



ST. PAULS GARDA MEDICAL AID SOCIETY

Plaza 255, Blanchardstown Corporate Park 2, Ballycoolin Rd., Dublin 15.
Tel: 01 8991604 Fax: 01 8991707
E-mail: customerservice@medicalaid.ie Website: www.medicalaid.ie

Retired Form

Secretary
St Pauls Garda Medical Aid Society
Plaza 255
Blanchardstown Corporate Park 2
Ballycoolin Rd.,
Dublin 15

OFFICE USE ONLY

Commencement _____
Cover _____
Over 18 Scheme _____
Total Sub _____
Reg No. _____
Receipt No. _____

I retired from An Garda Siochana on _____ and wish to continue my membership of the society.

I enclose a cheque /Postal order to the sum of €_____ For the period _____ to _____

PLEASE COMPLETE IN BLOCK CAPITALS

Christian Name: _____ Surname: _____

Garda Reg. No: _____ PPS No: _____ Tel No. _____

Spouse: _____ Address: _____

I am to confirm that I require cover in respect of the following members of my family

Details of Children to be included in cover:

Name

Date of Birth

Wife/Partner Signature: -----

To: Paymaster General.

I hereby agree to have my contribution to St. Paul's Garda Medical Aid Society deducted from my Pension and that such contribution will be paid to St. Paul's Garda Medical Aid Society on my behalf at appropriate intervals. I also agree that deductions shall continue to be made unless otherwise notified by St. Paul's Garda Medical Aid Society. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted the State accepts no further responsibility in the matter.

Signature: -----

Date: -----

Pension Number: -----

Garda Reg. No. -----