



Prison Officers' Medical Aid Society

397e North Circular Road, Dublin D07TAC9

Phone: (01) 830 8963

Web: www.pomas.ie

LEGAL UNDERTAKING BY MEMBER

Member Name _____

Pay No. _____

In consideration of the payment by the Prison Officers Medical Aid Society of the medical expenses/benefits incurred by me arising from the incident set out in the schedule below, I hereby inform the Society that the Solicitor acting for me in this case is;

I have instructed him/her to claim all medical expenses/benefits in any proceedings related to my injuries and I have further instructed him/her to repay the amount of said expenses as are recovered to the Society from the proceeds of any awards made by the Court or any settlements negotiated by him/her on my behalf in any such Proceedings. I have instructed him/her to ensure that he/she acquires from the Society immediately prior to the Court hearing or settlement talks the precise details and current balance due to the Society in respect of the aforementioned expenses.

In addition to the above, I personally and irrevocably give all of the above undertakings and will ensure that all expenses arising from and paid by the Society in respect of this incident are included as part of the claim and all monies recovered in respect of the medical expenses/benefits are paid over to the Society at the conclusion of the claim procedure. Where the final settlement sum is paid directly to me and not to my Solicitor, I undertake immediately and without quibble to pay over to the Society the sum recovered in respect of all such expenses paid by the Society.

(I accept that I am liable for any fee levied by my Solicitor for providing his/her legal undertaking to the Society.)

Signed _____ Dated _____

Date of Incident _____

Location of Incident _____

Brief Description of the incident:
