



**Permanent Defence Force Other Ranks Representative Association  
Medical Assistance Scheme (PMAS)**

*Help – Support -Heal*

*Authorisation for deduction at Source*

To: Secretary PDFORRA MAS

Service No

Unit

(e.g. B Coy 6Bn)

Name

(Surname, First Name)

Email

Mobile No

Home Address -----  
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I hereby authorise the deduction of €1.00 from my pay each week to allow me to become a member of the PDFORRA Medical Assistance Scheme. I recognise that subscriptions may be increased and that I will receive notice in writing four weeks in advance of any such increase

The purpose of the PDFORRA Medical Assistance Scheme is to facilitate access to medical treatment under the EU Cross Border Healthcare Directive. I agree to abide by the terms & conditions of the scheme whenever accessing medical treatment using it.

I consent to the use of my data under the Data Protection & Privacy Policy June 2018 which is available on [www.pdforramas.ie](http://www.pdforramas.ie)

Signature

Date

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*Please return completed form to John Lucey House, Unit 2 Collins Square, Benburb St, D07 ED78  
or via email to [MAS@PDFORRA.IE](mailto:MAS@PDFORRA.IE)*