**CERERE de eliberare a cardului european duplicat**

Către Casa de Asigurări de Sănătate OLT.

Adresa Aleea Muncii nr.1-3, SLATINA OLT

Data…………………

**1.**Numele:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**2.**Prenumele:

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**3.**  CNP / CID:

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**4.**Telefon

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**5.**Interval orar\*)

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\*)Se va trece intervalul orar în care persoana estimează că va fi prezentă la adresa indicată pentru a primi cardul european de asigurări sociale de sănătate.

**6.**\*\*) Solicit eliberarea cardului european duplicat şi declar pe propria răspundere, cunoscând dispoziţiile art. 326 din [**Codul penal**](https://idrept.ro/00124086.htm) cu privire la falsul în declaraţii, următoarele:

Motivul solicitării cardului european duplicat:

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1. |\_| Pierdere; b) |\_| Furt; c) |\_| Deteriorare;

d) |\_| Modificări ale datelor personale (menţionaţi numărul cardului mai jos):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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e)|\_| Alte situaţii justificate:

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Data Semnătura

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\*\*)La pct. 6 bifaţi o singură opţiune.

Pentru situaţiile de la lit. a), b), c) şi e), cererea este însoţită de o copie a actului de identitate, dovada plăţii contravalorii cardului european duplicat.

Pentru situaţiile de la lit. d), cererea este însoţită de o copie a actului de identitate, dovada plăţii contravalorii cardului european duplicat şi cardul european emis iniţial.