHD FARID WAZANI BIN ABDUL HAFIZ				
Contact Number:		010-9471634				
R (Carer Information					
	l Name:	MOHD FARID WAZ	ANI BIN ABDUL HAFIZ			
NRIC:		931218-12-5515				
Contact Number:		010-9471634				
E-n	nail Address:	faridwazani2144@	gmail.com			
C.	Self Declaration Medical	Question				
l he	ereby declare the following	g regarding my medical	history and health status:			
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.					Yes No √
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).					√
3.	My application has not been rejected by any insurance/takaful provider.					$\sqrt{}$
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.					$\sqrt{}$
5.	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. If NO, kindly explain:					V
6.	I do not currently have any signs or symptoms of illness or disease for which I have not sought medical advice.					
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.					$\sqrt{}$
8.	3. I have never been diagnosed with Covid-19 category 3, 4, or 5.					\checkmark
D.	Plans					
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	<u>Reactivate</u>					$\sqrt{}$
Eligibility:			Requirements:		Carer's Account Changes:	
Carer's account close		d within 1 month	RM150 Reactivation Fee		 Waiting period 60 days 	
Carer age below 40 year		ars old	RM360 Annual Fee *if due		 Continue All Benefits 	
 For first time reactivation only 		Full Deposit Top Up *if any				
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.						
	farid Full Name: Mohd Fari NRIC: 931218-12-551 Date: 22-04-2025		Hafiz			
* F	or Office Use Only					
Pre	vious Account Join Date:	D D / M	M / Y Y Y Y	eason of Account Closure:	Payment Issue	
Ac	count Closure Date:	D D / M	M / Y Y Y Y		Missed Payment	
					_	
ĸe	quest Date:	D D / M	M / Y Y Y Y		Others:	
Ap	olication Approval:	Approve				
		Decline	Handled by:		Approved by:	
						