



*Proposals for the  
Introduction of the European  
Health Insurance Card*

**A Consultation**

August 2004

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# Consultation Document

## 1. Introduction

Those who are ordinarily resident in the UK are entitled to be registered with the National Health Service, through a general medical practitioner. When they travel as temporary visitors to other countries of the European Union (EU) plus Iceland, Liechtenstein, Norway and Switzerland they are entitled to necessary healthcare in the host country. Currently, this entitlement is demonstrated by the issue of a range of paper forms, – the E forms. The most common of these is the E111 for tourists. However, there are also other forms for other kinds of temporary visit. These are the E110 (for international transport workers), the E119 (for those seeking work in other European countries) and the E128 (for posted workers and students temporarily studying in other European countries).

It has been agreed that the UK along with all other EU countries will introduce a new European Health Insurance Card, to replace the form E111 and other forms covering temporary stays, by Dec 2005 at the very latest. This is a firm commitment and a card must be introduced. The EC has agreed that the card will be:-

- Face readable only ie there will be no electronic information held
- Cardboard, laminate or plastic
- Follow an EU wide format
- An adaptation of an existing national card or a new card
- Introduced by 31 December 2005
- Free of any clinical data about the holder

The European Commission has proposed that a future phase will be to make the European Health Insurance Card a smart card ie the inclusion of electronic information. This will require substantial investment and the pace at which it may happen will be dependent on national requirements in each Member State.

## 2. Current Arrangements for issuing the E111, E110, E119 and E128

Approximately 3.7 million E111s per annum are currently issued by the Post Office over the counter. Application forms and advice on benefit available are contained in the Department of Health leaflet “Health Advice For Travellers”, also available from Post Offices. In addition, the application form and E111 can be downloaded from the Department of Health website, completed and taken to the Post Office for authorisation stamp.

There are also approximately 10,000 emergency E111s issued by the Department for Work and Pensions (International Pensions Centre – Medical Benefits) and about 140,000 other forms covering temporary

stays [students/ posted workers/job seekers/transport workers] are issued by the Inland Revenue and the Department for Work and Pensions.

### **3. How will the card be introduced?**

There is currently no suitable card in the UK that could be adapted for the purposes of the European Health Insurance Card. The European Health Insurance Card will therefore be a new card. The Department of Health is currently considering the development of an NHS card for England and will consider the option of combining this with the European Health Insurance Card in the future. However, to begin with, the European Health Insurance Card will simply contain general NHS information on its reverse side.

We have taken a number of factors into account in deciding how this card will be introduced. The most important ones are:

- a) Ease of application
- b) Durability of the card
- c) The need to have a central database of cards issued. This can then be checked when claims for cost reimbursement are received from other member states providing treatment.
- d) Checking of entitlement

The card will be plastic, face readable only and for the foreseeable future will hold no electronic data.

In line with the agreed EU format the card will show, name, date of birth and will have a personal identification number, which, in the future, will probably be the applicants NHS no. for residents in England and Wales (CHI no. for residents in Scotland and Health and card number for N. Ireland residents).

In line with EU regulations, the card will be issued on an individual basis and not a family basis. Children/wards will not be covered by a parent's/guardian's card.

There will be a small number of processing authorities, which will authorise the issue of a card. This information will then be fed electronically into a central database and will be used to process European Health Insurance Card (EHIC) applications only.

No personal data will be disclosed to any third party, other than Department of Work and Pensions (DWP). DWP act as agents for the Department of Health, handling claims from other Member States in respect of UK residents. Personal data will, as now under current procedures, be used only for this purpose.

The validity of the card will be staggered so that applications are not bunched together in future years. The card will therefore be valid for up to 5 years. It will not generally be issued to addresses outside the UK.

There will be a facility for an emergency form, entitled 'Certificate Provisionally Replacing The European Health Insurance Card', to be issued. This form will be issued to eligible travellers who have need to access health services in an EEA country on an emergency basis and who do not have a health card with them. It will not usually be issued to travellers before they leave the UK, except in cases

whereby there is no guarantee that they will receive the card prior to the start of their trip. It will have a short period of validity.

There will be no charge for the card.

## 4. Application system

We would like this to be a straightforward process. It is envisaged that there would be a number of ways that applications would be made. The main ways that we have identified are:

- a) Telephone applications to the processing centre. The application would be made over the telephone and there would be no need for a written application. The telephone call will be charged at local rate.
- b) Postal application. An application form would be completed and sent to the processing centre.
- c) Internet applications. Applications would be made via a number of web sites and passed electronically to a processing centre. The card will be sent to the holder by post.
- d) Email application. An application form would be downloaded and completed electronically then sent to a given e-mail address.
- e) Fax application. A completed application form would be faxed to a given number.

Comments on this application process are welcomed.

## 5. Application forms

Cards will be issued on an individual basis but it would be possible for applications to be made on a family basis on one form if this was easier for applicants. The application form would specify that each name entered would receive an individual card that would be sent to that address.

The following options have been identified as locations from where application forms could possibly be obtained:

- a) The Post Office as at present
- b) GP surgeries (100% coverage is not guaranteed)
- c) Pharmacies ( 100% coverage is not guaranteed)
- d) The internet – it would be possible for an application to be
  - Completed on line or
  - Downloaded, completed and sent by e-mail, fax or post
- e) Libraries (100% coverage is not guaranteed)
- f) Citizens Advice Bureau (100% coverage is not guaranteed)
- g) Travel Agents/Travel insurance companies (100% coverage is not guaranteed)

Are there any options that haven't been covered?

## 6. Links with the Travel Industry

We would like to see stronger links with the travel industry and in particular private travel insurance. The Health card is not a complete replacement for travel insurance, it is complementary to it. The card will not cover all expenses that could be incurred. In particular, repatriation costs are never covered. Cover is linked to the level available to a resident of the country being visited. This will not necessarily be full cover. Should we be looking at ways of strengthening these links?

## 7. Time taken to issue the health card

Time needs to be allowed for processing the application, checking entitlement, issuing the card and transit time through the postal system. We would envisage that the majority would be processed within 14 days. Those applications where the information is not complete or where there are matters to resolve around eligibility will take longer. Comments on this are welcome.

## 8. Interim E111 arrangements

A number of EU states will be issuing the European Health Insurance Card from 1 June 2004. In order for both systems to work together, transitional period countries like the UK, where card issue will start later, will start to issue a new [simplified] version of the E111 sometime in Summer 2004. This is intended to reflect the information on the card and therefore to facilitate cost claims between member states. It will be issued on an individual basis rather than a family basis as at present. This new E111 will be valid until 31 December 2005.

Existing E111s will cease to be valid on 31 December 2004. A communications campaign will be undertaken to alert residents to the fact that they may need a new E111 if they intend visiting an EEA Member State between 1st January 2005 and the introduction of the European Health Insurance Card (by 31 December 2005 at the latest).

In order to enable the issue of European Health Insurance Cards in a more structured way a box will be included on the application form for the new E111, which, if ticked, would allow the automatic issue of a healthcard to new E111 applicants. This will reduce the initial peak of card applications.

## 9. Further Details

Although the format of the EHIC is set at European level, Member States are free to use the reverse of the card as they wish. Possibilities include giving useful telephone numbers such as NHS Direct (England and Wales) and NHS 24 (Scotland), and the patient's NHS number.

The Commission proposes a future Phase to develop a smart EHIC containing electronic information. This will be subject to member state negotiation in Brussels, but we will wish to develop any proposals for a smart NHS card in England in parallel with developments in Europe, and will consult further on that in due course.

We would welcome views on whether you would find it helpful to have useful NHS information on the back of the card, and if so, what kind.

# Summary

A European Health Insurance Card will replace the form E111 which entitles travellers from the United Kingdom, who are eligible, to free or reduced cost emergency medical treatment in the European Economic Area (member states of the European Union (EU) plus Iceland, Liechtenstein, Norway) and also Switzerland. It will also replace a number of other temporary forms.

The card will be plastic and will hold no electronic or clinical data. In line with the agreed EU format the card will show, name, date of birth and will have a personal identification number. In line with EU regulations the card will be issued on an individual basis and not a family basis as at present. Children/wards will not be covered by a parent's/guardian's card. There will be a small number of processing authorities, which will authorise the issue of a card. This information will then be fed electronically into a central database. The card will be valid for up to 5 years and there will be no charge. An emergency paper certificate will be available.

A new style E111 will be issued during Summer 2004. This new E111 will be valid until 31 December 2005. Old Style E111's will cease to be valid on 31 December 2004. There will be a communications campaign to alert residents to the fact that they may need a new E111. The application form for the new E111 will include a tick box, which, if ticked, will allow the automatic issue of a European Health Insurance Card sometime in 2005.

We would welcome comments on:

- a) The application system
- b) Where forms should be obtained from
- c) Links with the travel industry
- d) Time taken to process applications

# Responding to the Consultation

## When should you submit your contributions by?

Comments and other responses should reach the European Health Insurance Card mail box at the latest by 28th September 2005.

## Where should you submit your contribution?

By email to: [EuropeanHealthInsuranceCard@doh.gsi.gov.uk](mailto:EuropeanHealthInsuranceCard@doh.gsi.gov.uk)

By post to: European Health Insurance Card consultation  
Room 546  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A2NS

## What should you submit?

Please submit your views using the questions set out on the following pages. These include details about yourself, questions on specific issues surrounding the European Health Insurance Card and, for individuals, specific questions on how, where and when they may apply for a card.

The information you send to us may need to be passed to colleagues within the Department of Health and/or published in a summary of responses to this consultation. We will assume that you are content for us to do this and if you are replying by e-mail, that your consent overrides any confidentiality disclaimer that is generated by your organisation's IT system, unless you specifically include a request to the contrary in the main text of your submission to us.

# Personal Details

**Title**

Mr/Mrs/Ms/Dr/Professor/other

**First Names**

**Surname**

**Address**

**Post Code**

**Email address**

IF YOU ARE REPLYING ON BEHALF OF A GROUP OR ORGANISATION:

**Name of organisation**

**Address (if different from above)**

**Post Code**

**Email address**

## Questions

### Application system

The options that we have identified are:

- a) Telephone applications. The application would be made over the telephone to the processing centre and there would be no need for a written application.
- b) Postal application. An application form would be completed and sent to the processing centre.
- c) Internet applications. Applications would be made via a number of web sites and passed electronically to a processing centre.
- d) Email application. An application form would be downloaded and completed electronically then sent to a given e-mail address.
- e) Fax application. A completed application form would be faxed to a given number.

**1. If there are options that have not been covered please outline them below, together with any other comments you may have on the application process.**

## Application forms

The following options have been identified as locations from where application forms could possibly be obtained:

- a) The Post Office, as at present
- b) GP surgeries (100% coverage is not guaranteed)
- c) Pharmacies (100% coverage is not guaranteed)
- d) The internet – it would be possible for an application to be
  - Completed on line or
  - Downloaded, completed and sent by e-mail, fax or post
- e) Libraries (100% coverage is not guaranteed)
- f) Citizens Advice Bureau (100% coverage is not guaranteed)
- g) Travel agents (100% coverage is not guaranteed)

**2. Please put a cross in the box against the options you think would work best. You can put a cross in more than one box.**

- a)     b)     c)     d)     e)     f)     g)

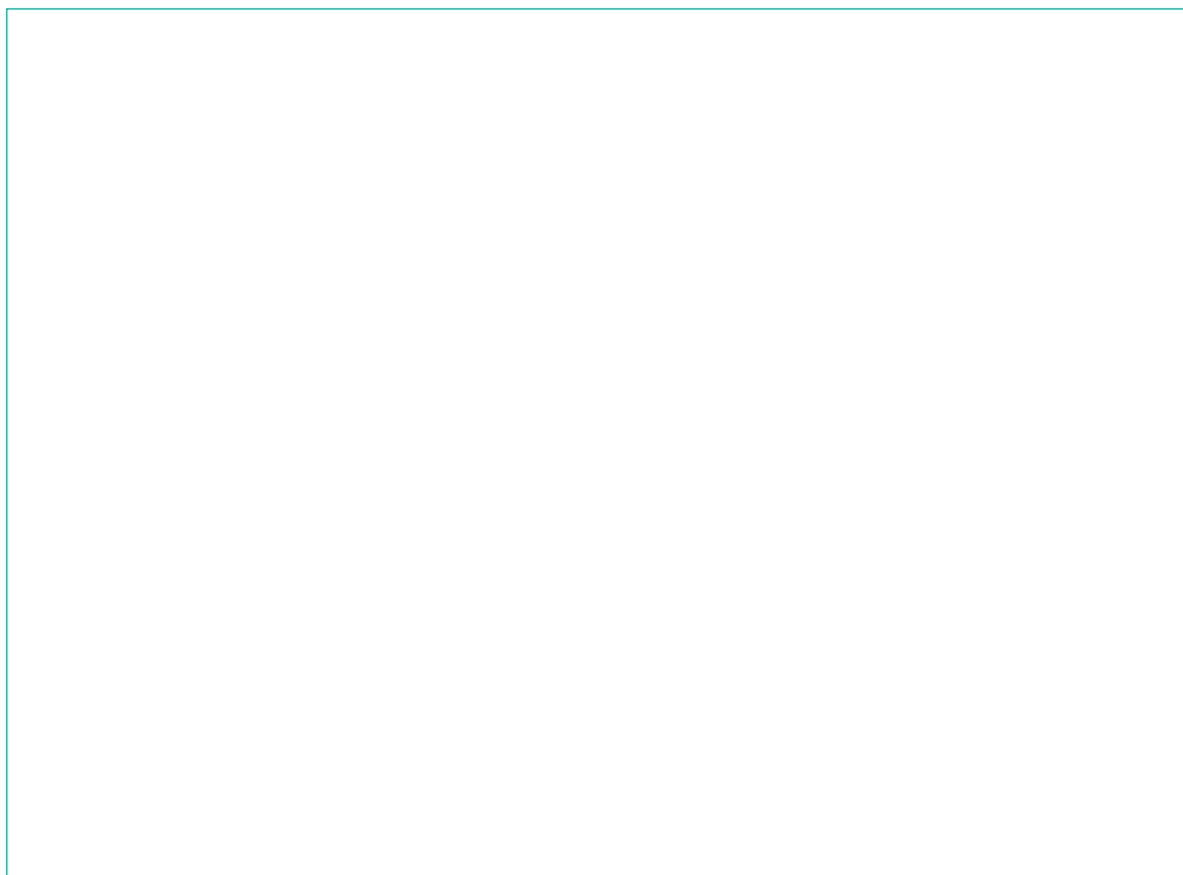
**3. If there are options that have not been covered please outline them below together with any other comments you may have as to where application forms could be obtained from.**

## Links with the travel industry

**4. We would like to see stronger links with the travel industry in particular with travel insurance. If you have any views on how this could be achieved please outline them below.**

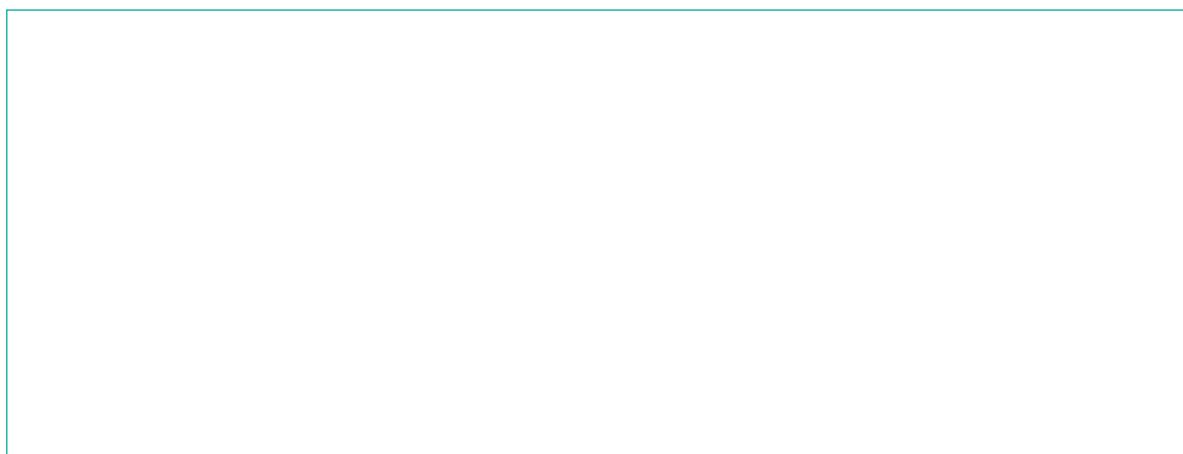
## Application processing time

5. It is envisaged that it will take up to 14 days to process applications. Your views/comments on this would be welcome.



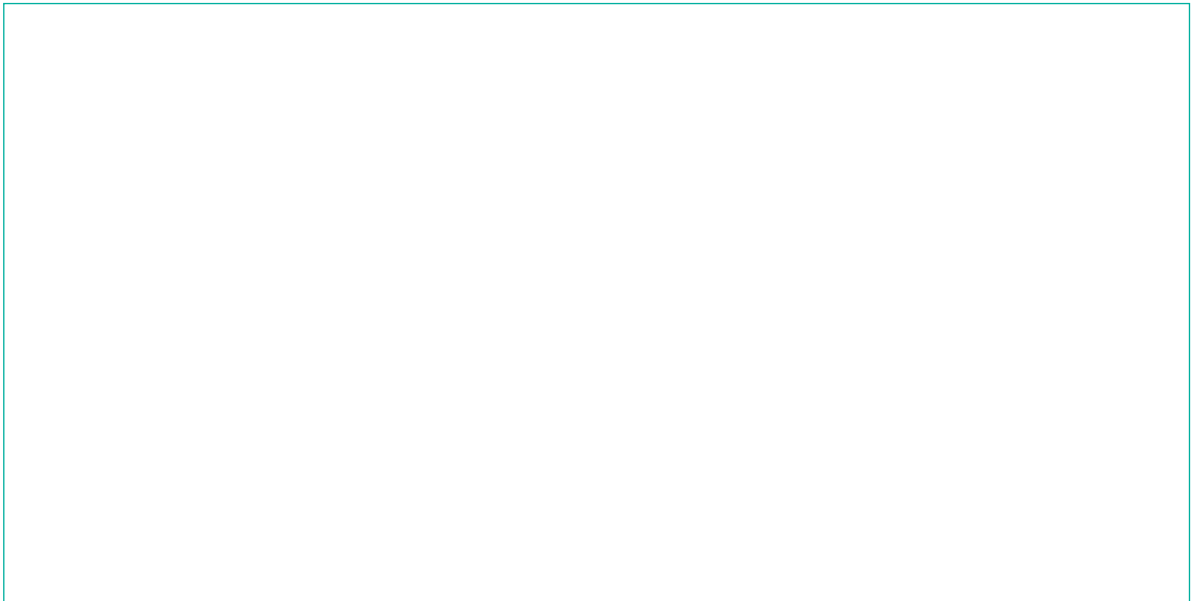
## Details on the reverse of the card

6. Although the format of the EHIC is set at European level, Member States are free to use the reverse of the card as they wish. Possibilities include giving useful telephone numbers, such as NHS Direct (England and Wales) and NHS24 (Scotland), and possibly the patient's NHS number. Your views/comments, on the information to be displayed on the reverse of the card, are welcome.



## Other comments

7. If you have any other comments please outline them below.





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