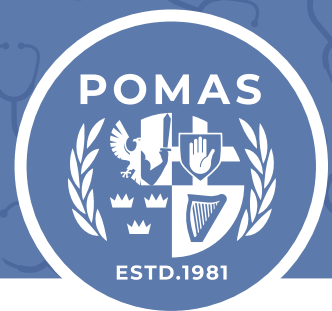


# PRISON OFFICERS MEDICAL AID SOCIETY MEMBERSHIP APPLICATION FORM



## 1. MEMBER

I wish to join the Society:

YES  NO

Do you have Current Health Insurance: LAYA, VHI, Irish Life, Other?

If **YES** Your current Provider will issue you with a Certificate of Credits – This is easy to obtain by ringing your current provider or emailing them.

Name: ..... Pay No: ..... DOB: ...../...../.....

PPS No: ..... Contact No: .....

Address: .....

Email: .....

## 2. SPOUSE/PARTNER

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

Does your Spouse/Partner have Current Health Insurance: LAYA, VHI, Irish Life, Other? YES  NO

If **YES** Your current Provider will issue you with a Certificate of Credits – This is easy to obtain by ringing your current provider or emailing them.

Full Name of Spouse/Partner: ..... DOB: ...../...../.....

## 3. CHILD/CHILDREN

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

Does your Child/Children have Current Health Insurance: LAYA, VHI, Irish Life, Other? YES  NO

If **YES** Your current Provider will issue you with a Certificate of Credits – This is easy to obtain by ringing your current provider or emailing them.

Details of Children to be included in the cover:

Name: ..... DOB: ...../...../.....

Name: ..... DOB: ...../...../.....

Name: ..... DOB: ...../...../.....

Name: ..... DOB: ...../...../.....

Name: ..... DOB: ...../...../.....

 PLEASE TURN OVER TO SIGN AND COMPLETE FORM 

### New customer waiting periods may apply before you have full cover.

The maximum waiting periods If you have not previously had health insurance (or have had a break in cover of more than 13 weeks) are:

- 26 weeks if you have an illness that starts after you join;
- 5 years if it is to pay for a pre-existing condition
- 52 weeks for maternity-related claims

If you are switching to POMAS from an existing health insurer:

You will be covered for any POMAS benefits that you already had cover for at your previous insurer. If you are still subject to waiting periods (for example for pre-existing conditions), those waiting periods will continue with POMAS. A pre-existing condition' means an illness you have had in the six months before you bought your health insurance policy.

**PLEASE COMPLETE IN FULL AND SIGN AND DATE BELOW**

Name of Bank: .....

Bank Address: .....

Branch: .....

BIC Code: ..... IBAN No: .....

**OTHER INFORMATION REQUIRED**

**Please Supply the Following:**

- 1. A colour copy of your Passport or Drivers Licence for adults and Birth Certificate for children.**
- 2. Letter of Confirmation from previous Insurer confirming level of cover.**

I wish to join/add my Spouse/Partner/Dependant(s) (as overleaf) to the Prison Officers Medical Aid Society.

Signature: ..... Pay No: ..... DOB: ...../...../.....

I consent to have my health insurance premium deducted from my fortnightly payroll paid through the Irish Prison Service.

*The Rules of the Society assumes the information given here be correct. We should be informed of any changes that may arise prior to the start date of your policy.*

**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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