



When you need us, we're there

Vhi
HEALTHCARE



Vhi International

Application Form

Please send completed application forms to:

Vhi International Sales Team, Vhi Healthcare, IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.

Policyholder Details

Title: First Name:

Surname:

Date of birth: / / Gender: Male Female

Occupation:

Nationality:

Home Address:

Mailing address abroad:

Telephone/home:

Telephone/abroad:

Email:

Please note that by providing your email address, you understand that you will receive your policy and renewal documentation electronically. If you wish to receive by post, tick here.

Is the policyholder to be insured on Vhi International? Yes No

Are you/your dependants currently insured with Vhi Healthcare? Yes No

If you/your dependants are insured with another private health insurer, please state the name:

Please state your membership number:

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Travel Details

- Reason for travelling:
- Name of country (and nearest city/town) where you will be based:
If no fixed location, please tick:
- Expected length of time abroad:
- Date of departure: / /

We will activate your policy from a date as close to your date of departure as possible. If you have already moved abroad we will set up your policy from a current date.

Cover Details (tick relevant boxes)

Area required:

- Area 1 – Europe
- Area 2 – Worldwide (*excl. USA & Caribbean*)
- Area 3 – Worldwide (*all countries*)

Level of cover required:

Level 1 Level 2

Optional Add-ons:

- Travel Insurance benefits €60 per person
(*Included on Level 1 as standard, without charge*)
- Dental Insurance €215 per person

Additional persons to be insured*:

Full Name	Date of birth	Relationship	Nationality	Student** (please tick)

* Where dependants require different cover to the policyholder, please supply details in a covering letter.

** Where this box is ticked, evidence of full-time student status must accompany this form i.e. letter from university.

Only Corporate Members need complete this section

Company name & address:

Is your company funding your Vhi International premium?

Yes No Partially

New Vhi customers

We will contact you as necessary about the products you currently hold with us. We would like your permission to contact you about other Vhi products or services. Please indicate your preferences below.

Do phone me about other Vhi products or services

Do email/SMS me about other Vhi products or services

Don't send me post about other Vhi products or services

Existing customers

Your current communication preferences held for sending you information about other Vhi products or services will continue to apply. If you wish to change these preferences, please contact us at (056) 444 4444 or online at Vhi.ie/contact/

Data Protection

The information which you provide to the Vhi Group ("Vhi") in this form will be used within the Vhi group of companies and by the insurer and their representatives for processing your application and claims, customer services and for the administration of any healthcare related products and services of which you and any other person on your policy avail. Data may also be used for statistical analyses and the detection and prevention of fraud. We may share your data with trusted third parties who process data on our behalf, inside and outside of the European Economic Area. We may also share your data with other insurers to verify your cover, and with state bodies as required by law.

By including your details in this form, you explicitly consent to Vhi processing your details for these purposes. You also confirm that you have explained to each person who is included on your policy why we may ask for this information and what we will use it for, and that each person has agreed to this.

You have the right, subject to certain exemptions, to access any personal data that we hold about you (for which we may charge you a small fee) and to have inaccuracies corrected. If you wish to avail of these rights, please write to the Data Protection Officer, Vhi House, 20 Lower Abbey Street, Dublin 1.

Vhi's Data Protection Statement contains a further detailed breakdown of the personal data we collect in relation to our customers and how we use that personal data. The Data Protection Statement can be found at Vhi.ie or should you wish to contact us on **(056) 444 4444**, you can request a hard copy.

For office use only

S.P.I.N.

Membership number:

Application date:

Completed by:

