



PDFORRA Medical Assistance Scheme (PMAS)
Help - Support - Heal

Discharged Family Member - Application Form

Dear PMAS,

I would like to request approval to add my [please select: Husband ☐ Wife ☐ Partner ☐] to the PDFORRA Medical Assistance Scheme.

New applicants' details.

Title Mr./Mrs./Ms. _____ First Name _____ Surname _____

Mobile Number _____ Email address _____

PPS Number _____

Home Address _____

Eircode _____

Current PMAS Member's Details

Service Number _____

Title Mr./Mrs./Ms. _____ First Name _____ Surname _____

Mobile Number _____ Email address _____

(Provide address if different from the family member's address)

Home Address _____

Eircode _____

Consent

I hereby acknowledge and understand that in order to maintain membership status, the member must consistently fulfil their payment obligations to PMAS. Failure to do so may result in suspension or termination of membership privileges.

I recognise that subscriptions may be increased and that I will receive notice 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 terms of the Northern Ireland Planned Healthcare Scheme or the EU Cross Border Healthcare Directive. I consent to the use of my data under the Data Protection & Privacy Policy June 2018 which is available on www.pdforramas.ie

Signature _____

Date _____

Please return completed form to;

1A PMAS, Devlins Complex, Bonamaine, Bridgend, Co Donegal F93 EC5K or email to enquiries@pmas.ie