



MiCare Sdn Bhd (a member of Zuellig Pharma Group)

MEMBER ENROLMENT FORM (For Medical Outpatient)

Employee's Details - Please fill up and tick/circle the appropriate box/information below.

☐ New Employee ☐ Additional Dependent(s) ☐ Changes of Member Information
Please state remarks : _____

EMPLOYEE NAME : _____
COMPANY NAME : _____
EMPLOYEE NO : _____ DATE JOINED : _____ MARITAL STATUS : (SINGLE/MARRIED/DIVORCED)
I/C NO / PASSPORT NO : _____ DATE OF BIRTH : _____ GENDER : (MALE / FEMALE)
DEPARTMENT/DIVISION : _____ LOCATION : _____

DEPENDENT'S INFORMATIONS

A) SPOUSE DETAILS

<u>NAME (as in NRIC)</u>	<u>I/C NO</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>WORKING WITH MTD GROUP</u> (YES/NO) If YES, please state company :
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B) CHILDREN DETAILS

<u>NAME (as in NRIC)</u>	<u>I/C NO</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEE SIGNATURE : _____ DATED : _____

Note : 1) Please use additional form for insufficient space.

2) Kindly attach the copy of supporting documents i.e MyKad/MyKid/Birth Certificate

GROUP HUMAN CAPITAL DIVISION

RECEIVED BY : _____ DATED : _____

SIGNATURE : _____