

# Medical Card and GP Visit Card Application Form - People Aged 70 Years or Older MC1(a)

#### Who should use this form?

People 70 years of age or older and their spouse or partner should use this form when applying for a Medical Card or GP Visit Card.

### How do I apply for a Persons Aged 70 Years or Older Medical Card or GP Visit Card?

- Step 1. Complete this form. Read this page and the next page for help.
- Step 2. Include all the documents asked for in Part 3 of this form. Please send photocopies only.
- Step 3. Read and sign the declaration in Part 4.
- Step 4 Ask your doctor of choice to complete Part 5A **and** if appropriate, ask your spouse's or partner's doctor to complete Part 6A.
- Step 5. Read and tick the checklist on page 8.
- Step 6. Send the completed application form and **all** documents we ask for to:

Client Registration Unit, PO Box 11745, Finglas, Dublin 11.

### What can I do to avoid delaying the process?

If you send us a fully completed form and all the documents we ask for, we will deal with your application quickly and will let you know within 15 working days if you are entitled to a card. So to avoid delay, ensure to do the following:

- take care to fill in all your details correctly,
- include copies of all the documents we ask for in Part 3, and
- make sure the documents you send us are up to date.

If you do not include all the information we ask for, we will have to write to you for the missing information needed to complete assessment of your application.

#### Need help?

Read this page and the next page for help. If you need further help completing this form, phone **Callsave 1890 252 919** or visit your **Local Health Office**.

#### Help and information

#### Who can apply for a Medical Card or a GP Visit Card?

Anyone who is 'ordinarily resident' in the Republic of Ireland can apply - families, single people, even those working full or part time. 'Ordinarily resident' means that you are living here and intend to live here for at least one year.

#### Do I qualify for a Medical Card or GP Visit Card?

You qualify for a **Medical Card** if you are aged 70 years or older with a **gross income** of:

- not more than €500 a week if you are single, or
- not more than €900 a week for a couple.

You qualify for a **GP Visit Card** if you are aged 70 years or older with a **gross income** of:

- over €500 but not greater than €700 a week if you are single, or
- over €900 but not greater than €1,400 a week if you are part of a couple.

See next page for definition of 'gross income'.

#### **Help and information -** *continued*

### What do you mean by Gross income?

Gross income is your income or incomes before any deductions that may be taken off for income tax purposes, for example income from your pension (social welfare or private), your employment, your savings or investments or rental of property or land or any other income. Rental income is the rent you get less necessary spending associated with the rental of a property or land such as insurance.

# Will my savings and or investments be taken into account when assessing my income for Medical Card or GP Visit Card eligibility?

We will not take into account savings or investments of amounts up to €36,000 for a single person and up to €72,000 for a couple when we are assessing your income. We will not take into account the amount of any compensation or redress award you may have received from specific state sponsored compensation or redress payments or any interest earned on the investment of this payment regardless of the amount.

For information on the specific compensation or redress awards covered by this section, please see www.medicalcard.ie or phone Callsave 1890 252 919.

### What if I am not yet 70 but my spouse or partner is 70 years or older?

So long as **one** of you is aged 70 or older, you will **both** qualify for a **Medical Card** if your combined gross income is €900 or less a week. If one of you is aged 70 or older, you will both qualify for a **GP Visit Card** if your combined gross income is over €900 but not greater than €1,400 a week.

### My spouse or partner has recently died - can I retain eligibility?

The National Assessment Guidelines for persons aged 70 years or older provide for the retention of eligibility, for a maximum of 3 years, in the event of the death of a spouse or partner, subject to certain conditions. Contact 1890 252 919 or see our website www.medicalcard.ie for further

If your spouse or partner has died, please indicate the date of death on page 3 in Part 1 Personal Details section.

## What if my gross household income is greater than the qualifying income ranges for this scheme, as described at the end of page 1?

If you know your gross household income is more than the limits to qualify for a Medical Card or GP Visit Card under this scheme, you and your family dependants might be eligible to a card under a different scheme called the General Medical Card Scheme.

For more information on qualifying for a card under the **General Medical Card Scheme** phone **Callsave 1890 252 919** or see our website **www.medicalcard.ie.** 

If you want to apply to the **General Medical Card Scheme**, you need to complete a form called the **MC1 Form**. You can get this form from your **Local Health Office** or download it from **www.medicalcard.ie.** 

### How do I qualify for a Medical Card under European Union (EU) Regulations?

You will qualify for a Medical Card under EU Regulations if you meet **all** of the following requirements:

- you are ordinarily resident in the Republic of Ireland,
- you are insured under the social security legislation of another EU/EEA member state or Switzerland, that means receiving a social security pension from that state or working and paying social insurance in that state, and
- you are not subject to Irish social security legislation. You are subject to Irish social security legislation if you are receiving a contributory Irish social welfare payment or you are subject to PRSI in the Irish State.

If you meet the above requirements, you can claim your entitlement to a Medical Card by sending us:

- a completed application form, and
- the relevant E or S form issued by the EU/EEA member state (or Switzerland) you are insured with.

UK insured persons applying under EU Regulations, should send us:

 a letter of confirmation from the UK Pensions Board or a recent payslip (if employed in UK) in place of the E or S form.

For Parts 1, 2, 3, 5 and 6 that apply to you, please complete in CAPITAL LETTERS and place a tick(v) where appropriate in the single boxes provided.

	- (-)
FOR OFFICIAL USE ONLY	
Application No.:	
Date Received:	

Part 1 – Your personal details	
Date of hirth:	rth surname: different)
	ender: Male Female
(If you	obile phone:  you enter your mobile phone we may text you in connection with ur application)
	mail address:
How long have you lived in Ireland?  Are you ordinarily resident in Ireland? (See page 1 for definition)	n of what 'ordinarily resident' means.) Yes No
Do you live alone? Yes No If 'No', who do you live with?	
	Civil Partnership Separated Divorced
If: Widowed/Surviving Partner, date spouse or partner di Do you have, or have you ever had, a Medical Card or a C	
If 'Yes', please tick the kind of card and write in the number Medical Card GP Visit Card Card Number	ber:
Part 2 – Personal details for your (if you do not have a spouse or partner, go	
First name(s):	ırname:
	rth surname: different)
PPS number: Ge	ender: Male Female
, , ,	es No
Does your spouse or partner have, or has he or she ever had  If 'Yes', please tick the kind of card and write in the numb	
Medical Card GP Visit Card Card Number	

### Part 3 – Details of income

A. Your income details	s			
Source	Gross amount (amount before any deductions)	Frequency of payment (for example, weekly, fortnightly, monthly or yearly)	Type of payment	Documents to send to us (Photocopies only please)
Social Welfare payments	€			Recent An Post receipt slip <b>or</b> recent bank statement (if payment is paid direct to bank account). If in receipt of Illness Benefit, a letter from your employer confirming your current wage, if any, in addition to Social Welfare payment
Wages and or pension	€			Most recent payslip
Income from self employment	€			<ul><li>(1) Latest Notice of Assessment from Revenue Commissioners or</li><li>(2) Latest Notice of Self-Assessment and a copy of your latest Tax Return as acknowledged by Revenue Commissioners.</li></ul>
Social security payments from another EU state  Please put the name of the EU state here:	€			Relevant documentation from the other EEA State or Switzerland, i.e. relevant E or S form, e.g. E121 or S1. If in receipt of UK social welfare payment, letter from Dept for Work and Pension UK detailing payment amount and frequency
Any other income (for example, maintenance payments, social security payments from non-EU state)	€			Relevant documentary evidence

### B. Your spouse's or partner's income details (If you do not have a spouse or partner, go to the next page)

Source	Gross amount (amount before any deductions)	Frequency of payment (for example, weekly, fortnightly, monthly or yearly)	Type of payment	Documents to send to us (Photocopies only please)
Social Welfare payments	€			Recent An Post receipt slip <b>or</b> recent bank statement (if payment is paid direct to bank account). If in receipt of Illness Benefit, a letter from your employer confirming your current wage, if any, in addition to Social Welfare payment
Wages and or pension	€			Most recent payslip
Income from self employment	€			<ul><li>(1) Latest Notice of Assessment from Revenue Commissioners or</li><li>(2) Latest Notice of Self-Assessment and a copy of your latest Tax Return as acknowledged by Revenue Commissioners.</li></ul>
Social security payments from another EU state  Please put the name of the EU state here:	€			Relevant documentation from the other EEA State or Switzerland, i.e. relevant E or S form, e.g. E121 or S1. If in receipt of UK social welfare payment, letter from Dept for Work and Pension UK detailing payment amount and frequency
Any other income (for example, maintenance payments, social security payments from non-EU state)	€			Relevant documentary evidence

### Part 3 - Details of income - continued

ner have investments in stocks, shes or other financial institutions?	ares or sav	rings Yes	No								
ge.											
If 'Yes', please complete the details below and remember to attach photocopies of the documents you need to send us as evidence of your income from these sources, for example, statement(s) from financial institution(s) showing the current balance on account(s).											
Name and address of financial inswhere invested or deposited	stitution	Type of savings	or investments								
to complete this section, please s form.	write addi	tional details on	a separate sheet								
	write addi	tional details on	a separate sheet								
s form.			a separate sheet								
the family home ner own any property or land other											
the family home ner own any property or land other	er than the e of any inc lies, please	Yes	No								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes	No Durce, for the of any cost  Yearly costs €								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl operty, for example, receipts or in  Details of land or property (for example, 3 bed semi, shop	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes  Tome from this so send us evidence ome received ple, from rental,	No Durce, for the of any cost  Yearly costs €								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl operty, for example, receipts or in  Details of land or property (for example, 3 bed semi, shop	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes  Tome from this so send us evidence ome received ple, from rental,	No Durce, for the of any cost  Yearly costs €								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl operty, for example, receipts or in  Details of land or property (for example, 3 bed semi, shop	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes  Tome from this so send us evidence ome received ple, from rental,	No Durce, for the of any cost  Yearly costs €								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl operty, for example, receipts or in  Details of land or property (for example, 3 bed semi, shop	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes  Tome from this so send us evidence ome received ple, from rental,	No Durce, for the of any cost  Yearly costs €								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl operty, for example, receipts or in  Details of land or property (for example, 3 bed semi, shop	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes  Tome from this so send us evidence ome received ple, from rental,	No Durce, for the of any cost  Yearly costs €								
the family home  ner own any property or land other and not personally used?  ge.  etails below and send us evidence or bank statements. Also, if it appl operty, for example, receipts or in  Details of land or property (for example, 3 bed semi, shop	er than the e of any inc lies, please voices. Yearly inc (for exam	Yes  Tome from this so send us evidence ome received ple, from rental,	No Durce, for the of any cost  Yearly costs €								
	s or other financial institutions? ge. etails below and remember to attaincome from these sources, for exent balance on account(s).  Name and address of financial institutions?	s or other financial institutions? ge. etails below and remember to attach photocolincome from these sources, for example, statent balance on account(s).  Name and address of financial institution	s or other financial institutions?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y								

If you don't have enough room to complete this section, please write additional details on a separate sheet of paper and send it in with this form.

### Part 4 – Declaration and consent

Before completing this part of the form, please take time to read and consider the following important information:

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a Medical Card and GP Visit Card, could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a Medical Card or a GP Visit Card could face a fine.

Where appropriate, the HSE reserves the right to review and modify Medical Card and GP Visit Card eligibility status at any time.

### **Declaration and consent**

Please read these statements. If you agree with them, please complete and sign or mark the form below.

I apply for a Medical Card or a GP Visit Card for myself and, if it applies, my dependants.

I declare that the information I have given as part of this application is correct to the best of my knowledge.

I agree to tell the HSE immediately about any changes that may affect my own or, if it applies, my dependants' eligibility for health services.

I agree that the HSE, when assessing eligibility, may contact other Government Departments including the Department of Social Protection, the Revenue Commissioners and the Department of Justice to confirm the information I have given.

I authorise the HSE to deal directly with my nominated contact person (advocate), on all aspects of my application, which includes the sharing of personal sensitive information.

Please sign here:	Date:	D	D	IVI	IVI	Υ	Υ	Υ	Y

### Part 4A - Nominated contact person (advocate)

You may nominate a designated contact person.																				
Nominated Contact person's Nominated contact person								erson's address:												
name:																	_	_		
Telephone no.																$\dashv$	$\dashv$	$\dashv$		
Relationship to applicant:																				

N.B. All correspondence and contact will be directed to the nominated contact person (advocate)

### Part 4B - Mark and signature of witness

If you are not able to sign, your mark name and complete his or her addres	should be made and witnessed. The witness should sign his or her s in spaces provided below.
Place your mark here:	Signature of witness:

Place y	our	mar	k he	ere:		Signature of witness:													
Date:	D	D	M	M	Υ	Υ	Υ	Υ	Address of witness:										

Dart F. Doctor of choice	
Part 5 – Doctor of choice	
Doctor's name:	Doctor's practice address:
Will your dependants (if you have any) attend this doctor?	
Part 5A – Doctor's acceptance	Ask your doctor to complete this section of the form
I agree to provide medical services to this applicant ar	d his or her dependants, if any.
Signature of doctor:	GMS STAMP HERE:
GMS no.	
Date: D D M M Y Y Y Y	
If your spouse or partner requires a different doctor o	f choice, please complete Part 6 and ask their doctor
to complete Part 6A.	· · · · ·
Part 6 – Spouse's or partner's o	octor of choice
Doctor's name:	Doctor's practice address:
Will your dependants (if you have	
any) attend this doctor?	
Part 6A – Doctor's acceptance	for spouse or partner)
Ask your spouse's or partner's doctor	to complete this section of the form
I agree to provide medical services to this applicant ar	d his or her dependants, if any.
Signature of doctor:	GMS STAMP HERE:
GMS no.	
Date:	

Complete Checklist on next page.

	Р	7	HST

Have you completed all relevant parts of this form?
Have you included photocopies of proof of all income and assets declared in Part 3?
Have you included photocopies of the E or S form or a letter from the UK Pensions Board, if you are applying under EU regulations?
Have you read and signed or marked Part 4?
Has your doctor completed Part 5A and, if it applies, has your spouse's or partner's doctor completed Part 6A?
If you have any questions before you send off this form, please phone <b>Callsave 1890 252 919</b> or call to your <b>Local Health Office</b> .
Please send your completed form and photocopies of the documents we ask for, to:
Client Registration Unit PO Box 11745 Finglas Dublin 11.

#### **Data Protection and Freedom of Information Notice**

The HSE will treat all personal information and data you provide as part of this application as confidential and store it securely. When the HSE receives your completed application form and any supporting documents, it will make a computer record in your name. This record will contain the relevant personal information you have supplied. This personal record will be used and retained by the HSE, solely for the purposes of processing your Medical Card and GP Visit Card application.

The HSE will not disclose (share) to other people or organisations the personal information you have given unless permission has been given by the person to whom the information relates or the HSE is required to do so by law.

