

To aid the processing of this application form please complete the form using BLACK INK in BLOCK CAPITALS inside the boxes. All applicant, contact and additional family member details (where included) **must** be completed.

Applicant Details

Title (mark as appropriate) Mr Mrs Ms Miss Other

Surname

Forename(s)

Date of Birth (dd/mm/yyyy)

Identification Number For Identification Number please supply your NHS number (England and Wales Only), Community Health Index number (Scotland only), Health and Care number (Northern Ireland only) or National Insurance number(UK wide).

Do you have British EU, EEA or Swiss nationality? Yes No If No, refer to the section entitled 'Getting Treatment in EEA Countries and Switzerland' in the Health Advice For Travellers booklet.

Are you planning to live outside the UK after this visit abroad? Yes No If Yes, please enter the date when you expect to leave the UK (dd/mm/yyyy)

Contact Information

Please provide your permanent UK home address. This address will be used for all necessary E111 correspondence.

House Number or Name

Street

Town

Postcode

UK Country of residence

Daytime telephone number (include area code)

Additional Family Member Details

E111s are now issued on an individual, as opposed to a family, basis. Please complete this section in order to obtain Form E111(s) on behalf of your spouse, partner and/or dependent children (age 16 or under, or under 19 and in full time education). When including additional family member details all areas **must** be completed.

Spouse/Partner details

Surname

Forename(s)

Date of Birth (dd/mm/yyyy) **Identification Number**

Dependent Children Details Where no National Insurance number or NHS number is known for a dependent child the **identification number** of the applicant may be used.

Dependent Child 1

Surname

Forename(s)

Date of Birth (dd/mm/yyyy) **Identification Number**

Please turn to the reverse of this form in order to enter further details and complete the declaration.

APPLICATION FORM FOR E111 (Reverse)

CM1

Dependent Child 2

Surname, Forename(s), Date of Birth (dd/mm/yyyy), Identification Number

Dependent Child 3

Surname, Forename(s), Date of Birth (dd/mm/yyyy), Identification Number

Dependent Child 4

Surname, Forename(s), Date of Birth (dd/mm/yyyy), Identification Number

Dependent Child 5

Surname, Forename(s), Date of Birth (dd/mm/yyyy), Identification Number

Dependent Child 6

Surname, Forename(s), Date of Birth (dd/mm/yyyy), Identification Number

During 2005 the E111 will be replaced by the European Health Insurance Card (EHIC). Please tick the box if you do not intend to move house within the next 12 months and are content for the information that you have provided on this form to be used to issue you and your dependants with European Health Insurance Cards automatically in 2005

Declaration

I declare that all persons specified on this form are UK residents and have consented to their personal details being disclosed. The information I have given on this form is correct and complete to the best of my knowledge. I understand that should any person named on this form decide to remain abroad, to live or work, then the relevant authorities must be informed and the E111 returned. Should any person named on this form change address, I understand that they must obtain a new E111. I will ensure that this information is relayed to my spouse, partner and/or dependent children where applicable.

Signature

Date (dd/mm/yyyy)

Data Protection Act 1998: The Prescription Pricing Authority, on behalf of the Department of Health will only use the information provided on this form for processing your application for the European Health Insurance Card (EHIC). We will not disclose your Personal Data to any third party other than the Department for Work and Pensions for the purpose of validating EHIC claims or transfer it outside of the EEA. We may contact you to discuss your application by any of the methods you have entered on the above form.

For Post Office use only

E111 approved, E111 rejected, FAD Code, Initials, Date (dd/mm/yyyy)

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