



# Dental Insurance Application form

Post to: DentalCover.ie, Vhi Healthcare, IDA Business Park, Purcellsinch, Dublin Road, Freeport, Kilkenny

## DentalCover.ie

Are you currently a Vhi Healthcare member? Yes  No

If YES, please supply your policy no.

## Personal details

Mr  Mrs  Miss  Ms  Gender M  F

First name  Surname

Address

Date of birth  Occupation

PPS no. (must be completed for application to be processed)

Only used for allowing Tax Relief at Source to your subscriptions by arrangement with Revenue

Tel: Mobile  Other

Email

Group name

Group number

Number needed for salary deduction   
(Staff/Personnel/Payroll/Teacher/Other)

Level of cover required  Plan name

## Additional persons to be insured

First name/surname	Date of birth	Relationship	Vhi policy no.	PPS no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Method of payment

Through your bank or building society

To pay by direct debit please complete the mandate opposite and return to your bank.

### For office use only

S.P.I.N.  Policy no.:

Date:  Comp. by:

DD Originator Code: 300001

# Direct debit mandate

## Dental direct debit mandate: applicant details

Policyholder's name

Account holder's name

Account holder's address

Tel: Home  Work

Email

Method of payment Monthly  Annually

## Bank/building society account details

To the manager of

(full postal address)

Branch code

Bank/building society account no.

## Your instruction to your Bank

• I instruct you to pay Direct Debits from my account at the request of Vhi Healthcare • I confirm that the amounts to be debited are variable and may be debited on various dates • I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also notify Vhi Healthcare of such cancellation. The Direct Debit Guarantee: this is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which all Banks and Originators of Direct Debits participate • If you authorise payment by Direct Debit, then your Direct Debit Originator will notify you in advance of the amounts to be debited to your account; your Bank will accept and pay such debits, provided that your account has sufficient available funds • If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged • You can cancel the Direct Debit in good time by writing to your Bank.

Signature(s)

Date

Banks/building societies may decline to accept instructions to charge Direct debits to certain types of accounts other than current accounts.

The Voluntary Health Insurance Board trading as Vhi Healthcare and DentalCover.ie is regulated as an intermediary by the Central Bank of Ireland. DeCare Dental Insurance Ireland limited trading as DentalCover.ie underwrites this product and is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to DeCare Dental Insurance Ireland Limited for Dental Insurance.

## New Vhi customers

Vhi Healthcare and DentalCover.ie may wish to send you information on other products and services which may be of interest to you. Please indicate your preferences below:

- I do not wish to be contacted via post in relation to other products or services.
- I wish to be contacted via phone in relation to other products or services.
- I wish to be contacted via email or SMS in relation to other products or services.

## Existing Vhi customers

Your current communication preferences which we hold on file will apply. If you wish to change these preferences, please contact us on **Local 1890 44 44 44**.

## To be signed by the applicant

I agree to be bound by the Rules as set out by Vhi Healthcare and DeCare Dental Insurance Ireland Ltd. I agree to have the subscription deducted from my salary/pension where such arrangements apply. I consent to the transfer of my personal data to DeCare Dental Insurance Ireland Ltd.'s American parent company as necessary for the performance of my contract in accordance with Section 11(1) of the Data Protection Acts, 1988 and 2003.

Signature

Date

## Data protection notice

Vhi Healthcare and DeCare Dental Insurance Ireland Ltd. holds and uses personal data and sensitive personal data such as medical information for the purposes of providing and administering dental insurance products, statistical analysis and the detection and prevention of fraudulent claims. In order to administer the dental insurance products which we provide, it is necessary for us to send your data outside of the EU but such data will continue to be safeguarded in accordance with the standards and principles set out in the Data Protection Acts, 1988 and 2003.

We may share your data with Vhi Healthcare for the purposes of providing and administering dental insurance products, statistical analysis and the detection and prevention of fraudulent claims.

We may also share your personal data and sensitive personal data:

- (i) with your dentist insofar as it is relevant to the processing of your claim;
- (ii) with our legal advisers and the appropriate authorities where necessary e.g. the Dental Council, An Garda Síochána and the Financial Services Ombudsman.

If you have a query in relation to the data held about you or you wish to request a copy of the data held by Vhi Healthcare or DeCare Dental Insurance Ireland Limited, please write to the Data Manager, DentalCover.ie, Vhi Healthcare, 20 Lower Abbey Street, Dublin 1.