

Application is hereby made to GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD for Group Yearly Renewable Policy
Permohonan dibuat kepada GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD untuk Polisi Pembaharuan Tahunan Berkelompok

1. PARTICULARS/BUTIR-BUTIR:

- (a) Full Name of Applicant/*Nama Penuh Pemohon* :

 (hereinafter called the Policy Holder/*selepas ini dipanggil Pemegang Polisi*)
- (i) Nature of business/*Jenis Perniagaan*.....
- (ii) Address/*Alamat*.....
- (iii) Telephone No./ *No Telefon*..... Fasc. No/ *No Faks*.....
- (b) Names of subsidiary or Associate Companies/Organisations which are to be covered under this Policy
Nama syarikat subsidiari atau syarikat bersekutu /Organisasi yang akan dilindungi dalam Polisi ini

- (c) Policy Commencement Date/*Tarikh Permulaan Polisi*.....
- (d) Policy Anniversary Date/*Tarikh Ulang Tahun Policy*.....

2. ELIGIBILITY REQUIREMENTS/SYARAT-SYARAT KELAYAKAN:

- (a) Eligibility Class. The following class of full-time and permanent employees/members/customers of the Policy Holder are eligible to participate.
Kelas kelayakan ialah pekerja/ahli/pelanggan pemegang polisi yang bekerja sepenuh masa dan tetap.

All Employees/Members/Customers
Semua Pekerja/Ahli/Pelanggan Others(Specify)/*Lain-lain(Nyatakan)*

- (b) For Employees/Members Only/*Bagi pekerja/Ahli sahaja*

(i) Waiting/Probation period, if any, which must be completed before an employee/member is eligible to participate.
Jika ada Tempoh Percubaan, pekerja/ahli mesti menyempurnakannya sebelum layak menyertai.

.....Months of active service None/*Tiada*
Bulan perkhidmatan aktif

(ii) Normal Retirement age of an Insured Employee/Member is
Umur persaraan bagi pekerja/ahli yang diinsuranskan ialah:

.....years for males *tahun bagi lelaki dan*
years for females/ *tahun bagi perempuan.*

(iii) If an employee/member is not actively at work on the day that he is otherwise eligible in accordance with the above requirements, his eligibility date will then be deferred to the first day after the date he returns to active fulltime work.
Jika seorang pekerja/ahli tidak "bekerja secara aktif" pada hari dia layak mengikut syarat-syarat kelayakan yang tertera di atas, tarikh kelayakannya akan ditangguh ke hari pertama selepas dia kembali bekerja sepenuh masa.

(iv) The insured person should complete and return to the Company a proposal form, if any required by the Company within 31 days of his/her eligibility date.
Borang cadangan harus diisikan dan dikembalikan oleh individu yang diinsuranskan kepada Great Eastern Life dalam masa 31 hari dari tarikh kelayakannya.

3. BENEFITS APPLIED FOR/ MANFAAT YANG DIPOHON:

- [] Term Assurance/*Asurans Hayat Bertempoh*
 [] Hospitalisation & Surgical/*Insurans Hospital &Pembedahan Asas*
 [] Personal Accident Insurance/*Insurans Kemalangan Diri*
 [] Living Benefits Accelerated type/*Manfaat Penyakit Kritikal /*
 [] Living Benefits Stand-alone type/*Manfaat Penyakit Kritikal Bebas/*
 [] Major Medical/*Perubatan Besar*
 [] Other(s)/*Lain-lain/*.....

4. CONTRIBUTION/ SUMBANGAN:

- The Policy Holder will pay all premium amounts of the coverage.
Pemegang Polisi akan membayar semua jumlah premium untuk perlindungan di atas.
- The employee/Member/Customer concerned will contribute RM
Pekerja/ahli/pelanggan akan menyumbangkan RM.....

5. PREMIUM PAYMENT: Premiums are to be paid in advance to Great Eastern.

MOD BAYARAN PREMIUM: Premium hendaklah dibayar dahulu kepada Great Eastern.

- (a) Yearly/ *Tahunan* (b) Other mode/ *Lain-lain mod:*.....

6. **SCHEDULE OF BENEFITS:** As per Schedule(s) attached:

JADUAL MANFAAT: Seperti Jadual yang dilampirkan:

DECLARATION BY APPLICANT/ PENGAKUAN OLEH PEMOHON

We, the Policyholder, declare that the statements and particulars herein contained are true and agree that all statements and particulars whether furnished by us or by the Employees/Members/Customers and this is basic contract between the employees/members/customers with GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD. We also agree that the Assurance/Insurance hereby proposed shall not take effect until they have been accepted by the Company and until the amount of premium due has been paid to the Company.

Kami pemegang polisi, mengaku bahawa semua pengakuan dan butiran yang diberikan di atas adalah benar dan lengkap samada keterangan dan butiran tersebut dilengkapkan oleh majikan atau pekerja/ahli/pelanggan. Dan ini merupakan asas kontrak antara pekerja/ahli/pelanggan dan Great Eastern Life Assurance (Malaysia) Berhad. Kami bersetuju bahawa Ansurans/Insurans ini tidak akan berkuatkuasa sebelum insurans ini diterima oleh Syarikat dan jumlah premium ini dibayar kepada Syarikat.

Dated at/ Bertarikh di.....on this/ pada.....day of/ haribulan.....20.....

Witnessed by/Saksi oleh

For & on behalf of the Policy Holder
Untuk & bagi pihak Pemegang Polisi

.....
(Signature/ Tandatangan)

.....
(Signature/ Tandatangan)

.....
(Name & Title)
(Nama & Jawatan)

.....
(Name & Title & Stamp)
(Nama & Jawatan & Cop Syarikat)

1. We, The Policyholder as stated overleaf hereby appoint Mr/Mdm/Ms.....
Account No:.....to be the agent to represent GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD in respect of the insurance as stated overleaf until further advice from us.
*Kami, Pemegang Polisi yang dinyatakan di atas dengan ini melantik Encik/Cik/Puan.....
No. Akaun:.....untuk menjadi ejen yang mewakili GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD dalam pengurusan insurans seperti yang tertera di muka surat sebelah sehingga diberi notis lanjut.*
2. We *give/ do not give our consent to Great Eastern Life Assurance (Malaysia) Berhad to disclose to the public that our Organisation is one of the Group Insurance policyholder.
*Kami *membenarkan/ tidak membenarkan Great Eastern Life Assurance (Malaysia) Berhad memdedahkan kepada pihak awam bahawa organisasi kami adalah pemegang polisi insurans berkelompok.*

(*Please delete whichever is not applicable/ Sila potong yang tidak berkenaan)

For and on behalf of the Policyholder
Untuk & bagi pihak Pemegang Polisi

.....
Signature/ Tandatangan
Name, Title & Stamp:
Nama, Jawatan & Cop Syarikat:

Intermediary's / Officer's Declaration: / Pengakuan Pengantara Pegawai
I hereby declare that I have sighted the original certification of registration/annual report of the Master Policyholder through the use of such certification of registration/annual report. Saya Mengesahkan telah melihat sijil pendaftaran asal/laporan tahunan Pemegang Polisi Induk.

Signature of Intermediary / Officer Tandatangan Pengantara /Pegawai: _____
Name>Nama: _____ NRIC No/No KP: _____ Date/Tarikh: _____