

# MINISTRY OF HEALTH

(seal)

## APPLICATION FOR THE EUROPEAN HEALTH INSURANCE CARD (EHIC) FOR MEDICALLY NECESSARY HEALTH CARE WHILE ON A TEMPORARY STAY IN ANOTHER EU/EEA MEMBER STATE

Applications not accompanied by the necessary documents shall not be accepted and shall be rejected.  
Before completing this application read the INSTRUCTIONS at the back very carefully.

**WARNING:** Any person who, with a view of securing the EHIC, either for himself or for any other person, knowingly or by gross negligence, makes a false statement or false representation or presents or produces any document or information, which is false in any material fact, shall be guilty of an offence and shall be liable to imprisonment of one year.

### **PART I: PERSONAL DETAILS OF APPLICANT**

Name: ..... Surname: .....

Date of birth: ...../...../..... Nationality: .....

Identity Card No: ..... Social Insurance No: .....

Gender: Male  Female

Recognized Political Refugee: Yes  No

Medical Card No: ..... Expiry Date ...../...../.....

**Address:** (Street) ..... No.....

Town/Village: ..... P.O Box .....

Post Code: ..... District: .....

Home Tel: ..... Work Tel: ..... MobileTel: .....

Please post my EHIC

#### **Marital Status:**

Married  Single  Divorced  Separated  Widow/er

#### **Applicants work status:**

Employed person  Pensioner (employed person)  Other

Unemployed person  Pensioner (self-employed person)

Government employee  Pensioner (government employed person)

Government Hourly Paid Staff  Pensioner (government hourly paid staff)

### **PART II: DETAILS OF APPLICANT'S DEPENDANTS**

Name	Identity Card No.*	Date of Birth	Gender (M/F)	Social Insurance No.
(of spouse) .....	.....	...../...../.....	.....	.....
<b>(of dependants)</b>				
.....	.....	...../...../.....	.....	.....
.....	.....	...../...../.....	.....	.....
.....	.....	...../...../.....	.....	.....

\* In the case of dependant children non holders of identity cards, the Personal Identification Number of their Birth Certificate should be indicated.

#### **DECLARATION**

I hereby apply for a certificate of entitlement to benefits in kind during a temporary stay in a member state and declare that all the information given in this application as well as the certificates and other documents accompanying the application are true and correct.

Date: ...../...../.....

Signature: .....

FOR OFFICIAL USE	
Reference No.	
Approved for:	
issue of EHIC	<input type="checkbox"/>
renewal of EHIC	<input type="checkbox"/>
for a period:	
from ...../...../..... until ...../...../.....	
Not approved for:	
issue of EHIC	<input type="checkbox"/>
renewal of EHIC	<input type="checkbox"/>
due to:	
.....	
.....	
.....	
Full name: .....	
Signature: .....	
Date: ...../...../.....	

## INSTRUCTIONS

Individual application for European Health Insurance Card (EHIC) is submitted by any person who, according to the Government Medical Institutions and Services General Regulations, is entitled to healthcare benefits in Cyprus. Only one application is needed for the whole family. EHIC entitles you for the medically necessary health care while on a temporary stay in another EU/EEA member state and Switzerland.

**Member States of EU are:** Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

**Countries of EEA:** Iceland, Liechtenstein and Norway.

If you and/or a member of your family accompanying you fall ill while on a temporary visit in another EU/EEA member state or Switzerland, EHIC enables the holder to obtain the medically necessary health care. When one of the persons concerned is in need for benefits, including hospitalization, he/she should present his/her EHIC to the state medical institutions or the contracted with the country's health insurance scheme medical institutions in the country of stay and medically necessary health care will be provided on account of Cyprus. You might be asked to present other official documents, such as ID or passport.

The completed application form, together with the supporting documents as specified below, should be submitted to a state hospital or the Ministry of Health at least ten working days prior to your departure.

Applications should be accompanied by a copy of the following documents, as the case might be:

- Employed, non employed, retired and families with 3 or more children
  - Medical Card.
  - Photocopy of the applicant's passport page or identity card and of his/her dependants, showing their personal data. In case of dependant children non holders of identity card, a copy of their Birth Certificate.
  
- Active or retired government employees and hourly paid staff
  - Medical Card (Gen 96 or Gen 96A, as the case might be).
  - Photocopy of the applicant's passport page or identity card and of his/her dependants, showing their personal data. In the case of dependant children non holders of identity card, a copy of their Birth Certificate.

**Note:** If the purpose of the journey is to receive treatment, you should not submit an application for EHIC but an application for E112 form or for pre-authorization on the basis of the Sponsored Patient Scheme.

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