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Please read the information in <u>table 6</u> before completing the form.

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Personal details of the family member(s) dependent on the beneficiary, for whom the EHIC is requested

If there are family members covered by social protection systems or subsystems different from the beneficiary's, please complete another application form.

Full name of the family me	ember				
Birth date	Nationality		Family relations	hip with th	ne beneficiary
	cial protection system or subsystem				
If the person concerned	is a foreign citizen, please complete the	follow	ing information:		
Period of temporary/perm	aanent residence permit in Portugal, from	year	to	year	month day
Full name of the family me	ember				
Birth date	Nationality		Family relations	hip with th	ne beneficiary
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Birth date	Nationality		Family relations	hip with th	ne beneficiary
	cial protection system or subsystem				
If the person concerned	is a foreign citizen, please complete the	follow	ing information:		
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Full name of the family me	ember				
Birth date	Nationality		Family relations	hip with th	ne beneficiary
	cial protection system or subsystem				
If the person concerned	is a foreign citizen, please complete the	follow	ing information:		
Period of temporary/perm	anent residence permit in Portugal, from	year	month day	year	month day

Statements

I am aware that:

The EHIC only allows the provision of medically necessary healthcare, taking into account the nature of the benefits to be provided and the foreseeable duration of the stay.

I undertake that:

- I will not travel to another Member State to receive medical care for a pre-existing illness, either for myself or for any of the family members mentioned in table 4;
- I will not pursue a professional activity in another Member State on behalf of employers not covered by the Portuguese Social Security;
- I will return my EHIC and the EHIC of the family member(s) under my care to the entity that issued it(them), if my(our) link to the previously mentioned system/subsystem/service changes, namely due to a change of residence outside Portugal, employment abroad, or a change of national employer that also entails a change of the aforementioned link.

I declare that:

- As I am unemployed:
 - I am travelling abroad to look for a job and I have completed the formalities with the District Centre of the Social Security Institute. P.I. (*Instituto da Segurança Social, I.P.*).
 - I have notified the Employment Centre that I am travelling abroad on holiday, as I am receiving the Unemployment Benefit.
- The information I have provided is complete and true.

Date		Signature
ar	month day	
		Signature of the beneficiary or of another person on his/her behalf (signature of another person when the beneficiary cannot or does not know how to sign) according to a valid identification document.

Information

The European Health Insurance Card (EHIC):

- is nominative and individual, so each holder, beneficiary and family member, who travels abroad, must have his/her own EHIC.
- is requested by the beneficiary (active worker or pensioner) and/or his/her family member(s).
- ensures the provision of healthcare whenever the beneficiaries of a coordinated Social Security system from one of the Member States of the European Union¹, Iceland, Liechtenstein, Norway, the United Kingdom and Switzerland, move temporarily within the European area.

The EHIC holder must pay the user fees and/or contributions² charged in the Member-States where he/she is provided with healthcare, within the scope of the respective public health services or private health services that have contracts with the national health service.

In the case of a Member State whose legislation provides for the full payment of healthcare and medicines purchased at a pharmacy and subsequent reimbursement, the respective reimbursement must be requested, whenever possible, in the Member State in question, upon submission of the EHIC and indication of the Portuguese bank account details (IBAN and SWIFT code) to which the reimbursement amount can be transferred in case the EHIC holder leaves that Member State before receiving the reimbursement. This is the case in Switzerland, for example, where full payment is often required because the healthcare providers are all private.

- ¹ The Member States of the European Union are: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Romania, Slovakia, Slovenia, Spain and Sweden.
- ² Of equal value to that which would be applied to an insured person of the Member State where the EHIC holder is temporarily staying, and co-payment or full payment of the healthcare provided may be required.

Information (continuation)

If it is not possible to claim the reimbursement in that Member State, you must submit the invoices to the Health Centre that
covers you in Portugal so that the reimbursement can be granted by the Central Administration of the Health System (ACSS
- Administração Central do Sistema de Saúde). To this end, the Health Centre will coordinate with the institution of that State
in order to communicate the amount to be reimbursed. If your European Health Insurance Card is lost or stolen, you must
immediately communicate this fact to the entity that issued the card and follow the instructions given to you by the respective
services.

Data protection

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The collected personal data will be processed by the competent Social Security services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt

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I confirm that the s	ignature of the: O applicant O p	erson that signed on his/her behalf is in accordance with
the following ident	ification document:	
O Citizen Card	Oldentity Card OPassport	O Other
Number	Valid until	Signature and stamp