



SEGURANÇA SOCIAL

APPLICATION EUROPEAN HEALTH INSURANCE CARD (EHIC)

Before completing this form, please read the INFORMATION

1 BENEFICIARY'S DETAILS (always provide this information, even if the request relates to (an)other family member(s))

Full name	<input type="text"/>		
Date of birth	<input type="text"/> year month day	Nationality	<input type="text"/>
Beneficiary's Social Security Identification Number	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>		
Post code	<input type="text"/>	-	<input type="text"/>
Period of permission to stay/residence in Portugal ⁽¹⁾ from	<input type="text"/> year month day	to	<input type="text"/> year month day
Mobile/Phone no.	<input type="text"/>	E-mail	<input type="text"/>

⁽¹⁾ Complete only if you are a foreign national.

2 NAME ON THE EHIC

Please indicate for whom the card is requested by ticking one or both boxes. Beneficiary Family member(s)⁽¹⁾

⁽¹⁾ Please also complete **Table 4**.

3 SOCIAL WELFARE SYSTEM OR SUBSYSTEM COVERING THE BENEFICIARY

3.1 Please state your current situation with regard to the social welfare system or subsystem.

Active beneficiary? Yes No Pensioner / Retired? Yes No

3.2 If you ticked 'YES' to any of the situations in **3.1**, please also tick the relevant social welfare system or subsystem.

Portuguese Social Security system

Social welfare system of another Member State of the European Union, Iceland, Liechtenstein, Norway, the United Kingdom and Switzerland, coordinated by the Social Security Regulations (EEC), affiliated to the Portuguese Social Security System.

Social welfare subsystem of:

<input type="checkbox"/> ADSE (Public Administration health subsystem)	<input type="checkbox"/> SAD-PSP (Illness Support System for the Public Security Police)	<input type="checkbox"/> SAD-GNR (Illness Support System for the National Republican Guard)	<input type="checkbox"/> IASFA/ADM (Armed Forces Social Services Institute/Military Illness assistance)
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Identification number

3.3 If you ticked 'NO' in **3.1**, please also tick the health service that covers you and provide the relevant user identification number:

National Health Service

Health Service of the Autonomous Region of the Azores Health Service of the Autonomous Region of Madeira, E.P.E.

Identification number

(as shown on your medical card or on the reverse side of your Citizen's Card)

False statements are punishable by law

4**DETAILS OF FAMILY MEMBER(S) DEPENDENT ON THE BENEFICIARY FOR WHOM EHIC IS REQUESTED**

(Only indicate family members who are dependent on the same social welfare system or subsystem as the beneficiary. If there are other members of the household who are dependent on systems or subsystems other than the one indicated by the beneficiary, another application form must be completed)

Full name of family member	<input type="text"/>		
Date of birth	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
Nationality	<input type="text"/>		
Relationship to the beneficiary	<input type="text"/>		
Identification No in the social welfare system or subsystem	<input type="text"/>		
Period of permission to stay/residence in Portugal ⁽¹⁾ from	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
	to	<input type="text"/> year	<input type="text"/> month
		<input type="text"/> day	<input type="text"/> day

Full name of family member	<input type="text"/>		
Date of birth	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
Nationality	<input type="text"/>		
Relationship to the beneficiary	<input type="text"/>		
Identification No in the social welfare system or subsystem	<input type="text"/>		
Period of permission to stay/residence in Portugal ⁽¹⁾ from	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
	to	<input type="text"/> year	<input type="text"/> month
		<input type="text"/> day	<input type="text"/> day

Full name of family member	<input type="text"/>		
Date of birth	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
Nationality	<input type="text"/>		
Relationship to the beneficiary	<input type="text"/>		
Identification No in the social welfare system or subsystem	<input type="text"/>		
Period of permission to stay/residence in Portugal ⁽¹⁾ from	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
	to	<input type="text"/> year	<input type="text"/> month
		<input type="text"/> day	<input type="text"/> day

Full name of family member	<input type="text"/>		
Date of birth	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
Nationality	<input type="text"/>		
Relationship to the beneficiary	<input type="text"/>		
Identification No in the social welfare system or subsystem	<input type="text"/>		
Period of permission to stay/residence in Portugal ⁽¹⁾ from	<input type="text"/> year	<input type="text"/> month	<input type="text"/> day
	to	<input type="text"/> year	<input type="text"/> month
		<input type="text"/> day	<input type="text"/> day

⁽¹⁾ Complete only if you are a foreign national.

