

MALAYSIAN MEDICAL ASSOCIATION4th FLOOR MMA HOUSE, 124 JALAN PAHANG

53000 KUALA LUMPUR

TEL NO: 03-40411375 FAX No: 03-40419929 / 8187

E-mail: insurance@mma.org.my MMA Website: www.mma.org.my

**MPS RENEWAL FORM
THE MEDICAL PROTECTION SOCIETY****FROM:**

Name of Member : _____

Are you member of MMA: Yes No

MPS Membership No : MAM_____

If so, please state category of M 'ship

IC No. (New) : _____

 Life Member Ordinary

IC No (Old) : _____

1. **NOTICE IS HEREBY GIVEN** that you're Annual Overseas 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 **01/02/2017 - 31/01/2018**

GRADE	SPECIALTY	RATES (RM) MALAYSIA	DETAILS OF SPECIALTY
MLH	HOUSE OFFICER	160	
MO1	1 ST YEAR MEDICAL OFFICER	350	
MO2	2 ND YEAR MEDICAL OFFICER	350	
3MO	3 RD & SUBSEQUENT YEAR MEDICAL OFFICER	350	
GOV	OTHER GOVERNMENT DOCTORS	690	
INN	NEUROSURGEON	79,670	
COS	COSMETIC / AESTHETIC PRACTICE	80,620	
MOB	OBSTETRICS CLAIMS-MADE PROTECTION (YEAR 1)	55,265	
	OBSTETRICS CLAIMS-MADE PROTECTION (YEAR 2)	66,318	
	OBSTETRICS CLAIMS-MADE PROTECTION (YEAR 3)	77,371	
SHS	SUPER HIGH RISK	63,980	
VHR	VERY HIGH RISK	37,250	
MHR	HIGH RISK	21,020	
INA	ANAESTHETICS	9,990	
MMR	MEDIUM RISK	9,130	
MLR	LOW RISK	4,190	
PGS	GP-CORE SERVICES	2,670	
PGP	GP-PROCEDURAL	4,770	
PGO	GP-WITH OBSTETRICS	19,690	
XGP	COSMETIC / AESTHETIC MEDICINE	9,820	
HNC	NON CLINICAL	1,180	

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)	DETAILS OF SPECIALTY
MNG	NEUROSURGEON	40,450	
MSG	SUPER HIGH RISK	32,610	
MVG	VERY HIGH RISK	18,620	
MHG	HIGH RISK	10,510	
MAG	ANAESTHETICS	5,070	
MMG	MEDIUM RISK	4,410	
MLG	LOW RISK	2,510	
P1G	GP PROCEDURAL	2,840	
P2G	GP NON-PROCEDURAL	1,570	

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. Marital Status : Married Single Others
5. Employment status : Government Government Specialist
 Private Private Specialist
 University University Specialist
 Medical Officer General Practitioner

6. Please complete the following particulars.

(Please Take Note That Working Address, House Address, Email and Mobile Number Is 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 :

7. Please state your correspondence address: Working House
8. Effective Date of change _____
9. Please write below here if you do not wish to renew your subscription with MPS.

Signature of member: _____ **Date:** _____

FOR OFFICE USE:

Issued By Name: _____ Cheque/Online/Cash/RM: _____

Receipt No: _____ Date of Receipt: _____

Comments if any: _____