



# MultiTrip Application Form

PLEASE USE BLOCK CAPITALS

**Note: You must hold a current private health insurance plan with cover up to €65,000 for medical emergencies abroad to be eligible for MultiTrip from Vhi Healthcare.**

Please state name of **private health insurer**:

Please state your **membership number**:

Mr. Mrs. Miss Ms.: \_\_\_\_\_ First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ Daytime: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please note that by providing your email address, you understand that you will receive your policy & renewal documentation electronically.

If you wish to receive by post, tick here ☐



The Voluntary Health Insurance Board trading as Vhi Healthcare and DentalCover.ie is regulated as an intermediary by the Central Bank of Ireland. Vhi Healthcare is tied to Aria Insurance Services Limited for MultiTrip Travel Insurance.

## 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.

Date (please circle a date) **1 8 15 22**

Month: \_\_\_\_\_ Year:

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

## Additional persons to be insured

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Vhi Healthcare policy no.: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Vhi Healthcare policy no.: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Vhi Healthcare policy no.: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Vhi Healthcare policy no.: \_\_\_\_\_

## Level of cover required (tick appropriate box)

|                               | INDIVIDUAL <sup>1</sup>  | COUPLE <sup>2</sup>      | FAMILY <sup>3</sup>      |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| Under 65 years old: Worldwide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Over 65 years old: Worldwide  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Over 65 years old: Europe     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Optional add-ons

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

|                      |                          |
|----------------------|--------------------------|
| Winter sports        | <input type="checkbox"/> |
| Golf                 | <input type="checkbox"/> |
| Motor breakdown      | <input type="checkbox"/> |
| Policy excess waiver | <input type="checkbox"/> |

<sup>1</sup> Any individual over 18 years of age, who holds a current private medical insurance plan. This excludes Vhi Healthcare member on Plan P

<sup>2</sup> Any 2 individuals both aged under 65 years of age and with one over 18 years of age or 2 individuals both 65 years of age or over

<sup>3</sup> Policyholder, his/her common law partner, both under 65 years of age, and their dependent children under 18 years of age residing with them or students in full-time education up to 21 years of age

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.

## For office use only

Reference no:

S.P.I.N. \_\_\_\_\_

Policy number: \_\_\_\_\_

Application date: \_\_\_\_\_

Completed by: \_\_\_\_\_

## Method of payment

Laser: ☐ 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<sup>†</sup>.

I declare that to the best of my knowledge and belief the information provided is true and complete and the applicant has not concealed anything material from the insurers.

☒ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>†</sup> Will be sent on registration or may be had, in advance, on request

### New Vhi 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 do wish to be contacted via phone by Vhi Healthcare in relation to other products or services. ☐

I do wish to be contacted via email or SMS by Vhi Healthcare in relation to other products or services. ☐

### Existing customers

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

## Data Protection Acts

Information obtained by Vhi Healthcare for the purpose of administering healthcare related products and services is held in accordance with the Data Protection Acts 1988 & 2003. Details of Vhi Healthcare's use of personal data appear in the public register maintained by the Data Protection Commissioner's Office.

Under the Data Protection Acts you have the right of access to information we hold about you on payment of a nominal fee (currently €6.35). You can exercise this right by writing to the IT Security Department, Vhi Healthcare, IDA Business Park, Purlcessinsh, Dublin Road, Kilkenny.

### 1. 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 of any cancelled policies 14 days beyond receipt of policy
- €85 excess per benefit per person (not applicable if you have purchased the policy excess waiver)

### 2. 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

### 3. 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

### 4. 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. These are available on request
- No extended trip limits for members over 80 years of age
- €85 excess per benefit per person (not applicable if you have purchased the policy excess waiver)