



European Health Insurance Card (EHIC)

Only use this form if your date of travel is more than four weeks from today.

How do I apply for a European Health Insurance Card?

Online: The easiest way to apply is online at www.myehic.ie.

Email: Complete this form and email to: pcrs.applications@hse.ie.

or

Post: Complete this form and post to: Eligibility Unit, PO Box 11745, Dublin 11.

What personal details do I need to give in order to get my card?

You will need to provide your name, address, date of birth and Personal Public Service (PPS) number. You may be asked to show evidence of your PPS number, such as an Employment Detail Summary or a Social Services Card. If you are posting your application, you should send photocopies, not the originals.

You may also need to show proof that you are ordinarily resident in Ireland. This means that you are living here and intend to live here for at least one year.

If you are travelling within the next four weeks, please apply online. We will issue a Provisional Certificate electronically, which you can use immediately. This certificate is valid for three months only so you will need to submit a full application again if you require a European Health Insurance Card after that. If you apply by post now, your card will not arrive in time for your trip.

Part 1 Applicant Details

To apply for a European Health Insurance Card (EHIC), you must be at least 18 years old. If you're under 18, a parent or guardian will need to apply on your behalf.

| | | | |
|----------------|---|-----------------|----------------------|
| First name: | <input type="text"/> | Surname: | <input type="text"/> |
| Date of birth: | <input type="text"/> | PPS number: | <input type="text"/> |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> | Contact number: | <input type="text"/> |
| Eircode: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | | |

Part 2 Your Family Details (if applicable)

Dependents over the age of 23 must submit a separate application for their own card.

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Part 3 Declaration and Consent by the EHIC Applicant

Before completing this part of the form, please read the following important information carefully. It explains what it means when you give us information for your application.

By law, anyone who deliberately gives false information on this application, or who deliberately withholds information relevant to an assessment of eligibility for a European Health Insurance Card (EHIC), could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a European Health Insurance Card (EHIC) could face a fine. Where appropriate, the HSE has the right to review and modify European Health Insurance Card (EHIC) eligibility status at any time.

Please read each of the following statements. If you agree with them, please complete and sign or mark the form below.

Statements:

- If living in the Republic of Ireland, I/We declare that I/We are ordinarily resident in the Republic of Ireland. You are ordinarily resident if you are living here and intend to live here for at least one year.
- If living in Northern Ireland but employed in the Republic of Ireland, I/We declare that I/We make social security contributions in the Republic of Ireland and that I/We return home at least once a week.
- I/We declare that the information given in this application is truthful and complete.
- I/We agree that the information given may be shared with other government departments and agencies for the purpose of processing this application.
- I/We agree that my personal data may be used for anonymised statistical or research purposes where there is a legal basis for doing so. The HSE PCRS privacy statement is available at www.pcrs.ie.
- I/We agree to immediately inform the Eligibility Unit of any change in circumstances that may affect my/our entitlement for health services.
- I/We agree to immediately inform the Eligibility Unit of any change in my address or other personal data in order that the HSE can keep my personal data accurate and up to date.
- I/We agree that if I/We share information with the HSE that identifies a person who may be at risk of suffering abuse or harm, the HSE may contact other relevant services to ensure your/their safety.

Sign
here

Signature:

X

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Part 4 Data Protection and Freedom of Information Notice

The HSE will treat all personal data you provide as part of this application as confidential and store it securely. When the HSE receives your completed application form and any supporting documents, it will make a computer record in your name(s). This record will contain the relevant personal information you or your spouse/partner (if relevant) have supplied.

This record will be used and retained by the HSE for the purposes of processing your European Health Insurance Card (EHIC) application. The HSE may also use details you provided to contact you or your spouse/partner (if relevant) in relation to eligibility under the Scheme, and/or in relation to services received based on eligibility awarded. The HSE will not share the personal information you have given with other people or organisations unless permission has been given by the person to whom the information relates or the HSE is required to do so by law.

The HSE PCRS privacy statement is available at www.pcrs.ie.

Please send the completed application form by:

Email: pcrs.applications@hse.ie

Post: Eligibility Unit, PO Box 11745, Dublin 11.

Phone: If you have any questions before you send this form, call us on 0818 22 44 78.