

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

European Health Insurance Card – Application Form



Applicants Name:	Date Of Birth (dd/mm/yyyy)
Current Address in other EU/EEA Member State:	PPSN: Required
Last Address in Ireland:	Telephone / Mobile No.
	Email Address:

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

Source of Income:		Pension Reference No:	
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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:	
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 ehicapplication@hse.ie or by post Address: National Co-Ordinator, EU Regulations, Health Service Executive, Ballycummin Avenue, Raheen, Limerick, Ireland.