Online application for European Health Insurance Card (EHIC)

Online application is available here
Translation of an online application is available in Chapter 2.
Translation of confirmation step is available in Chapter 3.

1. Instructions

Fill out online application by entering the following information:

- **name** of a person for whom you are ordering EHIC,
- **surname** of a person for whom you are ordering EHIC,
- **last three digits of PIN** (in Slovene: zadnje tri številke EMŠO) of a person for whom you are ordering EHIC,
- **tax number** (in Slovene: davčna številka) of a person for whom you are ordering EHIC or (not and) **health insurance number** of a person for whom you are ordering EHIC (9-digit number written on Slovene health insurance card; in Slovene: ZZZS številka),
- **email address** to which you would like to receive return email and PRC in PDF format,
- **email address - again** (the copy-paste function does not work) - must match already entered email address.

Click on the "Send order" button: Pošlji naročilo.

If you want EHIC to be sent to a different address (an address that is not the same as the delivery address of a person for whom EHIC is being ordered), check the field in front of the text "Exceptionally, EHIC should be sent to the address" in the online form: ☐ Izjemoma naj se evropsko kartico pošlje na naslov: . When you check this field, additional input fields will be opened. EHIC can be send to the address of an authorized person or to the address of an authorized legal entity. Sending EHIC to a different address is possible if authorization for acceptance of EHIC is arranged.

If EHIC will be sent to the address of an authorized person, enter health insurance number or (not and) tax number of an authorized person, mark the statement written under the field for entering tax number (regarding authorisation) and click on the "Send order" button: Pošlji naročilo.

If EHIC will be sent to the address of a legal entity/employer, enter the registration number of the authorized legal entity, mark the statement written under the field for entering the registration number (regarding authorisation) and click on the button "Send order ": Pošlji naročilo.

Immediately after submitting the order, you will receive a confirmation email to the email address (which you have successfully entered twice in the online application). In the subject of the email, it will say: Confirm order for the European card first name and first letter of last name. In confirmation email look for the confirmation link and click on it. By clicking on the link, you will be sent to a new page where you re-enter last three digits of PIN (in Slovene: zadnje tri številke EMŠO) of a person for whom EHIC is being ordered. After entering last three digits of PIN, click on the "Confirm" button.

Immediately after confirming the order, you will receive email with information about EHIC (whether it was successfully ordered or not) **and Provisional Replacement Certificate (PRC) in PDF format** (protected with a password). In the subject of the email, it will say: European card order

result first name and first letter of last name. You will also receive an accompanying letter to the PRC, which contains general information regarding accessing medical services during a temporary stay abroad (in Slovene).

2. Online application – translation

Naročilo evropske kartice zdravstvenega zavarovanja (evropska kartica)
Application for European Health Insurance Card (EHIC)

Vnesite ime in priimek, kot sta zapisana na osebnem dokumentu, vključno s šumniki in drugimi znaki.
*Enter **name** and **surname** as written on the personal ID, including hyphens and other characters.*

Ime:*
*Name:**

Priimek:*
*Surname:**

Vnesite dva identifikatorja (zadnje tri številke EMŠO in davčno številko ali zadnje tri številke EMŠO in ZZZS številko).
*Enter **two identifiers** (last three digits of PIN and tax number or last three digits of PIN and health insurance number).*

EMŠO (zadnje tri številke):*
*PIN (last three digits):**

(Če je npr. vaš EMŠO 0603003500987, potem vnesite 987)
(If your PIN is 0603003500987, enter 987)

Davčna številka:
Tax number:

ZZZS številka:
*Health insurance number:**

(ZZZS številka je zapisana na vaši kartici zdravstvenega zavarovanja, evropski kartici zdravstvenega zavarovanja oz. na profesionalni kartici, če ste zdravstveni delavec npr.: kot označeno na spodnjih slikah. Svojo ZZZS številko lahko s pomočjo elektronske osebne izkaznice vpogledate tudi na portalu ZZZS ali na portalu zVEM.)
(Health Insurance Number is written on your Slovenian Health Insurance Card, European Health Insurance Card or on a Professional Card if you are a healthcare professional e.g.: as indicated in the pictures below. You can view your Health Insurance Number with the help of an electronic identity card on the ZZZS portal or on the zVEM portal.)







Vpišite elektronski naslov, na katerega vam bomo poslali sporočilo s povezavo za potrditev naročila. Naročilo morate potrditi v roku 2 ur.
Enter email address to which we will send you a message with a link to confirm the order. ***You must confirm the order within 2 hours****.*

Elektronski naslov:*
*Email address:**

Elektronski naslov – ponovno:*
*Email address - again:**

Vnos elektronskega naslova je obvezen, saj se potrebuje za obdelavo vašega naročila. Na ta naslov boste po uspešno oddanem naročilu prejeli tudi začasno nadomestno potrdilo za evropsko kartico - certifikat v PDF obliki. Elektronski naslov se bo hranil le toliko časa, kolikor bo nujno potrebno za dosego namena, zaradi katerega je bil zbran.
Entering email address is mandatory, as it is required to process your order. After successfully placing the order, you will also receive Provisional Replacement Certificate (PRC) in PDF format at this email address. The email address will only be kept for as long as is necessary to achieve the purpose for which it was collected.

Evropska kartica bo poslana na vaš naslov za vročanje, če ta ni opredeljen pa na vaš naslov stalnega prebivališča v Sloveniji.
EHIC will be sent to your delivery address, or if this is not specified, to your address of permanent residence in Slovenia.

☐ Izjemoma naj se evropsko kartico pošlje na naslov:
Exceptionally, send EHIC to the following address:

- pooblaščene fizične osebe ali
  of an authorized person or
- pooblaščene pravne osebe (ki je hkrati nosilec zavarovanja oziroma delodajalec zavarovane osebe), ob pogoju, da je urejeno ustrezno pooblastilo za naročilo in prevzem evropske kartice.
  of the authorized legal entity (which is also the insurance carrier or the insured person's employer), provided that the appropriate authorization for the order and acceptance of EHIC has been arranged.

Pošlji naročilo
Send order

Izprazni podatke
Clear data

If you want EHIC to be sent to a different address when checking the field in front of the text "Exceptionally, EHIC should be sent to the address" additional input fields will be opened:

• Sem pooblaščenec - fizična oseba:
I am an authorized person - natural person:
Vnesite ZZZS številko pooblaščene fizične osebe:
Enter health insurance number of an authorized natural person:

ali
or

Vnesite davčno številko pooblaščene fizične osebe:
Enter tax number of an authorized natural person:

☐ Izjavljam, da sem s strani zavarovane osebe pooblaščen za naročilo in prevzem evropske kartice zdravstvenega zavarovanja. Izjavljam, da so podatki, ki sem jih navedel resnični in da za svojo izjavo prevzemam vso materialno in kazensko odgovornost. Seznanjen sem, da so navedeni podatki lahko predmet nadzora s strani ustreznih ustanov.
I declare that I am authorized by the insured person to order and accept EHIC. I declare that the information I provided is true and that I assume all material and criminal responsibility for my statement. I am informed that the given data may be subject to control by the relevant institutions.

Evropska kartica bo poslana pooblaščeni fizični osebi na naslov za vročanje, če ta ni opredeljen pa na naslov njenega stalnega prebivališča v Sloveniji.
EHIC will be sent to the authorized natural person to the address for delivery, or if this is not specified, to the address of their permanent residence in Slovenia.

• Smo pooblaščenec - pravna oseba in hkrati nosilec zavarovanja oziroma delodajalec zavarovane osebe:
We are an authorized person - a legal entity and at the same time the insurance carrier or the employer of the insured person:
Vnesite registrsko številko pooblaščene pravne osebe:
Enter the registration number of the authorized legal entity:

☐ Izjavljamo, da smo s strani zavarovane osebe pooblaščeni za naročilo in prevzem evropske kartice zdravstvenega zavarovanja. Izjavljamo, da so podatki, ki smo jih navedli resnični in da za svojo izjavo prevzemamo vso materialno in kazensko odgovornost. Seznanjeni smo, da so navedeni podatki lahko predmet nadzora s strani ustreznih ustanov.
Evropska kartica bo poslana pooblaščeni pravni osebi na njen registriran naslov (sedež) v Sloveniji.
We declare that we are authorized by the insured person to order and accept EHIC. We declare that the information we have provided is true and that we assume all material and criminal responsibility for our statement. We are informed that the given data may be subject to control by the relevant institutions.

Evropska kartica bo poslana pooblaščeni pravni osebi na njen registriran naslov (sedež) v Sloveniji.
EHIC will be sent to the authorized legal entity at its registered address (head office) in Slovenia.

Pošlji naročilo
Send order

Izprazni podatke
Clear the data

3. Confirmation step – translation

Potrditev naročila evropske kartice zdravstvenega zavarovanja
EHIC Order confirmation

Za potrditev naročila vnesite zadnje tri številke EMŠO in kliknite na gumb Potrdi. Vnos zadnjih treh številk EMŠO je potreben zaradi varnostnih razlogov.
To confirm the order, enter last three digits of PIN and click on the Confirm button. Entering last three digits of PIN is required for security reasons.

EMŠO (zadnje tri številke):*
*PIN (last three digits):**

(Če je npr. vaš EMŠO 0603003500987, potem vnesite 987)
(If your PIN is 0603003500987, enter 987)

Potrdi
Confirm