

Health Insurance Application Form

Important to know

Can anyone join Vhi Healthcare?

Yes, anyone can join Vhi Healthcare. The Irish healthcare market is community rated which means that any adult (aged 18 and over) in Ireland, can hold a health insurance policy - no matter what age or what their health status is. The prices don't change from person to person and you don't need a medical examination first.

Are there waiting periods before I can claim?

Yes there are. They have been put in place to protect current members against rising costs by people who discover they are sick and only join so that they have cover for that condition. The waiting periods are as follows:

ILLNESSES THAT DEVELOP AFTER YOU JOIN

AGE ON JOINING	WAITING PERIOD	ACCIDENTS
Under 55	26 weeks	No waiting period
55 - 64	52 weeks	No waiting period
65 or over	104 weeks	No waiting period

ILLNESSES THAT EXIST BEFORE YOU JOIN

AGE ON JOINING	WAITING PERIOD
Under 55	5 years
55 - 59	7 years
60 or over	10 years

UPGRADING YOUR LEVEL OF COVER

AGE AT UPGRADE	WAITING PERIOD FOR NEW CONDITIONS	WAITING PERIOD FOR EXISTING CONDITIONS	ACCIDENTS
Under 55	26 weeks	2 years	No waiting period
55 - 64	52 weeks	2 years	No waiting period
65 or over	104 weeks	5 years	No waiting period

A 52 week waiting period applies to maternity/pregnancy benefits.

How many days treatment can you claim in a year?

Cover for in-patient hospital treatment is available for a maximum of 180 days per member per calendar year.



Hospitals and accommodation

There are two types of hospitals in Ireland:

Public hospitals

These hospitals are state owned and run. If you want private treatment in a public hospital, it pays to have health insurance.

Private hospitals

These are privately owned and run and all treatment must be paid for by the patient or by their health insurer. An average cost of one week's stay in a private hospital is approx. €5,000 – you can see now why it's so important to be covered by Vhi Healthcare.

Accommodation types

- Day case/care & side room procedures use 'day care' beds and do not require an overnight stay.
- Public rooms have 6 beds or more.
- Semi-private rooms have between 2 and 5 beds.
- Private rooms have 1 bed.

How to claim?

In-patient hospital claims

Vhi Healthcare pays your in-patient hospital bills directly so that you don't have to. This removes the need for our members to have to complete claim forms and follow up with consultants and doctors for signatures. More importantly, it means our members don't need to have the money ready at hand to pay for their procedures and in-patient stay.

Day-to-day expenses claims

There may be an excess, depending on the plan held which members need to reach before they can make a claim.

To claim all you need to do is retain all your medical receipts from visits to your medical practitioners and submit them to Vhi Healthcare as often as you like, with a completed and signed 'Day-to-Day Expenses' claim form.

You can download a claim form from www.vhi.ie/downloads or call us on **1890 44 44 44** and we'll post one to you. It's as simple as that!

Pricing

- Vhi Healthcare does NOT impose surcharges on any instalment payments. The price remains the same whether payment is made monthly or yearly.
- The Child rate applies to children under 18 years of age. Student rate applies to students in full-time education up to 21 or 22 years of age depending on the plan held.
- Your contract will last for one year, unless we agree to a shorter period.

Application form: to be returned to Vhi Healthcare

Mr. Mrs. Miss Ms. First name _____ Surname _____

Address _____

Date of birth _____ Email _____

Mobile _____ Home telephone _____

Group name _____

Number needed for salary deduction
(If in doubt, contact your Payroll or HR Department)

Chosen plan for policyholder and dependants

FIRST NAME / SURNAME	DATE OF BIRTH	RELATIONSHIP	TICK IF STUDENT ¹	COLLEGE ¹	PPS ²	CHOSEN HEALTHCARE PLAN

¹ The Child rate applies to children under 18 years of age. The Student rate applies to students in full-time education up to 21 or 22 years of age depending on the plan held. Please do not send your subscription until notified that your application has been registered.

² Your PPS number is required for Revenue purposes.

If any of the named persons has had Vhi Healthcare cover within the last 12 months, please state policy number.

To be signed by the applicant

I agree to be bound by the *Rules of Vhi Healthcare. I agree to have the subscription deducted from my salary/pension where such arrangements apply. I declare that to the best of my knowledge and belief the information provided is true and complete.

*Rules will be sent on registration or may be had in advance, where requested.

New Vhi Healthcare customers

We 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 by Vhi Healthcare in relation to other products or services.
- I wish to be contacted via phone by Vhi Healthcare in relation to other products or services.
- I wish to be contacted via email or SMS by Vhi Healthcare in relation to other products or services.

Existing Vhi Healthcare customers

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

Data Protection

The information which you provide to the Vhi Group ("Vhi") in this form will be used within the Vhi group of companies 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 Office, 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 www.vhi.ie or should you wish to contact us on **1890 44 44 44**, you can request a hard copy.

X SIGNATURE _____ DATE _____

For office use only
S.P.I.N. _____ Date _____
_____ Comp. by _____
Policy no. _____

Your Details

Vhi membership number

Contact phone number

Email address

Payment preference

Monthly

Yearly

SEPA Direct Debit Mandate

Creditor Identifier IE46SDD300001

Creditor name: Vhi Healthcare

Creditor address: Vhi House, Lower Abbey Street, Dublin 1

By signing this mandate, you authorise:

(a) Vhi Healthcare to send instructions to your bank/building society to debit your account

(b) Your bank/building society to debit your account in accordance with the instructions from Vhi Healthcare

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Unique Mandate Reference (UMR) (to be completed by Vhi Healthcare)

Type of payment

Recurring

Customer Details (please complete all required fields, marked below*)

*Name

*Address

*IBAN

*BIC

***Signature(s)**

X SIGNATURE

DATE

X SIGNATURE

DATE

Your rights regarding this mandate are explained in a statement that you can obtain from your bank. Vhi Healthcare will notify you at least 7 days in advance of the first direct debit on your account and any time the amount to be debited changes.

Please send to:

Vhi Healthcare
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny

For office use only

Comp. by

Comp. date

UMR