

Apply for EHIC

How to apply for your European Health Insurance Card

1. [Apply online](#) if you already have either a medical card or a Drugs Payment Scheme (DPS) card
2. Apply in person by completing the application form below, or find one at your Local Health Office
3. To apply by post, complete the form below and return it by post to your [Local Health Office](#) (a list is available on www.ehic.ie)

Remember there is no charge for the EHIC card.

What personal details do I need to give in order to get my Card?

You will need to provide your name, address, date of birth, Personal Public Service (PPS) Number. You may be asked to show evidence of your PPS Number, such as a P60 or a Social Services Card. If you are posting your applications, photocopies of these should be sent, not the originals. You may also need to show proof that you are ordinarily resident in Ireland. More details are provided on the application form or are available from your local Health Office.

What is my Personal Public Service Number or PPS Number?

Your PPS Number was formerly known as your RSI number. It is the unique number used by an individual in his or her transactions with the State – social welfare, health services, taxation etc. More details regarding your PPS Number are provided on the application form. If you do not know your PPS Number, contact your local Social Welfare Office and they will find your number for you. For further information regarding the PPS Number visit www.welfare.ie

European Health Insurance Card - Application Form



Address of Applicant / Family

Telephone Number:

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Mobile Number:

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Departure Date:

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Return Date:

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New Application:

Renewal:

Date Received by Health Office:

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	First Name (s)	Surname	Gender (M/F)	Date of Birth (dd/mm/yyyy)			
1				/	/		
2				/	/		
3				/	/		
4				/	/		
5				/	/		
6				/	/		
7				/	/		
8				/	/		
9				/	/		
10				/	/		

PPS Number

I hereby apply for European Health Insurance Card(s) | I declare that the persons listed are ordinarily resident in the Republic of Ireland

Date:

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Signature:

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Data Protection Notice:
The information on this form will be transmitted to the HSE-PCRS so that an EHIC card(s) may be issued to the person(s) named thereon.

Please send the completed form to your local Health Office