



Private & Confidential

APPLICATION FOR TRANSFER TO THE PREMIUM PLUS SCHEME

I am a member of the ESB Medical Provident Fund and I wish to apply for the following person(s) admission to the Premium Plus Scheme with effect from : _____
(Please advise date of effect for transfer)

Members Name: _____

Spouse/Partners Name: _____

Childs Name(s): _____

I hereby authorise ESB to deduct from my salary the required additional contributions to the Fund at the rates prescribed. I understand that a waiting period will apply on the payment of the Premium Plus Scheme on any claim arising during that time and that any medical condition at present excluded from payment of the Premium Scheme benefits will be excluded from payments of Premium Plus also.

Signed: _____

Staff Number: _____

Date: _____

Please return completed form to:- Medical Provident Fund, P.O. Box 384, Rosbrien, Limerick

ESB Medical Provident Fund requires the above information to provide and administer the services described above.

The data controller is ESB Medical Provident Fund.

Please refer to our Privacy Notice, available at www.esbmpf.ie or we will provide a copy on request.