



REPUBLIC OF CYPRUS  
MINISTRY OF HEALTH

**APPLICATION FOR THE EUROPEAN HEALTH INSURANCE CARD (EHIC)**

THE APPLICATION SHOULD BE SUBMITTED BY THE BENEFICIARIES ACCORDING TO  
THE GENERAL HEALTHCARE SYSTEM LAW OF 2001

**PART I: PERSONAL DETAILS OF APPLICANT**

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

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

Gender: .... Male / Female .....

Identity Card No./  
Alien / E.U. Citizen Registration  
Certificate No. (A.R.C): .....

**Διεύθυνση:**

Street: ..... No.....

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

District: ..... Home Tel: .....

Work Tel: ..... Mobile Tel: .....

FOR OFFICIAL USE	
Αύξων αριθμός αίτησης:	.....
Εγκρίνεται :	
έκδοση της ΕΚΑΑ	<input type="checkbox"/>
ανανέωση της ΕΚΑΑ	<input type="checkbox"/>
για την περίοδο:	
μέχρι	...../...../20 .....
Όνοματεπώνυμο: .....	
Υπογραφή:.....	
Ημερομηνία: ...../...../.....	

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

Name	Identity Card No./ Alien / E.U. Citizen Registration Certificate No. (A.R.C) *	Date of Birth	Gender (Male/Female)	Nationality
(of spouse) .....	.....	...../...../.....	.....	.....
<b>(Of Dependant Children)</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 declare that all the information contained in this application, as well as the certificates and supporting documents accompanying this application, are true and accurate and that I authorize the Ministry of Health to seek confirmation from any Government Service,

The personal data concerning my person and given by me shall be kept in a filing system and be subject to lawful processing in the meaning of the Regulation (EC) 2016/679 of the European Parliament and of the Council of 27 April 2016, as applicable, by the Controller who is the Ministry of Health, for the purpose of examining my application for European Health Insurance Card. The recipients of the data shall be the competent personnel of the Ministry of Health. The personal data included in the file systems kept by the Ministry of Health Administration Service, may be communicated or transmitted between the government services concerned. The management and processing of my personal data shall be done securely and confidentially and shall be subject to the relevant provisions of the legislation in force

I am also informed that I have the right to information, access and objection and deletion on the personal data concerning my person, given under sections 13, 14, 15, 16, 17, 18 and 19 of Regulation (EC) 2016/679 of the European Parliament and of the Council of 27 April 2016, in respect of which I can apply to the Controller (Ministry of Health).

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

Signature: .....

## REQUIRED DOCUMENTS

- Identity Card or birth certificates or E.U. Citizen Registration Certificate or Alien Residence Permit.
- The “Confirmation of Beneficiary Registration to a Personal Doctor Beneficiary List Form” which is signed by the Beneficiary and the Personal Doctor (PD).

or

The notification titled: «GHS - Αίτημα Εγγραφής σε Προσωπικό Ιατρό / Registration request to Personal Doctor», that received upon the completion of GHS enrolment process. This notification is sent both to the Beneficiary Portal account and to the email account of the user that has submitted the GHS beneficiary enrolment request.

## GENERAL INFORMATION

The European Health Insurance Card gives you access to medically necessary, state-provided healthcare during a temporary stay in any of the EU countries, Iceland, Liechtenstein, Norway and Switzerland, under the same conditions and at the same cost (free in some countries) as people insured in that country

**Important** – the European Health Insurance Card

- is **not an alternative to travel insurance**. It does not cover any private healthcare or costs such as a return flight to your home country or lost/stolen property,
- does **not cover** your costs if you are **travelling for the express purpose of obtaining medical treatment**,
- does **not guarantee free services**. As each country's healthcare system is different services that cost nothing at home might not be free in another country.

**Please note:** when you move your **habitual residence** to another country, you should register with the S1 form instead of using the EHC to receive medical care in your new country of habitual residence.

Additional information can be found at: <https://ec.europa.eu/social/main.jsp?catId=559&langId=en>