

Application form for European Health Insurance Card (EHIC)

The quickest way to apply for a card is online at www.nhs.uk/ehic

or by calling the EHIC Application Line on 0300 330 1350.

How to complete this form

To help us to process your application quickly, please write clearly in BLOCK CAPITALS inside the boxes using **black ink** only.

As the main applicant, you can also apply on behalf of your partner and/or any dependent children. For each applicant or family member you are applying for, you **must** complete all the questions asked. For more detailed information, please visit www.nhs.uk/healthcareabroad.

1 Declaration - Read before signing

I declare that I have read and understood the eligibility requirement for receiving an EHIC from the 'Important Information' on the separate sheet accompanying this application. I confirm that I will give correct and accurate information in relation to this application. I understand and accept that if I provide NHS Business Services Authority (NHSBSA) with false or misleading information my application may be delayed and I may be liable for criminal prosecution. I shall inform the NHSBSA if any of the information provided on this application changes. I confirm that the main applicant is ordinarily resident in the UK, meaning they are living in the UK on a lawful basis and are properly settled for the time being, and that they are 16 or over.

I understand that should the main applicant have a change to residency status, move abroad to live or take up work abroad, then they may no longer be entitled to a UK EHIC. In these circumstances the relevant authorities must be informed and, if required, all associated EHICs returned. I understand that the EHIC card does not prove entitlement to NHS services or residency in the UK, and does not constitute proof of identity.

If you use a UK EHIC to access healthcare abroad when you are no longer entitled to it, you may be liable for the full cost of all your treatment received.

I am the main applicant

I am a representative for the main applicant

Full name of representative	Relationship to main applicant
Permanent address of representative	
If you are an organisation processing EHIC applications on behalf of a customer, you must state your full business name and address, as well as Companies House registration or Charity number (if applicable). If you fail to provide this information the application will not be processed.	

Signature

Date

/ /

2 The main applicant

Personal details

Title Mr Mrs Ms Miss Other

Surname

Forename(s)

Date of birth - *must be over 16 years old* / /

National Insurance number (or NHS number - see below)

NHS number (England and Wales), Community Health Index number (Scotland) or Health and Care number (Northern Ireland)

Name of Local Authority responsible for collecting Council Tax for your dwelling

Nationality
If you are **not** a UK, EU/EEA or Swiss national, attach a copy of your visa or residence permit

Passport number

How long have you lived in the UK? Number of years and months

Do you have any plans to study abroad or move abroad permanently within the next five years? *Posted workers should answer 'No'* Yes No

If 'Yes', what date do you expect to leave the UK? / /

EHIC Personal Identification Number (PIN)
Only for replacement or renewal EHIC - the number is shown on your existing EHIC

Current permanent address

House number (and/or house name)

Street

Town

County

Postcode Country

Contact phone number (inc. area code)

Data Protection Act 1998

The NHSBSA and Department of Health acting as joint Data Controllers, will only use the information provided on this form for processing and verifying your application for the EHIC. Your details, in relation to this application, will be removed from our files no later than 24 months after the expiry of your EHIC. We will not transfer your Personal Data outside of the European Economic Area. Your information may be disclosed to: The Department for Work and Pensions and HM Revenue and Customs for the purpose of validating EHIC applications and claims, and NHS Counter Fraud Authority, Department of Health - International Division and local authorities in order to prevent, detect and investigate fraud and errors. We may contact you to discuss your application by any of the methods you have provided on the application. Further details are available at www.nhsbsa.nhs.uk/DataProtection.aspx

3 Spouse/partner/civil partner

Title Mr Mrs Ms Miss Other

Surname

Forename(s)

Date of birth DD / MM / YYYY

National Insurance number (or NHS number - see below)

NHS number (England and Wales), Community Health Index number (Scotland) or Health and Care number (Northern Ireland)

Nationality

Does this person live with the main applicant at the address given at section 2?
Yes No If 'No', please send evidence with this application that they are dependent on the main applicant (e.g. an S1 form).

4 Dependent children *If you do not know their National Insurance or NHS number, give the main applicant's.*

Dependent child 1 - up to the age of 16

Title Mr Ms

Surname

Forename(s)

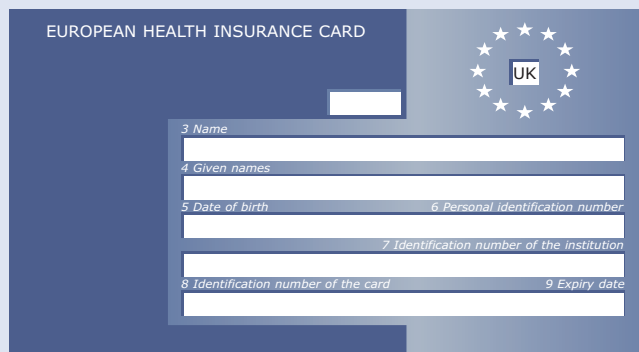
Date of birth DD / MM / YYYY

National Insurance number (or NHS number - see below)

NHS number (England and Wales), Community Health Index number (Scotland) or Health and Care number (Northern Ireland)

Nationality

Does this person live with the main applicant at the address given at section 2?
Yes No If 'No', please send evidence with this application that they are dependent on the main applicant (e.g. an S1 form).



4 Dependent children (cont.) *If you do not know their National Insurance or NHS number, give the main applicant's.*

Dependent child 2 - up to the age of 16

Title Mr Ms

Surname

Forename(s)

Date of birth DD / MM / YYYY

National Insurance number (or NHS number - see below)

NHS number (England and Wales), Community Health Index number (Scotland) or Health and Care number (Northern Ireland)

Nationality

Does this person live with the main applicant at the address given at section 2?
Yes No If 'No', please send evidence with this application that they are dependent on the main applicant (e.g. an S1 form).

Dependent child 3 - up to the age of 16

Title Mr Ms

Surname

Forename(s)

Date of birth DD / MM / YYYY

National Insurance number (or NHS number - see below)

NHS number (England and Wales), Community Health Index number (Scotland) or Health and Care number (Northern Ireland)

Nationality

Does this person live with the main applicant at the address given at section 2?
Yes No If 'No', please send evidence with this application that they are dependent on the main applicant (e.g. an S1 form).

Dependent child 4 - up to the age of 16

Title Mr Ms

Surname

Forename(s)

Date of birth DD / MM / YYYY

National Insurance number (or NHS number - see below)

NHS number (England and Wales), Community Health Index number (Scotland) or Health and Care number (Northern Ireland)

Nationality

Does this person live with the main applicant at the address given at section 2?
Yes No If 'No', please send evidence with this application that they are dependent on the main applicant (e.g. an S1 form).

Important Information

A valid EHIC provides card holders with the right to access state-provided healthcare on temporary stays in other European Economic Area (EEA) countries or Switzerland. Treatment should be provided on the same basis as it would be to a resident of that country and is provided in many cases either at reduced cost or, for free. The EHIC covers treatment that is medically necessary until the card holder's planned date of return home. This includes treatment for pre-existing medical conditions.

The EHIC is not an alternative to travel insurance. It is important to have both an EHIC and a valid travel insurance policy in place before you travel.

Entitlement to an EHIC (in all EEA countries) is based on insurability under EU law, and not on a person's nationality. The UK operates a residency-based healthcare system which means that insurability in the UK is generally determined by residency and not by the past or present payment of National Insurance contributions or UK taxes.



If you are **not** a UK, EU/EEA or Swiss national, you need to send evidence that you are ordinarily resident in the UK with your application. Proof could be a visa or UK residence permit.



If you are ordinarily resident and work in the UK, or if you are ordinarily resident in the UK and do not work, then it is likely that you will be considered to be insured by the UK under EU law and will be entitled to apply for a UK EHIC.

There are special rules for pensioners who live abroad, pensioners living in the UK who get a pension from another member state, students studying abroad, workers posted abroad by their employer, those who live in one country but work in another and those who live and/or work in more than one country. If you fall into any of these categories or you are unsure about your eligibility for a UK EHIC, please read '**Access to Healthcare Abroad**' or contact the enquiry line on 0300 330 1350 or +44 191 279 0575 if calling from abroad.

If you are not eligible for a UK EHIC you may be eligible for an EHIC issued by another EEA country or Switzerland if you are insured there.

Important:

If your circumstances change you may lose your entitlement to a UK EHIC. If you use your UK EHIC when you are no longer entitled to it, you may be liable for the full cost of treatment received. Circumstances that might lead to you losing your entitlement to a UK EHIC include moving abroad, taking up work abroad or changing your residency status.



Post your completed application to:

NHS Business Services Authority
European Health Insurance Card
EHIC applications
Bridge House
152 Pilgrim Street
Newcastle upon Tyne
NE1 6SN