PMAS
HELP - SUPPORT - HEAL

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 --

I hereby authorise the deduction of €1.50 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

Signature   Date

------------------------------------   ---------------------------

Please return completed form to John Lucey House, Unit 2 Collins Square, Benburb St, D07 ED78 or via email to MAS@PDFORRA.IE