

## PCRS Information Request Form

Requestor Name	
Company / Organisation Name	
Company / Organisation Address	
Date of Request	
Contact Phone Number	
Contact Email	
Details of Request	<i>Please provide as much detail as possible to facilitate response.</i>
Reason for Request	
Timeframe for Data Request	<i>Example Jan - Dec '18 claims for Long Term Illness scheme</i>
Date Required	
Additional Comments	

Please email completed form to [PCRS.ReportQueries@hse.ie](mailto:PCRS.ReportQueries@hse.ie).