Prison Officers' Medical Aid Society

397e North Circular Road, Dublin D07TAC9.
Phone: (01) 830 8963
Web: www.pomas.ie

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: LAYA, VHI, Irish Life, Other?

Yes ☐ **No** ☐

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

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

PPS Number: ..... **Contact No:** .....

Address: .....

E-mail: .....

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 please enclose documentation showing the plan and level of cover for Inpatient and 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: ..... **DOB:** ..../..../....

3. 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 please enclose documentation showing the plan and level of cover for Inpatient and 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 the cover:

Name:	DOB:	PPS Number:
.....	..../..../....	.....
.....	..../..../....	.....
.....	..../..../....	.....
.....	..../..../....	.....
.....	..../..../....	.....

PLEASE TURN OVER TO SIGN AND 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. Maternity Cover - 52 weeks. New Born - Once Registered and 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 Declaration 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 APPROPRIATE DEDUCTIONS MADE FROM MY SALARY.

I AGREE TO BE BOUND BY THE RULES OF THE SOCIETY.

Signature: ..... **Pay 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: .....

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