

**6 Credit/Laser card payment authority**

To **laya healthcare**, I authorize you, to charge to my credit/laser card account, in respect of subscriptions for **laya healthcare** membership.

(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: \_\_\_\_\_

**7 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 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 **laya 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 **laya healthcare**. **Laya 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 **laya 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: \_\_\_\_\_

**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 **Elips Insurance Limited** jointly hold your details in accordance with the Data Protection Acts 1988 and 2003. The information you provide will be treated in confidence and used to manage the administration of your policy, including underwriting and claims handling. We may exchange information with other insurers either directly or through people acting for the insurer and where we are entitled to do so under the Data Protection Acts. We may pass contact details of female members aged between 50-64 years 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 Manager at **Laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co Cork.

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



## 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: 01 716 3133/01 716 3143. Please note certain exclusions will apply, please refer to the scheme rules and table of benefits or visit [www.layahealthcare.ie/ucd](http://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.



FIND US

WEBSITE

V-CARD

Eastgate Road,  
Eastgate Business Park,  
Little Island, Co Cork.

Tel 1890 700 890  
Cork 021 202 2000  
E-mail [info@layahealthcare.ie](mailto:info@layahealthcare.ie)  
Website [www.layahealthcare.ie](http://www.layahealthcare.ie)

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

LAYA-SCAPP-001-04/12

## Application Form

### 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:        Annually

Declaration: I/we instruct you to pay direct debits from my/our account at the request of **laya healthcare**. The amounts are variable and may be debited on various dates. I/we understand that **laya healthcare** 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

Detach along here