

GHS BENEFICIARY CODE :

APPLICATION NUMBER

DATE OF RECEIPT OF APPLICATION

BENEFICIARY'S CATEGORY

(FOR INTERNAL USE ONLY)

Paper GHS Enrolment Request for:

A) Persons who are exempted from migration formalities:

I. S1 Document holders who are diplomats/ Embassy staff/their family members working in EU embassies in the Republic of Cyprus

II. Persons with NATIVE status

III. Domestic Staff working in Embassies in the Republic of Cyprus

B) Persons who have a valid Residence Permit / birth certificate issued by the Civil Registry and Migration Department (CRMD) / by the competent authorities of the Republic of Cyprus, but due to problems residing in the fields “name” or “nationality” their data cannot be accessed and thus they cannot submit an electronic request to enroll.

ATTENTION: This form is submitted ONLY in case the request cannot be submitted online and only for the eligibility categories listed in this form. In cases where the request can be submitted online, the paper request form will NOT be processed.

Please fill in all mandatory (*) fields.

A. PERSONAL DETAILS	
1. Applicant details:	
(α) First name* (IN CAPITAL LATIN LETTERS) :	<input type="text"/>
Last name* (IN CAPITAL LATIN LETTERS) :	<input type="text"/>
(β) Date of Birth*:/...../.....	
(γ) Nationality*:	<input type="text"/>
(δ) Gender*: M <input type="checkbox"/> F <input type="checkbox"/>	
2. Family Info:	
(α) Marital Status*: single <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> married <input type="checkbox"/>	
B. CONTACT AND ADDRESS DETAILS	
1. Residence Address:	
Street*:	<input type="text"/>
Number*:	<input type="text"/>
Flat nbr:	<input type="text"/>
Postal Code*:	<input type="text"/> Municipality/Community*:
District*:	<input type="text"/> Country*:
2. Mailing Address (to be completed only if different than the residence address above):	
Street:	<input type="text"/>
Number:	<input type="text"/>

Flat number:

Postal Code: Municipality/Community:

Po Box: Po Box Post Code:

District: Country:

3. Telephone number/email (complete at least one telephone number)*:

Home Phone No: Work Phone No: Mobile Phone No:

Email Address*:

ATTENTION: An email address is necessary for the direct and prompt communication with the applicant.

Next of Kin Name and Last Name*:

Next of Kin Phone No *:

Communication Language*: Greek English

C. BENEFICIARY CATEGORY under which this request is being submitted (complete according to your case) *:

(1) S1 document holder, who is:

(a) Diplomat (EU embassies in the Republic of Cyprus):

(b) Embassy staff (EU embassies in the Republic of Cyprus):

(c) Family Member of the above:

Identification document: Diplomatic/non diplomatic card

Diplomatic/non diplomatic card number:

Expiry date (if applicable):/...../.....

(2) Person with Status NATIVE:

Identification document: Alien Registration Certificate (ARC)

Alien Registration Certificate (ARC) number (if applicable):

Passport number (If no ARC is available):

Expiry date (if applicable):/...../.....

(3) Domestic Staff working in Embassies in the Republic of Cyprus:

Identification document: Identity issued by the Ministry of Foreign Affairs of the Republic

Non diplomatic card number:

Expiry date (if applicable):/...../.....

(4) Person who is registered at the CRMD and holds a valid residence permit, but there is an unsurpassable problem in the fields of "name" or "nationality" and thus cannot submit an electronic request to enrol in the GHS

(e.g numbers in the field of name):

Note: For cases where the problem can be resolved HIO will NOT proceed to the enrolment via this paper application form.

Identification document: Alien Registration Certificate (ARC)

Alien Registration Certificate (ARC) number (written on the residence permit):

Expiry date (if applicable):/...../.....

(5) Minors (for whom at least one parent is an enrolled GHS beneficiary) with birth certificate that has been issued by the competent authorities of the Republic of Cyprus and there is a problem in the field "nationality" and thus cannot submit an electronic request to enrol in the GHS:

Identification document: Birth certificate which has been issued by the competent authorities of the Republic of Cyprus

Personal Identification Number written on the birth certificate:

D. DOCUMENTS THAT MUST BE SUBMITTED TO HIO WITH THIS PAPER GHS ENROLMENT REQUEST

Documents and/or copies that must be submitted according to the Beneficiary eligibility category selected:

I. Diplomatic/ Embassy Staff working in EU embassies in the Republic of Cyprus

- 1. Diplomatic ID/ Non Diplomatic ID issued by the Ministry of Foreign Affairs.
- 2. White Medical Card issued by the Ministry of Health (MOH) – *It is necessary that all S1 document holders submit their S1 document (former E106 document) to the MOH and register at the corresponding MOH Registry.*

II. Family members of the above

- 1. Diplomatic ID of the person applying for GHS enrolment
- 2. Diplomatic ID of the family member who is a Diplomat /Embassy staff
- 3. White Medical Card issued by the Ministry of Health (MOH) – *It is necessary that all S1 document holders submit their S1 document (former E106 document) to the MOH and register at the corresponding MOH Registry.*

III. Natives

- 1. Passport Stamped by the CRMD which clearly states that this person has the status of NATIVE (CAP 105) and is exempted from migration formalities.
- 2. Marriage Certificate
- 3. Identification Document of the Spouse who is an enrolled GHS beneficiary
- 4. Ordinary Residence Evidence

IV. Domestic Staff working in Embassies in the Republic of Cyprus

- 1. Copy of the relevant identity card issued by the Ministry of Foreign Affairs
- 2. Statement of Salary and Contributions from the Social Insurance Services covering a period of at least the last two months preceding the submission of this request
- 3. Ordinary Residence Evidence

V. Persons registered at the CRMD and hold a valid residence permit but there is an unsurpassable problem in the fields of “name” or “nationality” and thus they cannot submit an electronic request to enrol in the GHS

- 1. Valid Residence Permit
- 2. **All** necessary evidence according to the Residence Permit type (check instructions in section F and for more information contact 17000)

VI. Minors (for whom at least one parent is an enrolled GHS beneficiary) with birth certificate that has been issued by the competent authorities of the Republic of Cyprus and there is a problem in the field “nationality” and thus cannot submit an electronic request to enrol in the GHS:

- 1. Birth certificate
- 2. Identification Document (Cypriot ID or ARC) of the parent who is an enrolled GHS beneficiary
- 3. Ordinary Residence Evidence

You may submit any other document you believe is applicable for your specific case for the purposes of evaluating your Paper GHS Enrolment Request. In this case please state and describe the relevant document/s:

.....
.....

VII. Other evidence that must be submitted in case the applicant is (a) Low Pension recipient or (b) Minimum Guaranteed Income Recipient: Recent Assurance /Certificate from the Ministry of Labour Welfare and Social Insurance.

E. DECLARATIONS

I hereby request enrolment to the GHS and declare that I have my ordinary residence in the areas controlled by the Cyprus Government¹. Also, that all the information, certificates and supporting documents supplied with this application, are true and correct and agree to submit any additional information that may be requested by HIO for the purposes of handling my enrolment request. Furthermore, I undertake to immediately inform the HIO of any changes to the information I have submitted within this request.

*

Applicant's Name and Last Name

* *

Date

Signature

In case the enrolment request is submitted by a representative

Name and Last Name of Representative

Date

Identification Document number

Signature

In case this request is submitted on behalf of a minor child: In case of approval, please check this box to declare whether you wish to give access to the child's medical record to the parent whose identification documents are submitted along with this application:

¹ S1 document holders who are posted for work in the Republic are considered to fulfill the Ordinary Residence criterion.

F. INSTRUCTIONS ON DOCUMENTS/EVIDENCE BEING SUBMITTED WITH THIS GHS BENEFICIARY ENROLMENT REQUEST

Eligibility documents/Evidence:

You must submit the documents/evidence indicated in **part D** above, as well as any additional documents mentioned in this part, if applicable to you.

Additional documents/evidence must be submitted in the following cases:

For a person who wishes to submit an enrolment request as a family member (spouse) of a beneficiary (concerns persons falling under point C(4)):

- Identification document of spouse who is registered
- Marriage certificate or certificate of civil union
- Proof of ordinary residence

For a person who wishes to submit a request as an employee (concerns persons falling under point C(3)):

- Detailed statement of account by the social security services of the last three (3) months.

For a dependent child over 21 (concerns persons falling under point C(4/5)):

Student University Attendance Certificate OR Medical certificate of permanent disability AND In the event that: (a) the child is a dependent of the spouse of the beneficiary, then you must submit the marriage certificate or certificate of civil union; (b) the child is a dependent of divorced parents or orphaned by both parents then you must submit a copy parenting court decision that states the person with whom the child lives with (c) the dependent child is an orphan you must submit the death certificate of parent (s) from the Civil Registry and Migration Department

-For a child of a beneficiary: In case where a birth certificate is not available please submit the adoption certificate

Description of Ordinary Residence documents:

(You must submit one of the following documents as proof of your ordinary residence):

Electricity bills covering the period of the last three months

Home phone number telephone bills covering the period of the last three months

Water board bills covering the period of the last three months

Copy of title deed or sale agreement or valid rental contract (applicant must submit all pages of the document)

Copy of last year's tax statement

Detailed (on a monthly basis) Social Insurance contributions statements for the current and last year

The Organization may request the submission of any of the above mentioned information it deems necessary for the determination of ordinary residence.

When Ordinary Residence evidence are submitted in the name of spouse of the applicant, you must additionally submit:

Mobile phone bills issued on the applicant's name covering a period of the last three months, on which the address must be clearly stated OR Married Couple's declaration of cohabitation which is a solemn declaration stating that the couple lives together and their home address is clearly mentioned. The declaration must be certified by the local authorities/community leader.

Translation/Authenticity of the documents

Public documents/certificates issued **from third countries must have** the apostille stamp or have a diplomatic ratification.

Public documents/certificates issued from **EU countries must have** the apostille stamp or have a diplomatic ratification or must be authentic public documents to which the multilingual standard form in Greek or English is attached, for which a sample document is listed in the official European Union website.

All documents must be **translated in Greek by a sworn translator of the Republic of Cyprus**, unless the authentic public document that will be submitted is issued in Greek or English (applies for documents issued by all countries), or the standard multilingual document is attached to the authentic public document (applies only for documents issued by EU countries).

The applicant must sign the Paper GHS Enrolment Request and send it with the supporting evidence/documents via post to the following address:

**Health Insurance Organization, P.O. Box 26765,
1641 Nicosia, Cyprus**

The Health Insurance Organization may request any additional documents deemed as necessary for the purpose of processing this enrolment request.

For any questions or clarifications please visit our website www.gesy.org.cy and/or contact us on 17000, or if calling from abroad on +357-22017000.