



MultiTrip Travel Insurance Application Form



PLEASE USE BLOCK CAPITALS

You must hold a current private health insurance plan with a minimum €65,000 for medical emergencies abroad to be eligible for Vhi MultiTrip Travel Insurance.

Name of private health insurer:

Your membership number:

Mr. Mrs. Miss Ms.:

First name:

Surname:

Address:

Date of birth:

Occupation:

Contact numbers:

Daytime:

Mobile:

Email address:

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 ☐

Additional persons to be insured:

Full name:

Date of birth:

Relationship:

Healthcare policy no.:

Full name:

Date of birth:

Relationship:

Healthcare policy no.:

Full name:

Date of birth:

Relationship:

Healthcare policy no.:

Full name:

Date of birth:

Relationship:

Healthcare policy no.:

Level of cover required (tick appropriate box)

	Individual	Couple ¹	Family ²
Under 65 yrs old:			
Worldwide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 65 yrs old:			
Worldwide	<input type="checkbox"/>	<input type="checkbox"/>	
Over 65 yrs old:			
Europe	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Any 2 insured members with at least one over 18 years of age

² Includes dependent children under 18 years of age

Add-ons

Vhi MultiTrip travel insurance can be bought without add-ons. Add-ons to Vhi MultiTrip are optional and can be purchased for an additional premium.

Excess waiver	<input type="checkbox"/>
Winter sports	<input type="checkbox"/>
Golf	<input type="checkbox"/>
Motor breakdown	<input type="checkbox"/>

For further details about add-ons see our Vhi MultiTrip sales brochure or visit www.vhi.ie/travel. Optional add-ons can be purchased to supplement an individual, couple or family plan. Add-ons are charged on the basis of your plan, e.g. couple rate for couple policy, even if only one applicant requires the cover.

Policy effective date

Please select the date, month and year you would like your policy to be effective from. To fully avail of your Cancellation/Curtailment benefit, it is advised that your policy effective date is **before** your booking date of trip.

Policies can be only be effective on certain dates of each month.

Date (please circle): 1 8 15 22

Month:

Year:

Method of Payment:

Visa Debit: ☐
 Visa: ☐
 MasterCard: ☐

Expiry date:

Card number:

CVV number:

By signing this application form, you accept the Terms and Conditions which allow Vhi Healthcare to renew your policy automatically at the next renewal date, in the absence of any instruction to the contrary, and to debit your account.

Cardholder's name:

Cardholder's signature: _____

Date:

Cheque ☐ (please make your cheque payable to Vhi Travel Insurance)

To be signed by the applicant

I agree to be bound by the Terms & Conditions as contained in the MultiTrip Travel insurance policy document[†].
I declare that, to the best of my knowledge and belief, the information provided is true and complete.

Signature: _____

Date:

† Will be sent on registration or may be had, in advance, on request.

Please note completion of this application does not constitute a contract. Vhi Healthcare will review this application and if it is accepted, will contact you with details of your contract. Failure to disclose all relevant information on this form may result in the termination of your contract and rejection of claims at any time.

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 1890 44 44 44 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.

Whi'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 **1890 44 44 44**, you can request a hard copy.

General exclusions

All persons included on a MultiTrip policy must be covered by a current private medical insurance plan with a minimum of €65,000 overseas cover. Vhi Healthcare members with Plan P are **not** entitled to cover under MultiTrip

If you allow your private medical insurance to lapse, then the medical sections of your MultiTrip policy will not apply

Vhi Healthcare members: Medical emergencies are handled by Vhi Assist which is provided under the private medical insurance plan

Non Vhi Healthcare members: If you hold private medical insurance with another provider, you must contact them for information on medical emergencies overseas

There is **no** refund if you cancel your policy more than 14 days after receipt of your policy

€85 excess per insured person per claim *(this does not apply if you have purchased the policy excess waiver add-on)*

Under 65 years of age:

60-day single trip limit, maximum of 180 days travel per year

All members must be under 65 years of age

Over 65 years of age:

30-day single trip limit, maximum of 180 days travel per year

Policy holders and any added person must be 65+ years of age

80's and over:

Trip limits are as follows: Europe 30 days, Worldwide 17 days

Cover for pre-existing illnesses is limited only to the overseas limits of the medical insurance plan

Please note that for members over 80 years of age, additional Terms & Conditions apply and these are available on request

No extended trip limits for members over 80 years of age

€85 excess per insured person per claim *(not applicable if you have purchased the policy excess waiver)*

For office use only

Reference no:

Policy number:

Application date:

S.P.I.N.:

Completed by: