



SOCIAL SECURITY



SOCIAL SECURITY INSTITUTE, I.P.
FARO DISTRICT CENTER

Benefits and Contributions Unit
Identification, Qualification, and Remuneration Management Unit
Rua Pintor Carlos Porfirio, No. 35 • 8000-241 Faro

CESD - European Health Insurance Card
Regs. (EC) No. 883/2004 and 987/2009

NAME: _____

Social Security Number: _____

Tax ID: _____

UPC/NIQGR/EGR

ID Document No.: _____

Date: ____ - ____ - ____

Subject: Applicant's declaration for verification of eligibility for issuance of CESD

In order to determine the applicable legislation, official residence, and resulting eligibility regarding the right to benefits in kind (immediate healthcare), I hereby declare the following.

1 - In which country(ies) do you currently work or have you previously worked?

.....

1.1 - If you have ceased to be professionally active, indicate the date on which you ceased to be professionally active:

.....

2 - What is the source of your income (employment, pension, other; please specify):

.....

2.1 - Do you receive any foreign pension?

No Yes

If yes, please indicate since when/...../..... and the agency that pays your pension and if so, please indicate since when/...../..... and the agency that pays your pension:

.....

Country:.....

2.2 - Is the pension coordinated with EU regulations, ensuring medical care (if you are a third-country national, you must attach a statement certifying your status as a National Health Service (SNS) beneficiary or as a third-party payer)?

.....

3 - Are you a beneficiary of any public or private health insurance plan?

Yes No

If yes, please indicate which one:

4 - What is the purpose and duration of your stay abroad:

.....



SEGURANCA SOCIAL
SOCIAL SECURITY
Benefits and Contributions Unit



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5 - In which country are you considered a resident for tax purposes:

.....

6 - Please indicate your official residence:

.....

7 - Composition of the household, residence, and employment status:

7.1 - Spouse or equivalent:

Name:

Date of birth:/.../... Relationship:

Residence:

Country:

Employment:

Yes

*Employer:

*Workplace:

No

Other situation, please specify:

7.2 - Household (dependent descendants/children) and respective residence:

7.2.1 Name:

Date of birth:/.../... Relationship:

Residence:

Country:

Yes-

Student:

Yes - In which country

No - since/.....

Works:

Yes Since when:/.../... In which country:

No

7.2.2 Name:

.....

Date of birth:/.../... Relationship:

Residence:

Country:

Is studying:

Yes - In which country

No - since/.....



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Working:

Yes - Since when:/...../..... In which country:

No

7.2.3 Name:

Date of birth:/...../..... Relationship:

Residence:

Country:

Is studying:

Yes - In which country

No - since/...../.....

Working:

Yes - Since when:/...../..... In which country:

No

I declare that:

It is my understanding that the CESD only covers medically necessary healthcare, taking into account the nature of the benefits to be provided and the expected duration of the stay.

I am not traveling to any other Member State for the purpose of obtaining medical care for a pre-existing condition, either for myself or for any of the family members mentioned above.

I will not engage in any professional activity in another Member State on behalf of employers not covered by the Portuguese social security system.

I will return the(s) CESD(s) to the issuing authority if my affiliation with the system/subsystem/service indicated above, or that of the family member(s) in my care, changes—specifically due to taking up residence outside Portugal, obtaining employment abroad, or changing national employers in a way that alters said affiliation.

I further declare on my word of honor that the information provided is true and does not omit any relevant information. I am aware that false statements are punishable by law.

SIGNATURE OF THE DECLARANT:

DATE:/...../.....

It is further clarified that the issuance of the CESD depends on the review of the information provided; therefore, failure to respond or providing an incomplete response to this questionnaire will prevent the issuance of the aforementioned medical assistance card.