



Private & Confidential

## APPLICATION FOR TRANSFER TO THE MPF PREMIUM SCHEME

I am a member of the ESB Medical Provident Fund and I wish to apply for the following person(s) admission to the MPF Premium 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 MPF Premium Scheme on any claim arising during that time and that any medical condition at present excluded from payment of the MPF Intro Scheme benefits will be excluded from payments of MPF Premium 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 MPF ESB Medical Provident Fund.

Please refer to our Privacy Notice, available at [www.esbmpf.ie](http://www.esbmpf.ie) or we will provide a copy on request.