

IND / FAMILY	Standard Coverage Premium (RM) & Options			Extended Coverage Premium (RM) & Options			Declaration	
Individual Plan	Option A	Option B	Option C	Option A	Option B	Option C	<p>I, _____</p> <p>Membership No _____,</p> <p>hereby confirm signing up the (/) marked option.</p> <p>(Please tick (/) in the premium box to indicate the option you wish to sign up)</p> <p>Please renew my coverage automatically and <input type="checkbox"/></p> <p>I hereby authorised the Club to debit the premium due to my account.</p>	
Annual (1 Jan -31 Dec)	80.00	125.00	175.00	130.00	210.00	295.00		
6% SST	4.80	7.50	10.50	7.80	12.60	17.70		
Premium Inclusive of SST	84.80	132.50	185.50	137.80	222.60	312.70		
2nd Quarter (1Apr-31 Dec)	70.00	105.00	145.00	105.00	170.00	250.00		
6% SST	4.20	6.30	8.70	6.30	10.20	15.00		
Premium Inclusive of SST	74.20	111.30	153.70	111.30	180.20	265.00		
Half Year (1 July- 31 Dec)	60.00	90.00	120.00	95.00	140.00	205.00		
6% SST	3.60	5.40	7.20	5.70	8.40	12.30		
Premium Inclusive of SST	63.60	95.40	127.20	100.70	148.40	217.30		
Last Quarter (1 Oct- 31 Dec)	40.00	60.00	80.00	60.00	90.00	120.00		
6% SST	2.40	3.60	4.80	3.60	5.40	7.20		
Premium Inclusive of SST	42.40	63.60	84.80	63.60	95.40	127.20		
Family Plan	Option A	Option B	Option C	Option A	Option B	Option C	<p>FOR FAMILY PLAN ONLY(Family Members Name):</p> <p>Spouse : _____</p> <p>Child 1 : _____</p> <p>Date Of Brith : _____ >>FOC</p> <p>Child 2 : _____</p> <p>Date Of Brith : _____ >>FOC</p> <p>Child 3 : _____</p> <p>Date Of Brith : _____ >> Add RM 10.60 (inc. 6% SST)</p> <p>Signature: _____</p> <p>Date: _____</p> <p>NOTE: IF PREMIUM BOX IS NOT MARKED .. <u>PREMIUM WILL BE BASED ON PLAN "A" AND THE DATE THE PROPOSAL FORM RECEIVED. BACKDATED OF COVERAGE IS NOT ALLOWED</u></p>	
Annual (1 Jan -31 Dec)	115.00	160.00	210.00	170.00	230.00	320.00		
6% SST	6.90	9.60	12.60	10.20	13.80	19.20		
Premium Inclusive of SST	121.90	169.60	222.60	180.20	243.80	339.20		
2nd Quarter (1Apr-31 Dec)	100.00	135.00	170.00	140.00	190.00	250.00		
6% SST	6.00	8.10	10.20	8.40	11.40	15.00		
Premium Inclusive of SST	106.00	143.10	180.20	148.40	201.40	265.00		
Half Year (1 July- 31 Dec)	80.00	120.00	140.00	115.00	160.00	220.00		
6% SST	4.80	7.20	8.40	6.90	9.60	13.20		
Premium Inclusive of SST	84.80	127.20	148.40	121.90	169.60	233.20		
Last Quarter (1 Oct- 31 Dec)	65.00	75.00	95.00	70.00	105.00	145.00		
6% SST	3.90	4.50	5.70	4.20	6.30	8.70		
Premium Inclusive of SST	68.90	79.50	100.70	74.20	111.30	153.70		
<p>* Extended Cover allows the the protection of Golfing Equipment (Section 4) as "anywhere in Malaysia and worldwide (excluding USA & Canada) during temporary visits 24 hours a day 7days a week"</p> <p>Term & Conditions</p> <ul style="list-style-type: none"> - Personal Accident benefits reduce to 50% on attaining age 65 years to 75 years. - Age limit for dependant child is between 7 up to 19 years old. - Additional dependent child can be included at RM 10.00 each. - Territorial Limits: Any golf clubs or any golf course any where in the world(excluding USA & Canada) 							<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <p style="margin: 0;">Club Stamp</p> </div>	<p>E & O</p>