

benefits you can afford



Affordable benefits
for only **€1.50 a week**



Why should you become a member of **Medisan?**

The illnesses catered for by the Fund usually necessitate prolonged treatment. The Fund provides assistance for members suffering from Tuberculosis, Psychiatric Illness, Cardiac Disease, Renal Failure, Ulcerative Colitis, Crohn's disease, Insulin-dependent Diabetes, Diseases of the Central Nervous System, Cancer and Addictions. With the ever increasing cost of medical attention and treatment you will find yourself faced with considerable financial strain apart altogether from a possible reduction in pay if you are unfortunate enough to contract any of these illnesses.

Membership of the Fund will assist towards the following:

- **Income assistance during periods of reduced pay**
- **Assistance towards the cost of surgery and other treatment**
- **Assistance towards consultations and drugs**
- **Assistance towards the cost of counselling and therapy**
- **Assistance towards the cost of convalescence**
- **50% match up of VHI shortfall up to a specified maximum.**

While it is true that you, like the majority of members, may never require the assistance of the Fund, you will be helping your less fortunate colleagues who do, and ensuring help for yourself should the occasion arise.

Your spouse/partner and children may also benefit — the fund may assist with the payment of convalescence in an approved facility for illness catered for by the fund.

A copy of the rules of the Fund may be had on application from:

**Medisan,
PO Box 222,
An Post Delivery Unit,
Mullaghboy Industrial Estate,
Navan,
Co Meath,
C15 AY 95**

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Authority for Deduction from Pay

To be signed by subscribers to Medisan.

I, the undersigned, hereby express my willingness, and undertake to have the sum of: (please tick appropriate box)

- Weekly paid
- Fortnightly paid
- Monthly paid
- Postmasters monthly

Other (Please Specify):

deducted from my wages/salary every week / fortnight / month, by (state name of company) to be paid over to the Honorary Treasurer of Medisan.

Full name in BLOCK letters:

.....

Private Address:

.....

.....

Job Title:

Office of Employment:

Staff/Payroll Number:

Date:

Signed:

Employee of (State Company):

FOR OFFICE USE ONLY

To: (Employer)

The above has now been registered as a member of the Fund. Please arrange for the collection of his/her contributions.

Date:

Signed:

Please return completed application form to:

**Medisan, PO Box 222,
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Navan, Co Meath, C15 AY 95**