Annex 1

to the Rules for issuing, replacing and withdrawing

the European Health Insurance Card

**(Application form for the European Health Insurance Card)**

**APPLICATION FOR THE EUROPEAN HEALTH INSURANCE CARD**

(*To be completed with the data from a personal identification document*

*in block capitals*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_territorial health insurance fund (THIF)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Application date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Order No – *to be filled in by THIF staff*)

**I hereby apply for a European Health Insurance Card:**

□ for me personally;

□ for members of my family who are minors.

**1. Applicant’s data:**

|  |  |  |
| --- | --- | --- |
| 1.1 | First name(s) |  |
| 1.2 | Surname(s) |  |
| 1.3 | Personal identification number | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |
| 1.4 | Date of birth |  |

**The European Health Insurance Card(s) issued to me and/or members of my family who are minors:**

□ will be collected by me personally at the THIF;

□ will be collected by a person authorised by me at the THIF;

□ is to be sent by registered mail to the following address[[1]](#footnote-1):

**2. Residence address:**

|  |  |  |
| --- | --- | --- |
| 2.1 | Country |  |
| 2.2 | Municipality |  |
| 2.3 | City/village |  |
| 2.4 | Street |  |
| 2.5 | Building number |  |
| 2.6 | Flat number |  |
| 2.7 | Postcode |  |

**3. Contact data:**

|  |  |  |
| --- | --- | --- |
| 3.1 | Telephone |  |
| 3.2 | email |  |

**4. Data of family members who are minors**[[2]](#footnote-2)**:**

|  |  |  |
| --- | --- | --- |
| 4.1 | First name(s) |  |
| 4.2 | Surname(s) |  |
| 4.3 | Personal identification number | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |
| 4.4 | Date of birth |  |

|  |  |  |
| --- | --- | --- |
| 4.5 | First name(s) |  |
| 4.6 | Surname(s) |  |
| 4.7 | Personal identification number | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |
| 4.8 | Date of birth |  |

|  |  |  |
| --- | --- | --- |
| 4.9 | First name(s) |  |
| 4.10 | Surname(s) |  |
| 4.11 | Personal identification number | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |
| 4.12 | Date of birth |  |

**5. Data of the person authorised to collect the card:**

|  |  |  |
| --- | --- | --- |
| 5.1 | First name(s) |  |
| 5.2 | Surname(s) |  |
| 5.3 | Date of birth |  |

**I hereby undertake not to use the European Health Insurance Card:**

– after the end of my compulsory health insurance period;

– after the end of the compulsory health insurance period of my family members who are minors.

**I AM AWARE THAT:**

– the European Health Insurance Card entitles me when visiting the European Union Member States, Norway, Iceland, Lichtenstein and Switzerland to receive such necessary medical assistance as provided for in legislation of those countries (with costs covered by the National Health Insurance Fund) so that I do not need, for medical reasons, to return to the country where I hold compulsory health insurance earlier than planned;

– if I use the European Health Insurance Card after the end of my compulsory health insurance period, I will be obliged to reimburse the National Health Insurance Fund for any damage caused in accordance with the statutory procedure;

– if I lose or damage the European Health Insurance Card, I will have to pay EUR 14.48 for a new card;

– if I fail to collect the European Health Insurance Card at the post office by the deadline upon receipt of a THIF notification by email, I will have to come to the THIF in person to receive the card[[3]](#footnote-3).

**(Signature, first name and surname of the person ordering the European Health Insurance Card)**

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***To be filled in when collecting the card:***

**I hereby certify that I have received the European Health Insurance Card(s) No:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Applicant’s signature) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First name and surname) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of the person authorised to collect the European Health Insurance Card) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First name and surname) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of THIF staff member) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First name and surname) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) |

1. ***Within the territory of the Republic of Lithuania only.*** [↑](#footnote-ref-1)
2. *This part is to be repeated as many times as needed.* [↑](#footnote-ref-2)
3. If the person chooses to receive the European Health Insurance Card by registered mail. [↑](#footnote-ref-3)