



Established 1955

ESB Staff Medical Provident Fund
P.O. Box 384, Rosbrien, Limerick

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Private and Confidential

APPLICATION FOR MEMBERSHIP

Membership Details form with fields for Name, Staff No, Work Address, Home Address, Date of Birth, PPS Number, Payment Frequency, Payroll, Date of Entry to Company, Telephone No., and Level of Cover Required.

Table for Associate Membership - Dependents with columns for Name, Relationship, Date of Birth, and Level of cover (tick one box only).

Children under 18 can only be covered for Ordinary Benefits

Previous/Present Insurance Cover section with Yes/No checkboxes and a note to forward written confirmation.

Pre-existing Medical Condition section with questions (a) and (b) regarding medical conditions and illnesses.

Date cover required from: [] []

Declaration / Authorisation section with a statement of truth and fields for Signature and Date.