

European Health Insurance Card - Application Form

See back for completion instructions

Address of Applicant / Family

Telephone Number:

Mobile Number:

Date Received by Health Board:

	PPS Number	Surname	First Name(s)	Date of Birth (dd/mm/yyyy)	Gender (M/F)
1				/ /	
2				/ /	
3				/ /	
4				/ /	
5				/ /	
6				/ /	
7				/ /	
8				/ /	
9				/ /	
10				/ /	

I hereby apply for European Health Insurance Card(s)	I declare that the persons listed are ordinarily resident in Ireland
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Signature:

Date:

<p>Data Protection Notice : The General Medical Services (Payments Board) arranges, on behalf of the Health Boards for EHIC cards to be issued. The information on this form will be transmitted to the GMS(PB) so that an EHIC card(s) may be issued to the person(s) named thereon.</p>

Notes and instructions for completion of application form

1. Application for the European Health Insurance Card should be made at least ten working days prior to travel.
2. It is important to include each person's Personal Public Service Number (PPSN) on the form. This is the same as your RSI number and is available from the following sources:
 - P60, P45 or other tax forms or usually a payslip
 - Social Services Card
 - Drugs Payment Scheme Card
 - Your local Department of Social & Family Affairs (to obtain a child's PPSN number please quote the mother's PPSN number)
3. If you **do not** already have a medical card or Drugs Payment Scheme card, your application should be accompanied by
 - Evidence that you are ordinarily resident in Ireland, such as a copy of a recent P60, driving licence or pension book. If you have moved to or returned to Ireland to live within the past year, you should provide evidence of your intention to remain for at least a year, such as a rent book or mortgage details, statement from your employer or work permit. If you cannot supply such a document, contact your local health board for more information.
 - Your application should be accompanied by evidence of your **PPSN**, such as **one** of the above documents. If applying by post, include a photocopy.
4. Use **BLOCK CAPITALS**
5. Write clearly within the boxes provided. Do not join your writing.
6. Leave spaces where necessary in address.
7. Supply area code in telephone number.
8. When completed, read and sign the declaration and date the form.
9. Completed forms should be returned to your local Health Board office.

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