EHIC Application form for Pensioners / Insured Persons resident in other EU / EEA States

European Health Insurance Card – Application Form

Data Protection Notice:



Applicants Name:				Date Of Birth (dd/mm/yyyy)		
Current Address in other EU/EEA Member State:			PPSN: Required	PPSN:		
Last Address in Ireland:				Telephone / Mobile No. Email Address:		
			Email Add	iress:		
	First Names (s)	Surname	Gender (M/F)	Date of Birth (dd/mm/yyyy)	PPSN: Required	
1						
2						
3						
4						
5						
6						
Source of Income:		Pensi	Pension Reference No:			
Date E121 / E109 was registered: (dd/mm/yyyy)						
I hereby apply for an EHIC from Ireland and confirm that I or any of my dependents are not linked to Social Security System of my State of Residence.						
Date: (dd/mm/yyyy) Full Name:						

Please return the completed form to ehicapplication@hse.ie or by post Address: National Co-Ordinator, EU Regulations, Health Service Executive, Ballycummin Avenue, Raheen, Limerick, Ireland.

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.