

Private and Confidential

**APPLICATION FOR TRANSFER
TO THE EXTRA BENEFITS SCHEME**

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

Members Name : _____

Spouse's/Partner's Name: _____

Children's Name : _____

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 Extra Benefits on any claim arising during that time and that any medical condition at present excluded from payment of Ordinary Benefits will be excluded from payments of Extra Benefits also.

Signed: _____

Date: _____

Staff Number: _____

Please return completed form to:
Medical Provident Fund
PO Box 384
Rosbrien
Limerick