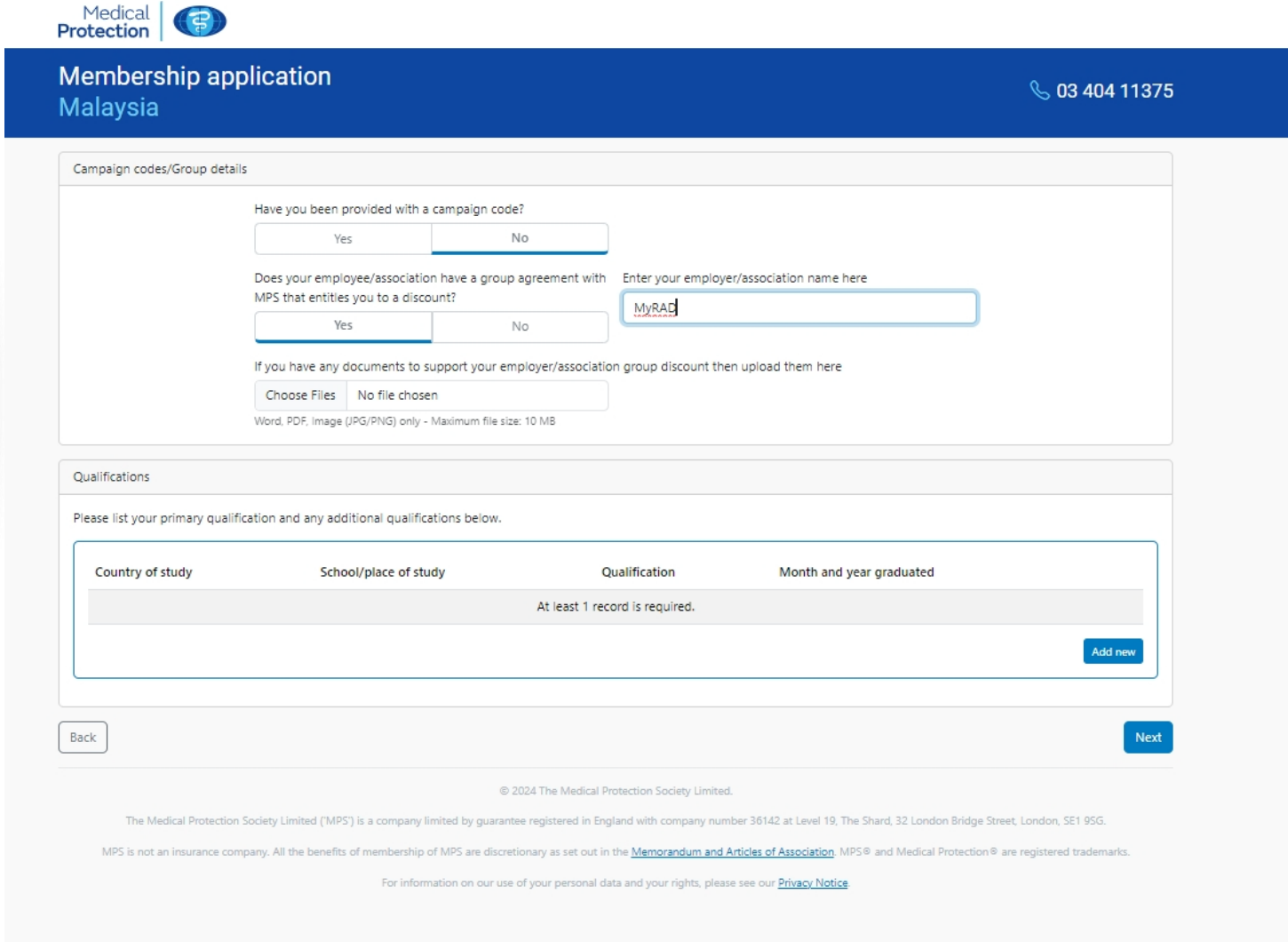





## Partnership of MyRAD and MPS– Scenarios for Application of Discounts

# Existing MyRAD Member New Join MPS

1. Access MPS website: Join Medical Protection - support and indemnity for private doctors
2. Answer 'Yes' to the question 'Does your employee/association have a group agreement with MPS that entitles you to a discount ?'
3. Enter 'MyRAD' at the space 'Enter your employer/association name here'
4. Upload member confirmation/authorization letter at next space of supporting documents by clicking choose file button



Medical Protection | 

**Membership application** 03 404 11375  
**Malaysia**

Campaign codes/Group details

Have you been provided with a campaign code?  
 Yes  No

Does your employee/association have a group agreement with MPS that entitles you to a discount?  Yes  No

Enter your employer/association name here

If you have any documents to support your employer/association group discount then upload them here

Word, PDF, Image (JPG/PNG) only - Maximum file size: 10 MB

Qualifications

Please list your primary qualification and any additional qualifications below.

Country of study	School/place of study	Qualification	Month and year graduated
At least 1 record is required.			


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Tick “Group Arrangement” after completing the application.

Medical Protection | 

## Membership application

Malaysia 03 404 11375

**Application complete**  
Thank you for your time in completing this form which has now been submitted. We aim to respond to you within 5 working days.

Comments

Please tell us why you have chosen MPS - Your comments are important to us, please tick below

- Personal recommendation/referral
- Competitive subscription rates
- MPS membership co-ordinator
- Group arrangement
- Dissatisfaction with previous organisation
- Other

[Next](#)

Discount will be applied accordingly after complete application is received by MPS

## Existing MyRAD Member with MPS and MPS Member New Join to MyRAD

1

Member to email MPS at

[malaysiamembership@medicalprotection.org](mailto:malaysiamembership@medicalprotection.org) with details below:

Title of email: **Request for MyRAD discount**

Details: **Name, MPS membership number, DOB, Telephone number, Address, MyRAD authorization letter**

2

MPS will apply the 15% discount upon renewal. If MPS member has paid for MPS membership, they will be entitled for a refund accordingly after MPS receives details

