



Liaison Body for Healthcare Benefits in kind within the European Union

**Application form for an Entitlement Card  
issued in terms of the Health Care  
Convention between the Government of the  
Republic of Malta and the Government of the  
United Kingdom of Great Britain and  
Northern Ireland**

Fill in using **BLOCK LETTERS**

Name	<input type="text"/>	Surname	<input type="text"/>
Identity Card Number (Expiry Date)	<input type="text"/>	Tel/Mob.	<input type="text"/>
Passport Number (Expiry Date)	<input type="text"/>	Email	<input type="text"/>
Date of Birth	<input type="text"/>		
Postal Address	<input type="text"/>		

*Persons who are not yet in possession of a residence permit may still apply for this scheme but will be covered on a **provisional basis**.*

**Declaration:**

I hereby declare that I reside in Malta or in Gozo and have consented to my personal details being disclosed. All the information given on this form is correct and complete to the best of my knowledge. I undertake to inform immediately the Entitlement Unit of any changes in my residence status. I agree to this scheme's terms and conditions.

**I declare as follows** (mark accordingly):

- |   |   |
|---|---|
| → I do not work or receive a state pension:       | <input type="checkbox"/>  |
| → I am attaching a copy of my valid UK passport:  | <input type="checkbox"/>  |
| → I am attaching a copy of my:                    | <input type="checkbox"/> MT Residence Permit <b>or</b> <input type="checkbox"/> Interim Receipt |
| → I would like to receive notification/s through: | <input type="checkbox"/> Email  |

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY** - Above information authenticated and verified by:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Rubber Stamp**

Completed application forms are considered and processed as **confidential** documents.

The unit retains the right to ask for further information to ascertain entitlement. All data is collected and processed in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap 586), the said Ordinance, other subsidiary legislation and the Directorate's Data Protection Policy.

### Terms and Conditions:

- The RHA Entitlement Card issued will entitle holders to healthcare services in local public healthcare institutions on in-patient and out-patient basis as well as other specialist services provided for Maltese nationals.
- RHA Entitlement Card holders will **not** be entitled to treatment abroad (including the UK), the European Health Insurance Card (EHIC) or long-term care and other things and services provided for under the Social Security Act and other legislation.
- The RHA Entitlement Card is valid for **two (2) years**:
  - ➔ Applicants with **pending** residence permit applications and holding an **official acknowledgement letter/Interim Receipt** are issued with a Provisional Certificate valid for **six (6) months**.

### Instructions:

- A separate application must be submitted for **each** family member.
- Fill in and sign the application form. Please ensure all filled-in information is **correct**.
- Applications may be submitted online/emailed at [entitlement.health@gov.mt](mailto:entitlement.health@gov.mt), handed in personally or sent by post to the Entitlement Unit, Ground Floor, Ex-Outpatient Block, St. Luke's Hospital, G'Mangia Hill, G'Mangia, PTA 1010.
- For further information or in case of difficulty, please consult our website: [www.ehic.gov.mt](http://www.ehic.gov.mt), call us on 2595 2400 or visit our office during the opening times hereunder.
- Opening hours: Monday to Friday 08:00 – 13:00
- You need to present your **MT Residence Permit (if available) and a valid UK passport**.