



## **PDFORRA Medical Assistance Scheme (PMAS)**

*Help – Support -Heal*

### **Retired Members – Application Form**

Service Number \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email address \_\_\_\_\_

PPS Number \_\_\_\_\_

Home Address \_\_\_\_\_

Eircode \_\_\_\_\_

How long have you been ordinarily a resident in Republic of Ireland? \_\_\_\_\_

Are you currently registered with a GP in the Republic of Ireland? \_\_\_\_\_

Where you a member of PMAS on discharge? \_\_\_\_\_

#### **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 in writing four weeks in advance of any such increase

The PDFORRA Medical Assistance Scheme aims to enable access to medical treatment in accordance with the Northern Ireland Planned Healthcare Scheme.

- I consent to comply with the terms and conditions of the scheme whenever I seek medical treatment.
- 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 \_\_\_\_\_

**Please return completed form to;**

1A PMAS,Devlins Complex, Bonamaine, Bridgend, Co Donegal F93 EC5K or email [enquiries@pmas.ie](mailto:enquiries@pmas.ie)