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Spoločnosť zapísaná v obchodnom registri
Mestského súdu Bratislava III, odd. Sa, vl. č. 3832/B

APPLICATION FOR EUROPEAN HEALTH INSURANCE CARD (EHIC) – assessment of the existence of a cross-border element

This **application is intended only for persons** who are nationals of third countries (outside the Member States), do not have permanent residence in the territory of Slovakia and have fulfilled the condition of a cross-border element within the Member States of the EU, the EEA (Norway, Iceland, Liechtenstein), the Swiss Confederation and the United Kingdom (hereinafter referred to as the „Member State").

In general, for persons (participants) of the public health insurance system, **the right to an EHIC and a replacement certificate arises if the person is subject to a cross-border element**.

The obligation of health insurance company to issue an EHIC according to Section 10a (3) of Act 580/2004 Coll. on health insurance and amending Act No. 95/2002 Coll. on insurance and amending certain acts must be seen in the context of EU legislation (which is superior to Slovak legislation); if the insured person is not entitled to an EHIC, the procedure pursuant to Section 10a (3) of the Act does not apply.

The mere prooving and investigation of the facts about the existence of a cross-border element cannot be perceived as discrimination against these persons, but only as an effort to consistently apply EU rules.

Application of Regulation (EU) No 1231/2010 of the European Parliament and of the Council extending Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 to third-country nationals who have not previously been covered by those Regulations solely on the grounds of their nationality, Article 1: „Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 shall apply to nationals of third countries who are not already covered by those Regulations solely on the ground of their nationality, as well as to members of their families and to their survivors, provided that they are legally resident in the territory of a Member State and are in a situation which is not confined in all respects within a single Member State."

No person is able to be granted an exemption for the issuance of an EHIC without prior examination of the cross-border element.

You must send the completed and signed application together with the documents by e-mail to osr-vznikzp@union.sk.

Before applying, please read the following information and conditions for issuing an EHIC:

A cross-border element is understood to be when the insured person's situation is not limited to one Member State. This means, for example, that he/she is employed or self-employed in another Member State, resides in another Member State and travels to Slovakia for work, studies in another Member State, etc.

A cross-border element cannot be considered to be a situation where a person visits his/her family in another Member State, frequently goes shopping in another Member State or goes on holiday in another Member State.

The insured person must be able to prove the cross-border element with relevant documents:

- **portable document A1 (PD A1):** persons who are employed and their work as an employee is also carried out in Member States other than the Slovak Republic (e.g. international truck drivers, etc.); persons who are self-employed and whose work is also carried out in Member States other than the Slovak Republic (e.g. construction workers, etc.),
- **confirmation of study in another Member State:** persons who study in another Member State

must submit a confirmation of full-time study from the relevant school (not online studying); if applicable, they can also submit a confirmation of secured accommodation in a dormitory, individual accommodation, etc.
- **confirmation of residence in another Member State (registered residence at the Municipal Office):** persons who have their residence (i.e. live most of the time) in another Member State and regularly commute to Slovak republic for work (e.g. persons who live in AT, CZ, HU, PL).
- **other documents** proving the existence of a cross-border element.

If the cross-border element is not proven, the health insurance company can issue you a **Replacement Certificate** for a short-term trip/period – we also recommend to have short-term commercial travel insurance. **It will be issued to you only for the proven period of a short-term trip to another Member State:**

- by showing confirmation of accommodation in another Member State (e.g. confirmation from Booking, Airbnb, hotel, guesthouse, etc.),
- by showing confirmation of departure and arrival from/to Slovakia (e.g. bus ticket, plane ticket, etc.).

*All fields marked * are required.*

1. Insured person

Title, name, surname*

Date of birth*

Slovak personal number/BIČ*

Nationality*

Phone number*

Email*

Residency in Slovakia

Residence granted for the period (from-to)*

Residence permit number*

Residence address in the Slovakia*

Health insurance

I am insured with the health insurance company I am applying to issue an EHIC with from*:

I carry out my activity as an employee/self-employed person in (specify specific country/countries)*:

I have been carrying out my employment/self-employed activity in another Member State/States since the date*:

2. PERSON AUTHORIZED TO ACT ON BEHALF OF THE INSURED

(fill in if you are applying for a child under the age of 18 or for another person you represent based on a power of attorney or court decision)

Title, name, surname*

Date of birth*

Slovak personal number/BIČ*

Phone number*

Email

In relation to the person listed in the section "INSURED PERSON", I am:

- ☐ legal representative,
- ☐ proxy (fill in section "3. Power of Attorney"),
- ☐ court-appointed person to represent the insured (provide evidence of a final court decision).

3. POWER OF ATTORNEY

(power of attorney is granted for a fixed period of time, until the purpose for which it was granted is fulfilled)

I, the donor of power listed in point 1. (INSURED PERSON) with ID number*: ....., hereby grant full power of attorney to the proxy listed in point 2. (PERSON AUTHORIZED TO ACT ON BEHALF OF THE INSURED) with ID number*: ....., to represent me in all actions related to:

- ☐ submitting an application for EHIC/replacement certificate for EHIC,
- ☐ picking up EHIC/replacement certificate for EHIC at the branch office.

4. I am requesting EHIC because of

(check the reason for issuing insurance card)*

- ☐ I have not had EHIC issued yet,
- ☐ loss,
- ☐ theft,
- ☐ damage,
- ☐ expiration (my health insurance card has expired or will expire in less than 40 days).

5. Portable document A1*

Issued PD A1:

- ○ I HAVE
- ○ I DON'T HAVE
- ○ I am waiting for the issuance of PD A1 (please submit a confirmed application from the Social Insurance Agency)

6. Applicant's situation*

I am requesting the issuance of an EHIC for the following reason (describe your situation, from which it is clear that you are in a situation that is not limited to one Member State):

I submit the following documents proving that I am in a situation which is not limited to a single Member State:

I will pick up my European Health Insurance Card or EHIC Replacement Certificate in person at a Union ZP branch office (fill in the branch of the health insurance company):

I would like to send the European Health Insurance Card or EHIC Replacement Certificate to the address below (please provide street name, street number, ZIP code and city):

CONSENT AND PERSONAL DATA PROTECTION

The person authorized to act on behalf of the insured person, by his/her signature, gives his/her consent to the processing of his/her personal data to the extent specified in this application, for the purpose of processing this application. The provision of personal data for this purpose is mandatory. The person authorized to act on behalf of the insured person confirms that he/she is aware that he/she may withdraw this consent at any time. Withdrawal of consent does not have retroactive effect. By his/her signature, he/she also confirms that he/she is aware of his/her rights as a data subject arising from the applicable legislation governing the protection of personal data. **You can find current information on the protection of your personal data on our website www.union.sk in the Personal Data Protection section.**

INFORMATION ON THE INSURANCE CARD

The validity of the insured card is determined by the health insurance company. If you do not have permanent residence in Slovakia, the validity of your card may be determined only until the end of the current calendar year (31.12.). The insured card is sent recommended, into your own hands, via the Slovak Post Office. According to Act No. 580/2004 Coll. on health insurance and amending Act No. 95/2002 Coll. on insurance and amending certain acts §10a), the health insurance company is obliged to issue the insured card based on the insured's application within 30 days of its submission.

In: ..... date: .....

.....
Signature of the insured/person
authorized to act on behalf of the insured/proxy

accepted by the health insurance company
(date stamp)

.....
Officialy verified signature of the donor of power