

HealthProtect

Rules booklet



laya  
healthcare

looking after you always



## Welcome to Laya Healthcare

The new beginning for QUINN-healthcare

Thank you for choosing us to look after your healthcare cover.

This rules booklet contains very detailed legal information about our HealthProtect scheme and is a reference guide to your Health Protect brochure.

Due to the detail in this booklet we understand you may have questions, so please feel free to contact our Customer Care team.

Call 1890 700 890 between 8am and 7pm Monday to Friday and 10am and 3.30pm on Saturdays. In the interest of customer service, calls are recorded & monitored.

Visit our website on [www.layahealthcare.ie](http://www.layahealthcare.ie) or email us at [info@layahealthcare.ie](mailto:info@layahealthcare.ie)

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

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## Serving you online [www.layahealthcare.ie](http://www.layahealthcare.ie)

**It's never been easier for you to get in touch with us when it suits you. By visiting our website you can:**

- find information on all our schemes as well as frequently asked questions (FAQs) and answers
- update your address details
- change your level of cover
- check consultants and hospitals covered by your scheme
- email us with any questions
- download the most up-to-date information (rules and other literature may be updated from time to time)

To look at the details of your own scheme, all you need is your **laya healthcare** membership number to register online.

# A reminder of your HealthProtect scheme

Effective from 14th May 2012.

This booklet contains everything you need to know about your HealthProtect scheme.

If, however, you have any questions about your cover, please contact our customer service team on **1890 700 890**.

## How to make a Claim

Your HealthProtect plan provides benefit for the statutory daily public ward charge in a **laya healthcare** participating public hospital, subject to a maximum of 10 days in any 12 month period. It does not cover any additional benefits.

We have direct settlement with almost all of our hospitals. This means that when you go into hospital, you simply fill out a form when you arrive, sign it when you leave, and the hospital then deals directly with us. There's no need for you to do anything else. We will then write to you afterwards to let you know when we've settled your bill with the hospital and the amount we've paid on your behalf. It's as simple as that.

## 1. Introduction

You need to read these rules along with your membership certificate and application form. Together these documents make up the agreement between us **laya healthcare** and you (the member).

## 2. Definitions

It is important for you to understand that some of the terms we use have specific meanings. These terms and their meanings are outlined below and written in bold throughout the remainder of the booklet.

### Benefits

The hospital charges, medical fees and other **benefits** shown in the Table of **Benefits**.

### Laya healthcare participating hospital

Any hospital listed as a **laya healthcare participating hospital** in the **laya healthcare participating hospital** list at the time **you** receive **your treatment**. For members of HealthProtect, the **laya healthcare participating hospital** list means the list of **laya healthcare participating public hospitals** that can be found at the back of this booklet. This list may change now and again, so please check with us before going to hospital that **you** are properly covered for that hospital and that the hospital is still listed. We will send **you** a copy of the most up-to-date list if **you** ask us to.

### Dependants

**Your** husband or wife or partner and any child or **dependant of yours** who we have agreed with **you** to accept into membership of one of the **schemes**, and who is also named on **your** membership certificate as one of **your dependants**.

### Health insurance contract

A **health insurance contract** to which the Irish Health Insurance Act, 1994, and the regulations made under that Act, apply.

### Hospital

This means a **laya healthcare participating hospital**.

### In-patient treatment

**Treatment** where, for medical reasons, **you** have to stay in a **hospital** overnight.

### Ireland

**Ireland** excluding Northern Ireland.

## Membership start date

The date on which a person begins his or her current continuous period of membership of their **scheme**. The **membership start date** for **you** and **your dependants** is shown for each of **you** individually on **your** current membership certificate. We will treat a person's cover under the **scheme** as continuous if there is no break in membership of more than 13 weeks.

## Northern Ireland participating hospital

Any of the hospitals in Northern Ireland listed on the back page of this booklet.

## Pre-existing condition

Any disease, illness or injury that a person may have which began, or the symptoms of which began, before that person started his or her current continuous period of membership of the scheme.

**Note that an illness or injury may be present for some time before giving rise to the symptoms or being diagnosed. So, when deciding if a disease, illness or injury began before membership started, it is the date when it began that counts - not the date when a person became aware of having the disease, illness or injury, or its symptoms.**

## Public hospital

A publicly funded **hospital**, other than a nursing home, which provides services for a person pursuant to his or her entitlements under Chapter II of Part IV of the Irish Health Act, 1970.

## Renewal date

The **renewal date** shown on **your** membership certificate.

## Scheme

"Scheme" means whichever **laya healthcare** health insurance **scheme** **you** are a member of, such as HealthProtect.

## Treatment

Any health services a person needs solely for the medical investigation, **treatment**, cure, or alleviation of the symptoms, of illness or injury.

## Year

The period starting on **your membership start date** or a **renewal date** and ending at midnight on the day before the next **renewal date**.

## You/your

This means **you** the main member and **your dependants**.

## 3. Joining the scheme

- (a) **Your** membership of **your scheme** begins on **your** start date as shown on **your** membership certificate.
- (b) The membership of each of **your dependants** of their **scheme** begins on their start date as shown on **your** membership certificate.
- (c) If **you** enrol **your** child as a **dependant** within 13 weeks of the child's birth, **your** child's membership of the **scheme** will be treated as having begun on the date of the child's birth. And if **you** are a member of the **scheme**, **you** can apply to enrol **your** newborn child as a **dependant** of their **schemes** free of charge until **your** first **renewal date** after his or her birth.
- (d) The agreement between **you** and us for **your** membership of any of the **scheme** shall be separate from any agreement between us and **you** for **your** membership of any other **laya healthcare** insurance scheme or schemes.
- (e) The **scheme** of which **you** are a member is shown on **your** membership certificate.

## 4. Renewing your membership

- (a) **Your scheme membership** of the scheme will automatically renew on **your renewal date**, each **year** (subject to Rule 10 on page 8) for a further **year** unless we write to notify **you** at least 30 days before the end of the **year** that we have decided to end the **scheme**. In that case, **your scheme membership** will end at the end of the **year** in which we notify **you** of our decision.
- (b) **You** renew **your** membership of the **scheme** by continuing to pay **your** subscriptions after **your renewal date**.

## 5. Your subscriptions

**You** must pay the subscriptions **you** have agreed with us for **your** membership of the **scheme** when it falls due. We may increase the subscriptions **you** have to pay each year (see Rule 10 on page 8).

**You** must pay **your** subscriptions in a way which is reasonably acceptable to us. We will give details of the ways **you** can pay **your** subscriptions in our brochure and we will send **you** updated details if **you** ask us to. A credit charge will apply if paying by installments

## 6. Ending your membership

- (a) **You** have the right to cancel **your** membership of the **scheme** by writing to us within 14 days of receiving **your** first membership certificate. We will give **you** a full refund of any money **you** have paid us as long as **you** have not made any claims.
- (b) **Your** contract is for a period of one **year** unless we agree to a different period when commencing **your** policy. If **you** do cancel mid-year, **you** will not receive any refund on **your** premium. In the event of non-

payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.

- (c) **You** may also cancel the membership of any of **your dependants** of their **scheme** by writing to us within 14 days of **you** receiving **your** first membership certificate which lists them as a member. We will give **you** a full refund of any money **you** have paid for those **dependants**, whose membership **you** have cancelled within 14 days, as long as no claims have been made in respect of them.
- (d) **Your** dependants contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel **your dependants** contract mid-year, **you** will not receive any refund on **your** premium. In the event of non-payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.
- (e) We can end or refuse to renew someone's membership of the **scheme** if they have at any time made a fraudulent misrepresentation which relates to **your** contract with **laya healthcare** or any other **health insurance contract**, and which has, or could have, resulted in us, or any other registered health insurer, suffering financial loss. This includes information which could have affected our decision to allow anyone to join the **scheme** or what subscriptions **you** have to pay or whether or not we have to pay any claim for **benefits**.
- (f) **Your membership** of the **scheme** will end immediately if **you** stop living in Ireland for more than six months per calendar year or **your** membership is not renewed.
- (g) We may end **your** membership of the **scheme** by writing to **you** if **you** do not pay any or part of **your subscriptions** on the date they are due. If **your** membership



ends because **you** do not pay **your** subscriptions, we may allow **you** to continue **your** membership, as long as **you** pay the subscriptions **you** owe within 30 days.

- (h) If a person's membership of the **scheme** ends because we end their **membership** (e.g. for fraudulent misrepresentation), we will give a refund of subscriptions paid for them for the period after their membership ends.
- (i) If **you** cease to be a member of **your scheme** for any reason at any time, the membership of each of **your dependants** on the **scheme** will also end at the same time unless we otherwise agree in writing at the time. **Your dependants** will need to make their own arrangements with us to continue their membership of their **schemes**. They can do this by telephoning or writing to us. We will explain to them what they will need to do.

## 7. What is covered under the scheme

- (a) **Laya healthcare** provides **benefit** for the statutory daily public ward charge in **public hospitals** only. This is subject to a maximum of 10 days in any 12 month period. The scheme does not cover any additional **benefits** other than what is outlined above.
- (b) We will pay **benefit** for **treatment** a person receives while they are a member of their **scheme**. We will pay **benefits** under the **scheme** of which they were a member at the time they received the **treatment** and according to the rules and Table of **Benefits** of the **scheme** that applied to them at that time. We will not pay **benefits** for **treatment** which a person receives while he or she is not a member of the **schemes**.
- (c) In the case of a person who was covered under a **health insurance contract** within 13 weeks before their **membership start date**, we will only pay **benefits** for **treatment** received during their additional cover waiting period if **benefits** for the **treatment** would have been payable under that **health insurance contract**. And we will only pay

**benefits** for such **treatment** during the additional cover waiting period up to the amount that would have been payable under that **health insurance contract** if the amount is less than would otherwise be payable by us under the **scheme**.

A person's additional cover waiting period for this purpose shall be:

- the first year following their membership end date on HealthProtect for maternity.
- the first two years following their membership end date on HealthProtect for all other benefits.
- the first five years following their membership end date on HealthProtect for all other benefits for members aged 65 years or over.

This rule will not restrict cover for **treatment** arising out of any illness, injury or disease which originated after the person's **membership start date**. This rule applies both to a person who becomes a member of the **scheme** for the first time or to anyone changing their **scheme** to a **scheme** which generally provides more extensive cover.

## 8. What is not covered under the scheme

**Laya healthcare** provides **benefit** for the statutory daily public ward charge in **public hospitals** only. This is subject to a maximum of 10 days in any 12 month period. This scheme does not cover any additional **benefits** other than what is outlined above.

**We will not pay benefits for the following:**

- (a) **Treatment** which a person requires during any waiting period that may apply to the **treatment** under their **scheme**. All waiting periods commence on a person's **membership start date** and, except for the maternity waiting period, the length of a waiting period is determined by a person's age on their **membership start date**.



## There are three waiting periods that apply under the scheme:

- the initial waiting period - this applies to any **treatment** that a person may require
- the pre-existing condition waiting period - this only applies to **treatment** which a person requires for a **pre-existing condition**
- the maternity waiting period - this only applies to **treatment** that a person requires for pregnancy or childbirth.

### The initial waiting period is:

- the first 26 weeks of membership for those aged under 55 on their **membership start date**
- the first 52 weeks of membership for those aged between 55 and 64 on their **membership start date**
- the first 104 weeks of membership for those aged 65 or over on their **membership start date**.

### The pre-existing condition waiting period is

- the first five years of membership for those aged under 55 on their **membership start date**
- the first seven years of membership for those aged between 55 and 59 on their **membership start date**
- the first 10 years of membership for those aged 60 or over on their **membership start date**.

### The maternity waiting period

- applies during the first 52 weeks of membership.

### The above waiting periods will not apply:

- to any child of yours who becomes a member of the **scheme** within 13 weeks of their birth; or
- to any **treatment** received by a person resulting from an accident or injury which occurred while they were a member of the scheme or covered under another **health insurance contract**.
- The waiting periods shall be reduced by a person's continuous period of cover (if

any) under one or more **health insurance contracts** prior to their **membership start date** if the period of continuous cover ended within 13 weeks of their **membership start date**. (A person's cover shall be treated by us as continuous even if there is a break in cover, but only if the break in cover does not last more than 13 weeks.) Please remember that we will not pay **benefits** for any **treatment** which a person receives while he or she is not a member of the **scheme**.

- (b) **Treatment** where injury or illness is caused by war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster in Ireland or overseas.
- (c) **Treatment** for symptoms which are not due to any underlying disease, illness or injury.
- (d) **Treatment** you receive outside **Ireland**.
- (e) Any penalty charge in lieu of Health Act contributions.
- (f) **Laya healthcare** will have no obligation to pay otherwise eligible claims where they are submitted in respect of a spouse, parent, child, brother, sister, uncle, aunt, niece, nephew of a consultant, dentist or alternative therapist, general practitioner or any other provider of service.

## 9. Making a claim

- (a) When possible, **you** should tell us about any **treatment** you are going to have. This gives us the chance to tell **you** if **you** can claim for **benefits**.
- (b) We will not pay **benefits** while **you** are breaking any of the terms of **your** membership.
- (c) In order to process a claim, we require a fully completed claim form. In the event that necessary information required to process the claim is incomplete or ambiguous on the claim form, our claims department will follow up with the necessary party to obtain this information. This follow up will take place over a six-month period, after which if the required information is not received the claim will be deemed ineligible for benefit.

## Important Note

### Fraud Policy:

- **Laya healthcare** operates a fraud policy in respect of all claims made under our **health insurance contract**.
- Members should note that regular audits of claims are undertaken by **laya healthcare**.
- In all instances where fraud is suspected in respect of a particular claim, a full and comprehensive investigation will be carried out by us.
- If, following that investigation, a finding of fraud is made or if a claim is deemed in any respect fraudulent, the claim shall be disallowed in its entirety.
- If after, that investigation, a finding of fraud is made, or if a claim is in any respect fraudulent or dishonest and submitted with a view to obtaining any **benefit** under this policy, all **benefit** under this policy shall be forfeited. For example, overstatement of any medical fees incurred.
- Any member found guilty of submitting a fraudulent claim shall have their **health insurance contract** suspended with immediate effect.
- All claims of whatever nature being considered under that individual member shall be suspended with immediate effect.
- In addition, if any claim is fraudulent in any respect, **laya healthcare** reserves the right to refer the matter and details of the claim to the appropriate authorities to prosecute the member.

## 10. Changes to the agreement

- (a) We may change any of the terms of **your** membership of **your schemes** each **year** on **your renewal date**. These changes can include, for example, how much **your** subscription will be and how often **you** have to pay it. The changes can also include changes to the **benefits**. We will not add any restrictions or exclusions to **your** cover that

are personal and specific to **you** concerning medical conditions that started after **you** joined the **scheme**. Changes will only apply to **you** for the period, following the **renewal date** when the change was made. The changes will not apply to the period before the **renewal date**.

- (b) We will write to tell **you** about any of these changes at least 30 days before the **renewal date** on which they are to take effect.
- (c) We can increase or reduce the subscriptions **you** pay at any time if there is an increase or decrease in the rate of tax or any other government or statutory charge or if any new tax or government or statutory charge is introduced which is related to **your health insurance contract** with **laya healthcare**. If we do, we will only increase the subscriptions **you** have to pay to cover the cost to us of the changes in the taxes or charges. We will write to tell **you** at least 30 days before increasing **your** subscription.
- (d) We may make any changes to the terms of **your** membership of the **scheme** and **your** subscriptions at any time if we are required to do so by law. We will write to tell **you** about any such change as soon as is reasonably practical and **you** may **end your** membership of the **scheme** within 14 days of us telling **you** about the change. If, as a consequence, **you** **end your** membership, we will refund any subscriptions that **you** have paid for the period after **your** membership ends.

## 11. General terms and conditions

- (a) **Your** policy and all communication between **you** and us will be in English
- (b) These terms will be governed by Irish law and all matters to do with the **schemes** will be dealt with by the courts in **Ireland**.
- (c) We will not return any documents **you** send us unless **you** ask us to do so at the time **you** send them to us.
- (d) Any changes to these terms will only be valid if they are made according to these rules or the Table of **Benefits**, unless we agree any

changes with **you** in writing. Nobody else can change **your** terms of membership of the **scheme** on our behalf or decide not to enforce any of our rights.

- (e) If we do not use our legal rights it does not mean we have given them up. We may use them in the future.
- (f) If **you** write to us about anything, **you** must send it by pre-paid post or deliver it personally to: **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork.

If we change this address, we will write to tell **you** about the change in advance.

We will send any letters to the address **you** last told us about. **You** and we can assume that the letter is received on the day after it has been delivered, if delivered personally, or three days after posting if it was sent by pre-paid post.

- (g) **You** must write and tell us as soon as possible if **you** have claimed **benefits** for any **treatment** which **you** needed because somebody else was at fault.
- (h) **You** should write to tell us if **you** have any other insurance cover for **benefits** that **you** have claimed from us. If **you** do have insurance cover with someone other than **laya healthcare**, we will only pay our share of any **benefits**.
- (i) We will pay **benefits** in accordance with the rules for **treatment** which was due to the fault of someone else.

However, if **you** claim **benefits** for **treatment** which was due to the fault of someone else, **you** must take any steps we may reasonably ask **you** to take to recover the cost of the **benefits** we have paid from the person whose fault it was. **You** must also claim interest if **you** are entitled to interest. **You** must pay us the money (and any interest) that **you** recover from that person up to the amount of the **benefits** we have paid for the **treatment**.

## Third Party Claims

- 1) **Please note** Expenses which **you** are entitled to recover from a third party, are excluded from benefit, but please note the following.
- 2) **Legal Action Proceedings** Where a claim is submitted to **laya healthcare** in respect of treatment required as a result of an injury caused through the fault of another person, known as a third party, and where **you** propose to pursue a legal claim against that party, **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years):
  - (i) Complete in full the third party section and sign the claim form, which includes an undertaking to include all **benefit** paid by **laya healthcare** relating to any claim made against another party.
  - (ii) Submit a fully completed undertaking, which will be relied on by **laya healthcare** once a copy of the Authorisation Form is received from the Personal Injuries Assessment Board (refer to rule 4), or from **your** solicitor, in the form prescribed by **laya healthcare**: “In consideration of **laya healthcare** discharging the eligible hospital and medical expenses of my/our client, I/ we hereby understand to include as part of my/our client’s claim the monies so paid by **laya healthcare** (details of which will be supplied by **laya healthcare**) and subject to any court order to the contrary to repay to **laya healthcare**, out of proceeds that come into our hands, all such monies paid by **laya healthcare**.”
  - (iii) Notify **laya healthcare** in writing prior to the legal closure of the case.
  - (iv) Provide **laya healthcare** with full written details of any settlement.
- 3) **No Legal Action Proceedings** If in the future, **you** (or the subscriber if **you** are under 18 years) choose to proceed with a third-party claim, or if **your** legal advisors advise us that expenses are recoverable from a third party, we will require **you** to:

- (i) Complete in full and sign the claim form which includes an undertaking to include all **benefits** paid by **laya healthcare** in any claim which may subsequently be made against a third party responsible for causing the injury.
- (ii) Immediately notify **laya healthcare** in writing of the outcome of any such claim and to repay the **benefit** paid by **laya healthcare** in full, subject to any court order to the contrary.
- 4) **Injuries Board** Where **you** submit a claim to the Injuries Board, **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years) complete in full and sign the accident section of the claim form. This undertaking provided by **you** also authorises **laya healthcare** to provide Injuries Board with details of all monies paid by **laya healthcare** relating to **your** claim, and for **you** to provide **laya healthcare** details of Injuries Board's assessment. Where Injuries Board decides that the case is more appropriately dealt with by the courts, due to some legal dispute, and issues a letter of authorisation, **laya healthcare** will rely on the undertaking that has been provided by **your** solicitor, in accordance with point (ii) above under Legal Action Proceedings, and a copy of the authorisation from Injuries Board to proceed to the courts.
- 5) **Criminal Injuries Compensation Tribunal Claims** If **you** are pursuing a claim through the Criminal Injuries Compensation Tribunal, **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years) complete in full and sign the accident section of the **laya healthcare** claim form and provide **laya healthcare** with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal. The undertaking provided by **you** also authorises **laya healthcare** to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal and for the Criminal Injuries Compensation Tribunal to release this information to us. In circumstances where such a case is unsuccessful, **laya healthcare** will not seek a refund of the **benefit** paid.
- 6) **Unsuccessful/Withdrawn Claims** If a claim against a third party is not successful or is withdrawn, **laya healthcare** will not seek a refund of the **benefit** paid provided that **you** arrange for full written details of the case to be supplied by **you** from **your** solicitor outlining to the satisfaction of **laya healthcare** the reasons why the case was unsuccessful or was discontinued.
- 7) **Disclosure** It is the responsibility of a member to disclose to **laya healthcare** full details of any action to be taken against a third party in relation to any incident/accident in respect of which **laya healthcare** has paid full **benefit**. Failure to do so will result in the refusal of any subsequent claims relating to the accident/incident.

## 12. Data Protection Statement

**Laya Healthcare Limited** and Elips Insurance Limited act as joint data controllers in relation to information held about **you** for the purposes of the Data Protection Acts. **You** should show this notice to anyone who may be covered by **your** insurance policy with **laya healthcare**.

We will use the information **you** provide to manage and administer **your** insurance policy, including underwriting and claims handling and for money laundering prevention purposes. In order to provide **you** with products and services, this information will be held in the data systems of **Laya Healthcare Limited** and Elips Insurance Limited, or by our agents or subcontractors.

Information may also be shared with other insurers, either directly or through people acting for the insurer such as Investigators, where we are entitled to do so under the Data Protection Acts. We may pass contact details of female members aged between 50 and 64 years to the National Breast Screening Programme. If **you** have a problem with this please let us know when **you** contact us.

We may contact **you** with a reminder that **your** insurance is due to be renewed. In the interest

of customer service, calls are recorded and monitored.

We take our security responsibilities seriously, employing the most appropriate physical and technical measures, including staff training and awareness. We review our security measures and procedures regularly.

It may be necessary for us to collect sensitive information (such as medical conditions) about **you** and others named on the insurance policy. By going ahead with this insurance **you** will be agreeing to us or our agents or other insurers processing that information. Before **you** provide sensitive information about others, **you** should make sure they have given their express consent.

Medical information will be kept confidential and may be disclosed, on a strictly confidential basis, to those involved with **your** treatment or care or their health professional agents. However, anonymised data - that is, information which does not identify an individual - may be used by **laya healthcare**, or disclosed to others, for research or statistical purposes.

Access to non-medical information may be granted by **laya healthcare** to others on a strictly confidential basis in the course of and for the purpose of the efficient administration of **laya healthcare** (for example, in connection with audit, systems development, managing or improving our services).

It is our policy to only take instructions to change a policy from the main member or from company secretaries where the company is administering or contributing to the cost of the scheme. In some cases we may also deal with other people who call on **your** behalf with **your** consent.

**Laya healthcare**, would like to keep **you** informed about products and services they provide. 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. **Your** information may also be used for these purposes after **your** policy has lapsed.

**You have the right to request a copy of the information we hold about you by writing to our Information Protection Manager, at laya**

**healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork. Please review your information and contact us if you wish to make changes.**

## 13. Tax relief

Under current Irish tax legislation **you** are entitled to income tax relief in respect of **your** subscription. Relief is given at the standard rate of income tax. Relief is given by us at source which means all our subscriptions are shown net of the standard rate of income tax.

## 14. The Financial Regulator

The Financial Regulator helps consumers to make informed and responsible decisions regarding their financial affairs in a safe and fair market. If **you** have any questions about **your** consumer rights, contact 1890 777777 or visit [www.financialregulator.ie](http://www.financialregulator.ie).

## 15. Making a complaint

We aim to provide a first class service to our members at all times. However, if **you** are in any way dissatisfied, please phone or write to: The Head of Customer Service, **Laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork. Phone: 1890 700 890

If **you** remain dissatisfied **you** may appeal to the Managing Director by writing to him at the same address.

**Laya healthcare** takes part in the Insurance Ombudsman Scheme. If **you** are not satisfied with our decision or if we haven't given **you** a decision after 40 business days, **you** have the right to refer **your** complaint to the Insurance Ombudsman at: The Financial Services Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2. Phone: 1890 882090.

## Participating public hospital list for HealthProtect members

<b>Cavan</b>	Cavan General	<b>Dublin</b>	St Vincents University Hospital
<b>Clare</b>	Mid-Western Regional Hospital Ennis	<b>Galway</b>	Merlin Park Regional Hospital
<b>Cork</b>	Bantry General Hospital	<b>Galway</b>	Portiuncula Hospital
<b>Cork</b>	Cork University Hospital	<b>Galway</b>	University College Hospital
<b>Cork</b>	Cork University Maternity Hospital	<b>Kerry</b>	Kerry General Hospital
<b>Cork</b>	Mallow General Hospital	<b>Kildare</b>	General Hospital Naas
<b>Cork</b>	Marymount Hospice	<b>Kilkenny</b>	Kilkreene Hospital
<b>Cork</b>	Mercy University Hospital	<b>Kilkenny</b>	St Luke's General Hospital
<b>Cork</b>	South Infirmary/Victoria University Hospital	<b>Laois</b>	Midland Regional Hospital Portlaoise
<b>Cork</b>	St Mary's Orthopaedic Hospital	<b>Leitrim</b>	Our Lady's Hospital Manorhamilton
<b>Donegal</b>	LetterKenny General Hospital	<b>Limerick</b>	Mid Western Orthopaedic Hospital Croom
<b>Dublin</b>	Adelaide & Meath incorporating the National Children's Hospital	<b>Limerick</b>	Mid Western Regional Dooradoyle
<b>Dublin</b>	Beaumont Hospital	<b>Limerick</b>	Mid-Western Regional Maternity Hospital
<b>Dublin</b>	Cappagh National Orthopaedic Hospital	<b>Limerick</b>	Milford Hospice Castletroy
<b>Dublin</b>	Children's University Hospital Temple Street	<b>Limerick</b>	St John's Hospital
<b>Dublin</b>	Connolly Hospital Blanchardstown	<b>Louth</b>	Louth County Hospital Dundalk
<b>Dublin</b>	Coombe Women's Hospital	<b>Louth</b>	Our Lady of Lourdes Drogheda
<b>Dublin</b>	Incorporated Orthopaedic Hospital Clontarf	<b>Mayo</b>	Mayo General Hospital
<b>Dublin</b>	Mater Misericordia Hospital	<b>Meath</b>	Navan General Hospital
<b>Dublin</b>	National Maternity Hospital	<b>Monaghan</b>	Monaghan General Hospital
<b>Dublin</b>	Our Lady's Hospice	<b>Offaly</b>	Midland Regional Hospital Tullamore
<b>Dublin</b>	Our Lady's Children's Hospital	<b>Roscommon</b>	Roscommon County Hospital
<b>Dublin</b>	Peaumont Hospital	<b>Sligo</b>	Sligo General Hospital
<b>Dublin</b>	Rotunda Hospital	<b>Tipperary</b>	Nenagh General Hospital
<b>Dublin</b>	Royal Victoria Eye & Ear	<b>Tipperary</b>	South Tipperary General Hospital Clonmel
<b>Dublin</b>	St Columcille's Loughlinstown	<b>Waterford</b>	Waterford Regional Hospital
<b>Dublin</b>	St James's Hospital	<b>Westmeath</b>	Midland Regional Hospital Mullingar
<b>Dublin</b>	St Joseph's Hospital Raheny	<b>Wexford</b>	Wexford General Hospital
<b>Dublin</b>	St Joseph's Rehabilitation Centre	<b>Wexford</b>	Ely Hospital
<b>Dublin</b>	St Luke's Hospital	<b>Down</b>	Daisy Hill Newry
<b>Dublin</b>	St Michael's Dun Laoghaire	<b>Derry</b>	Altnagelvin Derry
<b>Dublin</b>	St Vincent's Hospital Fairview	<b>Antrim</b>	Royal Victoria Belfast

Please note: Under your HealthProtect scheme there is no cover in private hospitals. This scheme provides benefit for the statutory daily public ward charge in public hospitals only. Please see Rule 7(a) on page 6 for details.

**You should keep  
your membership  
certificate and  
booklet together  
to help answer any  
queries about your  
policy.**







FIND US



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At **laya healthcare**, we take particular pride in the quality and value of our schemes. Nowhere is this more important than in the benefits we have developed for our members. Our benefits include:

- Excellent maternity cover
- Complementary medicines
- Competitive prices
- Hospital cover
- Students and apprentices charged at a child rate
- Online services
- Cardiac and cancer cover

While every care has been taken to ensure the accuracy of the information in this brochure, unfortunately **laya healthcare** cannot accept responsibility for any errors which may occur.

For further information:  
Call us in Cork on **1890 700 890** or **021 202 2000**,  
visit our website on **[www.layahealthcare.ie](http://www.layahealthcare.ie)**  
or you can email **[info@layahealthcare.ie](mailto:info@layahealthcare.ie)** with any questions about your membership. In the interest of customer service, calls are recorded and monitored.

For information on your consumer rights, please contact the Health Insurance Authority at 01 406 0080 or visit [www.hia.ie](http://www.hia.ie)

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