

GIBRALTAR HEALTH AUTHORITY
PRIMARY CARE CENTRE

E 111

European Communities
Social Security Regulations

Application for certificate of entitlement to medical treatment during a temporary stay in another EEC country.
(Please complete in BLOCK LETTERS)

- Employed Exempt Dependant Voluntary Contributor
 Pensioner Unemployed District Medical Services Other

1. Details of applicant

- a. Surname (Mr/Mrs/Miss)
- b. Other names
- c. Home address
- d. Insurance No / I.D. No / Passport No

(If the family member does not have a personal I.D. No., please indicate the I.D. No. of the person from whom the rights of the family members are derived)

- e. Nationality
- f. Date of Birth / /
- g. Tel No / Mobile No
- h. Registration (GPMS) No

2. Details of parent or legal guardian

- a. Surname (Mr/Mrs/Miss)
- b. Other names
- c. Home address
- d. Nationality
- e. Date of Birth / /
- f. Tel No / Mobile No
- g. Registration (GPMS) No

3. I declare that to the best of my knowledge and belief the information given in this form is true and complete. I will notify the Gibraltar Health Authority of any relevant change of circumstances.

Signature _____

Date _____