#### Credit/Laser card payment authority

	<b>hcare</b> , I authorise y <b>re</b> membership.	ou, to charg	e to my credit/las	er card account, i	in respect of subscripti	ons fo
(please tick)	Mastercard	Visa	Laser			

Cardholders full name (as it appears on credit/laser card):

Credit/Laser card number				
Expiry Date: month year				
Cardholders signature:	Date:			

#### **Declaration and consent**

In view of the declaration below, it is essential that complete information is supplied.

Benefits may not be payable if you do not fully disclose any material facts, which could influence our assessment and acceptance of this application. If you are in doubt as to whether any facts are material, you should disclose them. You are advised to keep a record of all information you supply to us in connection with this application, including letters. If you would like a copy of this application form, please ask us. I hereby apply to enrol myself as a member Elips Insurance Limited jointly hold of the scheme indicated above. I declare to the best of my knowledge and belief the information given in this application is true and complete. I agree that the Rules of the applicable schemes will be binding on me. Copies of the Rules are available on request. It is lava healthcare's intention to provide a first class service to our members at all times. However, if you do have any cause for dissatisfaction, please write to the Head of Customer Services at laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork. If you remain dissatisfied you may appeal to the Managing Director by writing to him at the same address. Unless otherwise agreed by laya healthcare in writing, Irish Law shall apply to the agreement between you and lava healthcare. Lava healthcare would also like to keep you informed (by telephone, post or e-mail) of selected products and services available from us. Your information may also be used for these purposes after your policy has lapsed. If you would prefer not to receive this information from us, and have not previously advised us of this, please let us know when you contact us.

Please do not send me details of other laya healthcare products.

Please do not send me details of other non lava healthcare products.

We may contact you with a reminder that your policy is due for renewal. We can only take instructions to effect or alter a policy in some way from the Policyholder. You have the right to ask for a copy of the information we hold about you and to correct any inaccuracies in your information.

Member signature:

Date:



healthcare

Data Protection Statement

It is a condition of your policy that

you agree to us using your personal

data in the way set out in the rules

book. Laya healthcare Limited and

your details in accordance with the

The information you provide will

to manage the administration of

exchange information with other

where we are entitled to do so

insurers either directly or through people acting for the insurer and

under the Data Protection Acts. We

members aged between 50-64 years

may pass contact details of female

to the National Breast Screening

Programme. If you have a problem

with this please let us know when you contact us. If you have any

enquiries about your data, please write to the Information Protection

Eastgate Road, Eastgate Business

Manager at Lava healthcare,

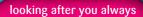
Park, Little Island, Co Cork.

and claims handling. We may

be treated in confidence and used

vour policy, including underwriting

Data Protection Acts 1988 and 2003.



laya

healthcare

**StudentCare** 

### The cost of StudentCare

Students aged 18 years and older	€53.41
Students aged 17 years and younger	€26.71

## The benefits of StudentCare

GP visits	€25 per visit	up to 4 visits per year
Nurse visits	€10 per visit	up to 2 visits per year
Psychiatric consultations	€40 per visit	up to 2 visits per year

These benefits are available when treatment is carried out at the UCD Medical Centre, First Floor, Student Centre Building, UCD, Dublin 4. Contact: o1 716 3133/o1 716 3143. Please note certain exclusions will apply, please refer to the scheme rules and table of benefits or visit www.layahealthcare.ie/ucd.

## How do I claim?

All you need to do is attach your original receipts to a completed StudentCare out-patient claim form. Just return them to us and we'll take care of the rest.



Laya Healthcare Limited is regulated by the Central Bank of Ireland.

# **Application Form**

Detach along here

1 Personal details
Name:
Address:
Date of birth day month year
Home telephone number: Mobile telephone number:
Email address:
Student number
2 Do you currently have health insurance?
Yes (please give details) No
Insurer: Start date: Scheme:
3 Date cover required from
Day Month Year
4 Method of payment for your subscription
Direct Debit Cheque Credit Card Laser Card Cash
5 Direct Debit instructions (annual option only available)
Name:
Account Number:
Bank sort code:
Declaration: I/we instruct you to pay direct debits from my/our account at the request of <b>laya healthcare</b> . The amounts are variable and may be debited on various dates. I/we understand that <b>laya healthcare</b> may change the amounts and dates only after giving prior notice. I/we will inform the bank/building society in writing if I/ we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.
Signature 1: Signature 2:
Date:
To: The Manager
Bank
Address