

Do you live abroad? Use this form if you're an Irish pensioner or insured person living in the EU, EEA or Switzerland.

European Health Insurance Card – Application Form



Applicants Name:	Date Of Birth (dd/mm/yyyy)	
Current Address in other EU/EEA member state	PPSN: Required	
Current Country of Residence	Telephone / Mobile No.	
Last Address in Ireland:	Email Address	

	First Names (s)	Surname	Gender (M/F)	Date of Birth (dd/mm/yyyy)	PPSN
1					
2					
3					
4					
5					
6					

Source of Income:		Pension Reference No:	
-------------------	--	-----------------------	--

Date E121 / E109 / S1 was registered (dd/mm/yyyy):
As an Irish pensioner/insured person I hereby apply for an EHIC from Ireland and confirm that neither I nor any of my dependents are linked to a Social Security System of my State of Residence.

Date: _____ Signature: _____

Data Protection Notice: The information on this form will be transmitted to the HSE – PCRS so that an EHIC card(s) may be issued to the person(s) named thereon.
--

Please return the completed form to: [EU Regulations Office](#), Health Service Executive, North West Wing, St. Joseph's Hospital, Mulgrave Street, Limerick, Ireland.