



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

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 authorise the deduction of an additional €1.50 (€3.00 in total) from my pay each week to enable my spouse/partner to also become a member of the PDFORRA Medical Assistance Scheme. 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 PMAS 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