

6 Credit/Laser card payment authority

To **laya healthcare**, I authorise you, to charge to my credit/laser card account, in respect of subscriptions for **laya healthcare** membership.

(please tick) Mastercard Visa Laser

Cardholders full name (as it appears on credit/laser card):

Credit/Laser card number

Expiry Date: month year

Cardholders signature: _____ Date: _____

7 Declaration and consent
In view of the declaration below, it is essential that complete information is supplied.

Benefits may not be payable if you do not fully disclose any material facts, which could influence our assessment and acceptance of this application. If you are in doubt as to whether any facts are material, you should disclose them. You are advised to keep a record of all information you supply to us in connection with this application, including letters. If you would like a copy of this application form, please ask us. I hereby apply to enrol myself and my dependants as members of the schemes indicated overleaf. I declare to the best of my knowledge and belief the information given in this application is true and complete. I agree that the Rules of the applicable schemes will be binding on me and my dependants. Copies of the Rules are available on request. It is **laya healthcare's** intention to provide a first class service to our members at all times. However, if you do have any cause for dissatisfaction, please write to the Head of Customer Services at **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork. If you remain dissatisfied you may appeal to the Managing Director by writing to him at the same address. Unless otherwise agreed by **laya healthcare** in writing, Irish Law shall apply to the agreement between you and **laya healthcare**. **Laya healthcare** would also like to keep you informed (by telephone, post or e-mail) of selected products and services available from us. If you would prefer that we did not contact you in relation to these products please let us know by ticking the following and returning this form in the prepaid envelope provided:

Please do not send me details of other **laya healthcare** products.

We may contact you with a reminder that your policy is due for renewal. We can only take instructions to effect or alter a policy in some way from the Policyholder. You have the right to ask for a copy of the information we hold about you and to correct any inaccuracies in your information.

Member signature: _____ Date: _____

Data Protection Statement
It is a condition of your policy that you agree to us using your personal data in the way set out in the rules book. **Laya healthcare Limited** and **Elips Insurance Limited** jointly hold your details in accordance with the Data Protection Acts 1988 and 2003. The information you provide will be treated in confidence and used to manage the administration of your policy, including underwriting and claims handling. We may exchange information with other insurers either directly or through people acting for the insurer and where we are entitled to do so under the Data Protection Acts. We may pass contact details of female members aged between 50-64 years to the National Breast Screening Programme. If you have a problem with this please let us know when you contact us. If you have any enquiries about your data, please write to the Information Protection Manager at **Laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co Cork.



The cost of StudentCare

Students aged 18 years and older	€84.55
Students aged 17 years and younger	€42.29

The benefits of StudentCare

GP visits	€25 per visit	up to 4 visits per year
Nurse visits	€10 per visit	up to 2 visits per year
Psychiatric consultations	€40 per visit	up to 2 visits per year

These benefits are available when treatment is carried out at the UCD Medical Centre, First Floor, Student Centre Building, UCD, Dublin 4. Contact: 01 716 3133/01 716 3143. Please note certain exclusions will apply, please refer to the scheme rules and table of benefits or visit www.layahealthcare.ie/ucd.

How do I claim?

All you need to do is attach your original receipts to a completed StudentCare out-patient claim form. Just return them to us and we'll take care of the rest.



WEBSITE



V-CARD

Eastgate Road,
Eastgate Business Park,
Little Island, Co Cork.

Tel 1890 700 890
Cork 021 202 2000
E-mail info@layahealthcare.ie
Website www.layahealthcare.ie



Laya Healthcare Limited, trading as Laya Healthcare is regulated by the Central Bank of Ireland.

LAYA-SCAPP-006-01/14

Application Form

Laya healthcare membership number/
unique mandate reference

1 Personal details

Name:

Address:

Date of birth: day month year

Home telephone number:

Mobile telephone number:

Email address:

Student number

2 Do you currently have health insurance?

Yes (please give details)

No

Insurer:

Start date:

Scheme:

3 Date cover required from

day month year

4 Method of payment for your subscription

Direct Debit Cheque Credit Card Laser Card Cash

5 SEPA Direct Debit Mandate (recurring annual option only available)

Name:

Address:

Town/City:

County:

Country:

IBAN:

BIC:

Annually

Declaration: By signing this mandate form, you authorise (A) Laya Healthcare Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Laya Healthcare Ltd. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Signature 1:

Signature 2:

Date:

Date:

Please return completed form to:

Creditors Name: Laya Healthcare

Address: Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, Ireland

Creditors Identifier: IE40ZZZ301467

Detach along here