MEMBERSHIP FORM

1. MEMBER

I wish to join the Society and I agree to be bound by the Rules:

Do you have Current Health Insurance AVIVA, GLO, LAYA, VHI ,OTHER ?

Yes ☐ No ☐

If YES please enclose documentation showing the plan & level of cover for Inpatient & Outpatient care so we can decide if any "waiting periods" will apply to any enhanced or additional cover benefits provided by the Society.

Prison Officer No: _____ Prison:_____ Date of Joining Service_____

Name: _____ D.O.B: _____ Contact No: _____

Address:_____

PPS Number: _____E-mail Address:_____

2. SPOUSE/PARTNER

I wish to put my Spouse/Partner on cover with the Society:

Does your Spouse/Partner have current Health Insurance **AVIVA, GLO, LAYA, VHI ,OTHER** ?

Yes ☐ No ☐

If YES please enclose documentation showing the plan & level of cover for Inpatient & Outpatient care so we can decide if any "waiting periods" will apply to any enhanced or additional cover benefits provided by the Society.

Full Name of Spouse/Partner: _____ Date of Birth:_____

If Married Date of Marriage: _____ PPS Number: _____

3. I wish to put the following Child/Children on cover with the Society:

Does your Child/Children have current Health Insurance **AVIVA, GLO, LAYA, VHI ,OTHER** ?

Yes ☐ No ☐

If YES please enclose documentation showing the plan & level of cover for Inpatient & Outpatient care so we can decide if any "waiting periods" will apply to any enhanced or additional cover benefits provided by the Society.

Details of Children to be included in cover:

Name	**Date of Birth**	**PPS NUMBER**
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE TURN OVER TO SIGN &COMPLETE FORM---→

Initial Waiting Periods: An initial waiting period during which no benefit will be payable will apply to all new entrants who are not currently insured as follows – NEW MEMBER -26 Weeks except where new officer within the service -13 weeks, Maternity Cover -52 Weeks . New Born – Once Registered & Premium paid.

Pre Existing Condition Waiting Period- Where no current medical insurance cover exists and the signs or symptoms of any medical condition, illness or ailment existed at any-time in the 6 months prior to applying for insurance a "waiting period" of 5 years will apply. A 2 year waiting period for Enhanced In-Patient Care will apply to a member for pre-existing illnesses where the member had a previous health insurance contract with another provider.

Please complete in full and sign and date below

Name of Bank: _____

Bank Address _____

Branch _____

BIC CODE _____

IBAN Number_____

Other information required

Please supply the following

1. ***Birth Certificates for all those seeking Insurance.***
2. ***Copy of Marriage Certificate / Civil Partnership or Completed Delaration in respect of Partner.***
3. ***Letter of Confirmation from previous Insurer confirming level of cover .***
4. ***Signed Deduction Authorisation Form.***

I WISH TO JOIN/ADD MY SPOUSE/PARTNER/DEPENDANT(S)(AS OVERLEAF)TO THE PRISON OFFICERS MEDICAL AID SOCIETY AND I AGREE TO HAVE THE APPROPRAITE DEDUCTIONS MADE FROM MY SALARY.
I AGREE TO BE BOUND BY THE RULES OF THE SOCIETY .

Signature: _____ Reg No: _____ Date: _____

The Rules of the Society provide for serious penalties should any information given here be found to be incorrect

POMAS OFFICE USE	
DFD:	_____
Date of Cover	_____
Deferred Waiting Period if any	_____
Age Loading if over 34 years of age	_____
Input by	_____
Authorised by	_____

Prison Officers Medical Aid Society

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