

**(Form for requesting mediation regarding the termination of a document confirming the right to receive healthcare reimbursed by the Compulsory Health Insurance Fund in Lithuania)**

**REQUEST FOR MEDIATION REGARDING THE TERMINATION OF A DOCUMENT  
CONFIRMING THE RIGHT TO RECEIVE HEALTHCARE REIMBURSED BY THE  
COMPULSORY HEALTH INSURANCE FUND IN LITHUANIA**

To the National Health insurance Fund under the Ministry of Health

\_\_\_\_\_  
(Date of application)

**1. I APPLY** for mediation regarding the termination of a document confirming the right to receive healthcare reimbursed by the Compulsory Health Insurance Fund in Lithuania (select the correct option):

- for me personally,
- for my family member.

**2. Preferred expiry date of document** \_\_\_\_\_.

**3. Reason for termination of the document** (*select one option and enter the required information*):

- Insured with compulsory health insurance in the Republic of Lithuania from \_\_\_\_\_.
- Insured with social security in another country from \_\_\_\_\_.
- No longer living in the Republic of Lithuania since \_\_\_\_\_.
- Change of insurance status from \_\_\_\_\_.
- Other reason \_\_\_\_\_.

**4. European Union (hereinafter – EU) Member State where the competent institution is located:** \_\_\_\_\_.

**5. Data of the applicant:**

5.1	Name(s)	
5.2	Surname(s)	
5.3	Gender	
5.4	Data of birth	
5.5	Personal identification number in the Republic of Lithuania	
5.6	Personal identification number in the EU Member State where the person is insured with social security	
5.7	Other information that allows the competent institution in the EU Member State to identify the person (e.g., social security number or No of European Health Insurance Card issued in the competent EU member state)	

5.8	Personal address in the Republic of Lithuania	
5.9	E-mail	
5.10	Telephone	

**6. Data of the family member** (if mediation is requested regarding the issuance of a document to a family member):

6.1	Name(s)	
6.2	Surname(s)	
6.3	Gender	
6.4	Date of birth	
6.5	Personal identification number in the Republic of Lithuania	
6.6	Personal identification number in the EU Member State where the person is insured with social security	
6.7	Other information that allows the competent institution in the EU Member State to identify the person (e.g., social security number or No of European Health Insurance Card issued in the competent EU member state)	

**7. I would like to receive an answer about the result** (select one option of your choice):

- by indicated postal address;  
 by indicated email address;

ENCLOSED (indicate the number of pages of the attached document): \_\_\_\_\_ .

**I HAVE BEEN INFORMED** that:

- The data I have provided will only be used for the purposes of issuing/terminating my entitlement to benefits in the EU Member State of residence.
- Information on the procedure for implementing the rights of data subjects in the National Health Insurance Fund under the Ministry of Health is available on the website [www.ligoniukasa.lrv.lt](http://www.ligoniukasa.lrv.lt);
- In accordance with the Order of the Minister of Social Security and Labour of the Republic of Lithuania and the Minister of Health of the Republic of Lithuania of 28 July 2010 No A1-376/V-676 “Regarding the designation of the institutions responsible for the implementation of the regulations on the coordination of the social security systems of the European Union”, the National Health Insurance Fund under the Ministry of Health has the right to apply to the relevant institutions for the missing information necessary for the implementation of the provisions of the regulations on the coordination of social security systems.

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(Signature, name and surname of the person applying for mediation)

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