

European Health Insurance Card - Application Form

Address of Applicant / Family

Telephone Number:

Mobile Number:

Date Received by Health Board:

	PPS Number	Surname	First Name(s)	Date of Birth (dd/mm/yyyy)	Gender (M/F)
1				/ /	
2				/ /	
3				/ /	
4				/ /	
5				/ /	
6				/ /	
7				/ /	
8				/ /	
9				/ /	
10				/ /	

I hereby apply for European Health Insurance Card(s)	I declare that the persons listed are ordinarily resident in Ireland
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Signature:

Date:

<p>Data Protection Notice : The General Medical Services (Payments Board) arranges, on behalf of the Health Boards for EHIC cards to be issued. The information on this form will be transmitted to the GMS(PB) so that an EHIC card(s) may be issued to the person(s) named thereon.</p>
