



Please read the information in table 6 before completing the form.

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Personal details of the beneficiary [This table must always be completed, even if the application refers to another(other) family member(s)]

Full name

Social Security Identification Number Birth date Nationality

Address

Locality Postal Code

Mobile phone/Phone no. Email

If you are a foreign citizen, please complete the following information:

Period of temporary/permanent residence permit in Portugal, from year month day to year month day

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EHIC holder

Indicate who will be the card holder(s) by ticking one or both options:

Beneficiary Family member(s) If you ticked "Family member(s)", please complete also table 4.

3

Social protection system or subsystem covering the beneficiary

3.1. Please state your current situation with regard to the social protection system or subsystem you are covered by:

Active beneficiary Yes No Pensioner/retired Yes No

3.2. If in 3.1. you ticked "yes" in any of the situations, please indicate the social protection system or subsystem you are covered by:

- Portuguese Social Security system
Social protection system of another Member State of the European Union, Iceland, Liechtenstein, Norway, the United Kingdom and Switzerland, coordinated by the European Regulations on Social Security, registered in the Portuguese Social Security system.
Portuguese social protection subsystem:
ADSE (Public Administration health subsystem)
SAD-PSP (Public Security Police health subsystem)
SAD-GNR (National Republican Guard health subsystem)
IASFA/ADM (Health subsystem of the armed forces)

Identification no.

3.3. If in 3.1. you ticked "no" please indicate the health service that covers you, as well as your health user number.

- National Health Service
Regional Health Service of the Autonomous Region of the Azores
Health Service of the Autonomous Region of Madeira, Public Business Entity

Health User no. (as stated on the User Card or on the back of your Citizen Card)

4

Personal details of the family member(s) dependent on the beneficiary, for whom the EHC 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 member

Birth date Nationality Family relationship with the beneficiary

Identification no. in the social protection system or subsystem

If the person concerned is a foreign citizen, please complete the following information:

Period of temporary/permanent residence permit in Portugal, from to

Full name of the family member

Birth date Nationality Family relationship with the beneficiary

Identification no. in the social protection system or subsystem

If the person concerned is a foreign citizen, please complete the following information:

Period of temporary/permanent residence permit in Portugal, from to

Full name of the family member

Birth date Nationality Family relationship with the beneficiary

Identification no. in the social protection system or subsystem

If the person concerned is a foreign citizen, please complete the following information:

Period of temporary/permanent residence permit in Portugal, from to

Full name of the family member

Birth date Nationality Family relationship with the beneficiary

Identification no. in the social protection system or subsystem

If the person concerned is a foreign citizen, please complete the following information:

Period of temporary/permanent residence permit in Portugal, from to

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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

- -
year month day

Signature

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.

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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.

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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



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

To be completed by the Social Security services

I confirm that the signature of the: **applicant** **person that signed on his/her behalf** is in accordance with the following identification document:

Citizen Card Identity Card Passport Other

Number

Valid until --
year month day

Signature and stamp