

ESB Staff Medical Provident Fund

MATERNITY CLAIM FORM

For office use only

Please ensure that you complete both sides of this claim form.

Membership Details

Name & Address of Member	Patient Name
	Relationship to member
	Telephone Number
	Staff Number

**** A SEPARATE FORM MUST BE COMPLETED TO REGISTER YOUR BABY ****

Please note new babies are covered immediately from date of birth once registered with MPF within 13 weeks of birth, otherwise a 6 month waiting period will apply before they are in cover

Ordinary Scheme

Extra Benefits Scheme

Normal Birth

Caesarean Section

Postnatal Complications (Certified)

Where confinement in hospital is in excess of four days after the birth, any extra cost will be treated as a standard hospital claim if certified as being necessary for medical reasons.

Accommodation

Hospital _____

Admission Date _____

No of Days _____

Discharge Date _____

Professional Fees

DECLARATION AND SIGNATURE (Please ensure all above sections are completed to facilitate prompt payment)

Member's Signature: _____

MPF - Medical Provident Fund, PO Box 384, Rosbrien, Limerick,. Tel 061-430474,430411,430586,430581
email : MPF@esb.ie

P _____
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V _____

ESB Staff Medical Provident Fund

This section must be completed in relation to each invoice/receipt submitted

Details/Description	Date	
1		
2		
3		
4		
5		

Please Refer to the Current Schedule of Benefits for entitlements and conditions of cover.

All invoices and receipts should be attached to this claim. Please ensure that all invoices that you have paid are clearly marked paid to ensure reimbursement will be issued to you.

Please remember :

- Photocopies of receipts/invoices will not be accepted.
- Original receipts/invoices cannot be returned.
Please retain counterfoil of cheque for any MED1 submissions.
- Claims cannot be accepted later than two years after treatment date.
- Do not write on receipts/invoices or alter them in any way.

**** Please see front of form for details that should be submitted***

This form must be completed in full before you make a submission

Non completion will result in Claim Forms being returned and will delay reimbursement/payment.

DATA PROTECTION NOTICE - The information you provide becomes part of the personal data held by ESB Staff Medical Provident Fund and is automated. It is confidential and will be used for the payment of claims and for the provision and administration of health insurance products and related services.

ESB Staff Medical Provident Fund

Application for Associate Membership

Please note new born children are covered immediately provided you arrange enrolment within 13 weeks of birth, otherwise normal waiting periods will apply

Child's Full Name _____ Date of Birth _____

Male Female Relationship to Member
(Son, Daughter, Grandchild) _____

Level of cover required (please tick) Ordinary or Extra

Member's Name _____

Telephone No _____

Location _____ Weekly/Monthly paid _____

Signed: _____ Date _____

Telephone No: _____

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

Data Protection Notice

Information obtained by MPF becomes part of the data held by MPF for the purpose of administering healthcare insurance in accordance with the Data Protection Acts. This information will remain confidential to MPF and in all cases access will be carefully controlled and restricted to the minimum necessary for the purpose. In order to provide you with the benefits of MPF, anonymised information may be disclosed for research or statistical purposes and information may be disclosed on a strictly confidential basis as follows:

Medical information to those involved with your treatment or care

Non-medical information to others for the purpose of efficient administration (for example: audit, systems development, administering and managing our services)

In cases of suspected fraud, information may be disclosed to other insurance companies and/or to the relevant authorities, for example An Garda Síochána. If you have any enquiry about your data, please write to the Fund Manager, ESB Staff Medical Provident Fund at 27 Lower Fitzwilliam Street, Dublin 2