## 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:<br>Required     | PPSN:                                 |                   |  |
| Last Address in Ireland:  |                 |         |                       | Telephone / Mobile No. Email Address: |                   |  |
|   |                 |         | Email Add             | iress:                                |                   |  |
|   | First Names (s) | Surname | Gender<br>(M/F)       | Date of Birth (dd/mm/yyyy)            | PPSN:<br>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 <a href="mailto:ehicapplication@hse.ie">ehicapplication@hse.ie</a> 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.