



# Your Questions Answered

**Q** Can I join at any age?

**A** Anyone aged 18 or over may join.

**Q** Can I get cover for others in my family?

**A** Yes. Give details of your spouse / adult dependant and children on your application form and they will be included.

**Q** Can I increase to a higher scheme at any time?

**A** Yes, subject to terms and conditions.

**Q** Do I have to have a medical to join?

**A** No. You need only complete and sign the health declaration on the application form.

**Q** Why do you need medical information?

**A** In order to explain the cover you will receive, and any restrictions which may apply.

**Q** Do older people pay higher premiums?

**A** No, all ages pay the same rates.

**Q** How do I pay?

**A** By Salary deduction.

**Q** Are benefits taxable?

**A** No. You keep all you receive from HSF.

**Q** When can I make a claim?

**A** For most benefits claims will be accepted after 3 months, any exceptions are clearly indicated in the brochure.

**Q** How do I make a claim?

**A** Claim forms are available on request by telephoning the number indicated on the reverse of your certificate of cover or from our website.

**Q** How do I receive my money?

**A** By direct credit into your bank account

**Q** When would my cover begin?

**A** Cover begins on the date printed on your certificate of cover.

## How to join

- 1: Select the scheme which best suits your needs.
- 2: Complete the application form from page 25, remembering to include the names and dates of birth of everyone to be included.
- 3: Write all the medical information requested concerning yourself and everyone else included on page 26. (This will help us to explain the cover you receive, but failure to do so will not affect your registration).
- 4: Complete the Authority for deduction form on page 27.
- 5: Send all completed forms to the Ennis address – we will do the rest.

**A welcome pack will be sent to your home address and the date stated on the certificate will denote when your cover began.**

### Ireland Office

5 Westgate Business Park,  
Kilrush Road, Ennis, Co. Clare

**Tel: 1890 473 473**

**Email: [enquiries@hsf.ie](mailto:enquiries@hsf.ie)**

**[www.hsf.ie](http://www.hsf.ie)**

### Head Office

24 Upper Ground, London SE1 9PD  
Tel: 0044 20 7928 6662

# Application to join HSF health plan

HSF health plan AE Code **AE9 NLS**

|                                     |
|-------------------------------------|
| Date Received – HSF health plan use |
|                                     |

|                                  |
|----------------------------------|
| Policy No. – HSF health plan use |
|                                  |

THIS PART MUST BE COMPLETED IN ALL CASES

I apply to join HSF health plan at the weekly rate indicated (net of partial Standard Rate Tax Relief at source) (PLEASE TICK)

| Scheme FC1 | Scheme FC2 | Scheme FC3 | Scheme FC4 | Scheme FC5 | Scheme FC6 | Scheme FC7 | Scheme FCA | Scheme FCB | Scheme FCC |
|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| €2.37      | €3.58      | €5.06      | €6.60      | €8.80      | €11.28     | €13.75     | €13.20     | €16.50     | €20.35     |

Employer

Surname

Forename(s)  Other Initials  Mr/Mrs/Miss Ms/Other

Address

Postcode

Email  Tel: Work

Date of birth Policyholder Day  Month  Year  Tel: Home

Date of birth Spouse/Adult Dependant Day  Month  Year  Mobile

PPS Number

Spouse/Adult Dependant's Surname

Spouse/Adult Dependant's Forename(s)

|   |                       |
|---|-----------------------|
| If already covered by HSF please state: |                       |
| Premium                                 | Policy No. (if known) |

Children (children must be under 21 years of age)

| Child's Surname | Child's Forename(s) | Sex | Date of Birth |
|-----------------|---------------------|-----|---------------|
|                 |                     |     |               |
|                 |                     |     |               |
|                 |                     |     |               |
|                 |                     |     |               |

HSF health plan uses the information given above for its own purposes. Any communications which you may receive are directly related to HSF health plan services and those of the Hospital Saturday Fund.

**By completing health information on the reverse of this form you will assist us in the administration of your policy. Failure to do so will not affect the registration.**

## Declaration

This application is made on behalf of myself (the policyholder) and any adult and child dependants listed above. I confirm that no advice has been received regarding this application from HSF health plan. I agree to HSF health plan and Chubb holding data relevant to my scheme registration. I agree to abide by HSF health plan rules and conditions and the right of the Board of Directors to vary them and the range or rates of benefits or premiums if deemed necessary, with notice. I declare that all the information I have given on this application form is true and complete to my knowledge and belief and that if found to the contrary I understand that HSF health plan may need to impose some restrictions on my cover.

Signature  Date

How did you hear about HSF health plan?

TEAR ALONG PERFORATION

## Medical information

Your cover has to be based on the information you supply on the whole of this application form. You must be satisfied that it is correct to the best of your knowledge and belief. To withhold or fail to disclose relevant facts (or to knowingly give false information) about the health and / or treatments could affect the benefits we are able to offer or could seriously influence your cover in the event of a claim. To give false information could be considered to be a fraudulent act and lead to termination of cover.

Please tick the boxes below for any long term / chronic / congenital conditions even if at present under control. If any condition is not listed please complete the 'Other' section, stating conditions in full and avoiding abbreviations.

|  |  |
|--|--|
| <input type="checkbox"/> Transferring from another insurer?<br>PLEASE SUPPLY DETAILS |  |
|--|--|

| Condition/Illness   | Date symptoms began |
|---|---------------------|
| <input type="checkbox"/> Arthritis PLEASE STATE PART(S) OF BODY AFFECTED BELOW<br>.....<br><input type="checkbox"/> Asthma/Chest problems<br><input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease<br><input type="checkbox"/> Raised blood pressure/Angina<br><input type="checkbox"/> Congenital (conditions from birth) PLEASE STATE<br>.....<br><input type="checkbox"/> Clinical Obesity |                     |

Please list other illnesses / operations, either current or in the past (stating conditions in full and avoid abbreviations). Also list any medication being taken currently and state the condition / illness requiring the treatment.

| Any other Condition/Illness   | Date symptoms began |
|---|---------------------|
|   |                     |
| Signature  | Date                |

# Authority for deduction from pay for HSF health plan

|                                  |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|
| Policy No. – HSF health plan use |  |  |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |  |  |

This is the scheme I wish to join and have the amount indicated deducted from my pay/pension (net of partial Standard Rate Tax Relief at source) (PLEASE TICK)

| Scheme FC1 | Scheme FC2 | Scheme FC3 | Scheme FC4 | Scheme FC5 | Scheme FC6 | Scheme FC7 | Scheme FCA | Scheme FCB | Scheme FCC |
|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| €2.37      | €3.58      | €5.06      | €6.60      | €8.80      | €11.28     | €13.75     | €13.20     | €16.50     | €20.35     |

Employer

Surname

Forename  Other Initials  Mr/Mrs/Miss Ms/Other

PLEASE COMPLETE THE SECTIONS BELOW WHICH ARE APPLICABLE TO YOUR PARTICULAR EMPLOYER

Departments / Branch / Location

PPS Number

Pay No. / Pension No.

Pay / Pension Office

This authority replaces the existing authority for deductions of 

|   |   |
|---|---|
| € | C |
|   |   |

 New deduction 

|   |   |
|---|---|
| € | C |
|   |   |

 Company Contribution (if applicable) 

|   |   |
|---|---|
| € | C |
|   |   |

Pay frequency PLEASE TICK

Weekly  Fortnightly  Four weekly  Monthly

I authorise my employer to deduct from my pay / pension the above sum (or such future amounts as apply for my cover), and remit to HSF health plan. If my pay / pension is not paid for any reason any premium arrears should be deducted when my income resumes.

Signature  Date

Your pay department will commence deductions as soon as possible after receipt of this mandate form from HSF health plan. **Your pay advice should be checked to ensure that this request has been correctly applied.**

|                         |          |      |
|-------------------------|----------|------|
| Recorded in Wages Dept. | Initials | Date |
|                         |          |      |

|              |          |      |        |
|--------------|----------|------|--------|
| Noted by HSF | Initials | Date | New    |
|              |          |      | Change |

To: **HSF HEALTH PLAN**  
**FREEPOST**  
**5 Westgate Business Park**  
**Kilrush Road**  
**Ennis**  
**Co Clare**

TEAR ALONG PERFORATION



### **Ireland Office**

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### **Head Office**

24 Upper Ground, London SE1 9PD  
Tel: 0044 20 7928 6662

HSF health plan Limited is the trading company of The Hospital Saturday Fund, a charity (registration number 1123381 in the UK and in Ireland No 20104528). Both companies have their registered office at 24 Upper Ground London SE1 9PD Tel (0044/0) 20 7928 6662. In the UK HSF health plan Limited is a Company Limited by Guarantee in England No 30869. In Ireland HSF health plan Limited is registered as Branch No 904935 by the Companies Registration Office. The Hospital Saturday Fund is a Company Limited by Guarantee in England No 6039284. HSF health plan Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the UK, with the Department of Health and Children and The Health Insurance Authority in Ireland.

