

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 are submitted to the nearest hospital or the Ministry of Health)

**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	<input type="checkbox"/>	Pensioner (employed person)	<input type="checkbox"/>	Student	<input type="checkbox"/>
Unemployed person	<input type="checkbox"/>	Pensioner (self-employed person)	<input type="checkbox"/>	Other	<input type="checkbox"/>
Government employee	<input type="checkbox"/>	Pensioner (government employed person)	<input type="checkbox"/>		
Government Hourly Paid Staff	<input type="checkbox"/>	Pensioner (government hourly paid staff)	<input type="checkbox"/>		

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:/...../.....	

PART II: DETAILS OF APPLICANT'S DEPENDANTS

Name	Identity Card No.	Date of Birth	Gender (M/F)	Social Insurance No.
(of spouse)/...../.....
(of dependants under 18 years of age)				
...../...../.....
...../...../.....
...../...../.....
...../...../.....

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:

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 free medical care 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.

Member States of EU are: Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and 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, 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 and retired
 - Medical Card "A" (free medical care).
 - Photocopy of the applicant's passport page and his/her dependants, showing their personal data.
- Active or retired government employees
 - Gen 96 or Gen 96A, as the case might be.
 - Photocopy of the applicant's passport page and his/her dependants, showing their personal data.
- Active government hourly paid staff
 - Medical Card for government hourly paid staff.
 - Certificate for current monthly/weekly gross income for the family.
 - Photocopy of the applicant's passport page and his/her dependants, showing their personal data.
- Student at a University or Higher Educational Institution
 - Euro < 26 student ID card of the Youth Board for Cypriot citizens and permanent residents of Cyprus or Medical Card "A" (free medical care).
 - Photocopy of the applicant's passport page and his/her dependants, showing their personal data.

A <<student>> is a person who studies on a full time basis at a University or a higher educational institution

Note: If the purpose of the journey is to receive treatment, you should not submit this application for an EHIC. For treatment abroad it is necessary to apply for pre-authorization.
