

**APPLICATION
TO RECEIVE EUROPEAN HEALTH INSURANCE CARD (EHIC)**

Date of application: ,(day) ,(month) ,(year)

Information about person receiving EHIC

Name, surname: _____

Citizenship country: _____

Residence country: _____

Latvian ID number: —

If Latvian ID number is not assigned:

Tax payer registration number assigned by State Revenue Service:

ID number assigned in another country:

Date of birth: ,(day) ,(month) ,(year)

Information about the applicant (if EHIC application is filled out for another person)

Name, surname: _____

Latvian ID number: —

Reason for representation:

parent or guardian

If Latvian ID number is not assigned, Tax payer registration No. assigned by State Revenue Service:

authorized representative (original document of authorization must be presented)

Contact information (for clarification questions)

Telephone number: _____

E-mail address: _____

EHIC should be

Issued personally to applicant

Mailed to: _____

I certify, that person applying to received EHIC is not employed or self-employed in another EU member state, does not receive pension or benefits from other country, and is not entitled to receive state guaranteed health care services in about EU member state.

Signature

Important! Persons are submitted to legislation of only one member state. If person becomes insured under the social insurance system of another member state, person is responsible to inform National Health Service in writing and person is not allowed to use EHIC issued in Latvia.

Filled by employee of National Health Service

Additional verification necessary to issue EHIC

Issued to personally to applicant