

MALAYSIAN MEDICAL ASSOCIATION

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MPS RENEWAL FORM MEDICAL PROTECTION SOCIETY

Name of Member : _____

Are you a member of MMA : Yes No

MPS Membership No. : MAM _____

If so, please state category of membership.

IC No. (New) : _____

Life Member Ordinary

IC No. (Old) : _____

1. **NOTICE IS HEREBY GIVEN** that your annual subscription to The Medical Protection Society Limited is due for renewal. Please indicate your category and remit the appropriate payment as below. The revised subscription rates are effective from **01/02/2019 - 31/01/2020**.

GRADE	SPECIALTY	MALAYSIA RATES (RM)	DETAIL OF SPECIALTY
MLH	HOUSE OFFICER	Please contact MMA to ask for pro rate subscription.	
MO1	1 ST YEAR MEDICAL OFFICER		
MO2	2 ND YEAR MEDICAL OFFICER		
3MO	3 RD & SUBSEQUENT YEAR MEDICAL OFFICER		
GOV	OTHER GOVERNMENT DOCTORS		
INN	NEUROSURGERY		
MOB	OBSTETRICS CLAIMS-MADE PROTECTION (Year 1)		
	OBSTETRICS CLAIMS-MADE PROTECTION (Year 2)		
	OBSTETRICS CLAIMS-MADE PROTECTION (Year 3)		
	OBSTETRICS CLAIMS-MADE PROTECTION (Year 4)		
	OBSTETRICS CLAIMS-MADE PROTECTION (Year 5)		
SHS	SUPER HIGH RISK		
VHR	VERY HIGH RISK		
MHR	HIGH RISK		
INA	ANAESTHETICS		
MMR	MEDIUM RISK		
MLR	LOW RISK		
PAD	HIGH RISK PAEDIATRICS		
LPA	LOW RISK PAEDIATRICS		
PGS	GP-CORE SERVICES		
PGP	GP-PROCEDURAL		
PGO	GP-WITH OBSTETRICS		
XGP	COSMETIC / AESTHETIC MEDICINE		
HNC	NON CLINICAL		

GOVERNMENT DOCTORS ALSO WORKING IN THE PRIVATE SECTOR

To qualify for these rates, you must be in **government employment and work for a total of not more than two days per week in the private sector** (This can be taken as an average over a year, e.g. four days per week for six months).

GRADE	SPECIALTY	RATES (RM)	DETAIL OF SPECIALTY
MNG	NEUROSURGERY	Please contact MMA to ask for pro rate subscription.	
MSG	SUPER HIGH RISK		
MVG	VERY HIGH RISK		
MHG	HIGH RISK		
MAG	ANAESTHETICS		
MMG	MEDIUM RISK		
MLG	LOW RISK		
P1G	GP PROCEDURAL		
P2G	GP NON-PROCEDURAL		
PDZ	HIGH RISK PAEDIATRICS		
LPG	LOW RISK PAEDIATRICS		

2. If you have changed specialty, please give details as below :-
- a) Date changed from _____ to _____
- b) From (*specialty*) _____ to (*specialty*) _____
- c) Further description if any _____
3. Please issue a bank draft or cheque payable to **"MEDICAL PROTECTION SOCIETY"** for the appropriate amount according **to your specialty as listed** and remit it to MMA with this completed form.
4. Please complete the following particulars.

(Please Take Note That Working Address, House Address, Email and Mobile Number Are Compulsory.)

WORKING ADDRESS	HOUSE ADDRESS
Postcode :	Postcode :
Tel. No. :	Tel. No. :
Fax No. :	Fax No. :
E-mail :	E-mail :
Mobile Phone No. :	Mobile Phone No. :

5. Please state your correspondence address : Working House
6. Effective date of change : _____
7. Please write below if you do not wish to renew your subscription with MPS.

Signature of Member : _____ **Date :** _____

FOR OFFICE USE :

Issued By : _____ Cash Online Cheque No. : _____

Receipt No. : _____ Date of Receipt : _____

Comments if any : _____