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Marketing Department  
**Vhi Healthcare**  
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Pursellsinch  
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# Important to know...



**Q:** Can anyone join Vhi Healthcare?

**A:** 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.

**Q:** Are there waiting periods before I can claim?

**A:** 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. 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

#### Illness 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 existing conditions
Under 64	2 years
65 or over	5 years

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

**Q:** How many days treatment can you claim in a year?

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



## Just in case you didn't know...

### Hospitals types:

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

With Plans A-E and A-C Option plans, members need to reach an excess of €250 and €200 respectively, of eligible expenses before they can make a claim.

The LifeStage Choices plans have a €1 excess per person. This means a member is entitled to claim from their first visit to any practitioner on the list of day-to-day benefits.

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](http://www.vhi.ie/downloads)

or call us on **CallSave 1850 44 44 44** and we'll post one to you. It's as simple as that!

## Pricing

- All prices quoted are net of tax relief and include the group 10% discount.
- Vhi Healthcare does NOT charge surcharges on any instalment payments. The price remains the same whether payment is made monthly or yearly.
- Child rates apply to children under 18 years of age and students in full-time education up to 21 years of age.

# Application form

To be completed by new applicants only



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

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

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

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

Home telephone no.: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

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

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

Group name: \_\_\_\_\_

Number needed for salary deduction:  
Staff / Personnel / Payroll / Teacher / Other: \_\_\_\_\_  
(If in doubt, contact your Payroll Section)

### Chosen plan for policyholder and dependants

FIRST NAME / SURNAME	DATE OF BIRTH	RELATIONSHIP	TICK IF STUDENT*	COLLEGE*	CHOSEN HEALTHCARE PLAN

\*Child rates apply to children up to 18 years of age and students up to 21 years of age in full time education. Please do not send your subscription until notified that your application has been registered.

If any of the named persons has had Vhi Healthcare cover within the last 12 months, please state policy no.

#### 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.

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Vhi Healthcare may wish to send you information on other products and services which we believe may be of interest to you. If you do not wish to receive this information please tick the appropriate box(es) below:

I do not wish to receive details of other Vhi Healthcare products and services

I do not wish to receive details of other non-Vhi Healthcare products and services

#### Data protection acts

Information obtained by Vhi becomes part of the data held by Vhi for the purpose of administering healthcare insurance in accordance with the Data Protection Acts, 1988 and 2003. This information will remain confidential to Vhi and in all cases access will be carefully controlled and restricted to the minimum necessary for the purpose. In order to provide you with the benefits of Vhi, anonymised information may be disclosed for research or statistical purposes and information may be disclosed on a strictly confidential basis as follows:

- Medical information to those involved with your treatment or care.
- Non-medical information to others for the purpose of efficient administration (for example: audit, systems development, administering and managing our services).

In cases of suspected fraud, information may be disclosed to other insurance companies and/or to the relevant authorities, for example An Garda Síochána. Details of the Vhi's use of personal data appear in the public register held by the Data Protection Commissioner. If you have any enquiries about your data, please write to the Data Manager, Vhi Healthcare, IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.

#### For office use only

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

Policy No.: \_\_\_\_\_

Date: \_\_\_\_\_ Comp. by: \_\_\_\_\_

### Monthly direct debit mandate

Name: \_\_\_\_\_

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

Home telephone no.: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

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

Method of payment MONTHLY

Account holder's name: \_\_\_\_\_

**Bank/Building Society account details**

To the manager \_\_\_\_\_ Bank/Building Society

Branch (full postal address): \_\_\_\_\_

Branch code

Bank/Building Society account no.

#### Your Instruction to your Bank, and your Signature

- 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 so 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

**X** Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Banks/Building Societies may decline to accept instructions to charge direct debits to certain types of accounts other than current accounts.

#### For office use only

Comp. by: \_\_\_\_\_ Comp. dt: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Originator Code:300001**