

Boston Scientific Employee Consent Form

Boston Scientific will pay the in-patient private hospital excess for eligible employees and policy beneficiaries who are admitted to the Galway Clinic as an in-patient. Employees and beneficiaries are asked to give their consent to Boston Scientific HR being informed if you or one of your policy beneficiaries has had an in-patient stay in the Galway Clinic.

In order for the hospital to be reimbursed by Boston Scientific for the excess due under your health insurance contract, the following must be completed and signed by the patient or policyholder (if patient is under 18).

		YES	NO
1)	I confirm that I am a Boston Scientific employee or a beneficiary of a policy held by a Boston Scientific employee?		
2)	I confirm that my health insurance premium is subsidised by Boston Scientific and I understand that Boston Scientific will not cover the private hospital excess payment for any person whose health insurance is not subsidised by Boston Scientific.		
3)	I consent to Boston Scientific HR being informed that I or my beneficiary has had an in-patient stay in the Galway Clinic.		
4)	I understand that I am liable to pay the in-patient private hospital excess if I have answered No to any of the above questions.		

Employee Details

Name										
Irish Life Health Membership Number										
Boston Scientific Employee Number (Not required if a beneficiary)										

Declaration

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Irish Life Health Privacy Notice which can be found at <http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/>

Signature (Employee)										
Date:										

Please note no medical or claims information shall be provided to Boston Scientific other than that an in-patient stay occurred.