

European Health Insurance Card - Application Form



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| Address of Applicant / Family |
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| Telephone Number: |
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| Mobile Number: |
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| Departure Date: |
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| Return Date: |
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New Application:

Renewal:

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| Date Received by Health Office: |
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| | First Name (s) | Surname | Gender (M/F) | Date of Birth (dd/mm/yyyy) | | | | | | | |
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| 1 | | | | | / | | / | | | | |
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| 4 | | | | | / | | / | | | | |
| 5 | | | | | / | | / | | | | |
| 6 | | | | | / | | / | | | | |
| 7 | | | | | / | | / | | | | |
| 8 | | | | | / | | / | | | | |
| 9 | | | | | / | | / | | | | |
| 10 | | | | | / | | / | | | | |

| PPS Number | | | | | | | | | | | |
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I hereby apply for European Health Insurance Card(s) | I declare that the persons listed are ordinarily resident in the Republic of Ireland

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|--------------|
| Date: |
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| Signature: |
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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 send the completed form to your local Health Office