



Zdravotná poisťovňa

Union zdravotná poisťovňa, a. s.  
Karadžičova 10  
814 53 Bratislava  
IČO: 36284831  
DIČ: 2022152517

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

## APPLICATION for national health insurance card/European health insurance card (EHIC)\*

### Insured person

Name and Surname	
Slovak personal number	
Address	ZIP code
Phone number	E-mail

### 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)

Name and Surname	ID number
Personal number	
Address	ZIP code
Phone number	E-mail

### Please, deliver national health insurance card/EHIC:

- In person at branch office** (fill in the branch office) .....
- By post** (fill in address) .....

The person authorized to act on behalf of the insured gives his consent to the processing of his personal data to the extent according to this application for the purpose of processing this application. Provision of personal data for the stated purpose is mandatory. Person authorized to act confirms on behalf of the insured that he/she is aware that he/she can revoke this consent at any time. Withdrawal of consent is not retroactive effect. With 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 regulating the protection of personal data.

In ..... date .....  
**signature of the insured/person authorized to act on behalf of the insured**

In ..... date .....  
**signature and stamp of health insurance company**

\* The health insurance company issues a combined insured card only if you have not been issued with an Slovak identity card or residence permit with an electronic chip. These listed documents replace the national insurance card and you can show them to the doctor/facility and at the pharmacy.