



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Medical Card and GP Visit Card Application Form

MC1

Who should use this form?

Anyone applying for either a Medical Card or a GP Visit Card – you will be assessed for both.

How do I apply for a Medical Card or a GP Visit Card?

- Step 1. Complete this form. Read this page and the next page for help.
- Step 2. Include all the documents we ask for in Part 3 and Part 4. Please send photocopies only.
- Step 3. Read and sign the declaration in Part 5.
- Step 4. Ask your doctor of choice to complete Part 6A **and**, if appropriate, ask your spouse's or partner's doctor to complete Part 7A.
- Step 5. Read and tick the checklist on page 12.
- Step 6. Send the completed application form and copies of **all** the documents we ask for, to:

Client Registration Unit, PO Box 11745, 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 Part 4, **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.

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 **Community Health Organisation**.

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.

I am aged between 16 and 25. How do I apply?

1. If you have a weekly income of **less than €164** and you are either living with your parent(s) **or** living away from their home attending school or college, and your parent(s) **has** a Medical Card or a GP Visit Card, **you** must complete Parts 1A, 1C, 1D, 5, and 6 of this form. Your doctor of choice must complete Part 6A.
2. If you have a weekly income of **less than €164** and you are either living with your parent(s) or living away from their home attending school or college, and your parent(s) **don't** have a Medical Card or a GP Visit Card, **your parent(s)** must complete all parts of this form.
3. If you have a weekly income of **€164 or more**, **you** must complete all parts of this form.
4. If you live away from your parental home for any reason other than attending school or college, you must complete all parts of this form.

How do I qualify for a Medical Card or a GP Visit Card?

We will look at your household income after tax, PRSI and the Universal Social Charge (USC) have been deducted. We also take rent, mortgage, childcare and travel to work costs into account. If the resulting figure is less than the income qualifying limits, you and your family dependants will be issued with a card.

For information on the current income qualifying limits that apply to your family size, **Callsave 1890 252 919** or see our website **www.medicalcard.ie**.

Will my savings and 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, or
- up to €72,000 for a couple.

Also, **we will not take into account** any amount received from certain state sponsored compensation or redress schemes or any interest earned on the investment of these funds.

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

What if my household income is over the qualifying limits?

If this is the case, you and your family dependants may be granted a Medical Card or a GP Visit Card if you have difficult personal circumstances that cause you financial pressure - for example a family member with a chronic illness. You need to send evidence with your completed application form in support of these circumstances, for example, a medical report and or medical expense receipts.

If I get a Medical Card or a GP Visit Card, does it cover my family too?

If your family income falls within the qualifying income limits, the card will cover you, your spouse or partner, and your children **under 16 years of age**.

If your children are aged 16 to 25 and are receiving weekly income less than €164, and living with you or living away from you to attend school or college, they will also get a card. They must fill out their own application form and send it to us to receive a card.

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 if 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, 4, 6 and 7 that apply to you, please complete in CAPITAL LETTERS and place a tick(✓) where appropriate in the single boxes provided.

FOR OFFICIAL USE ONLY

Application No.:

Date Received:

Part 1 – Personal details

1A – Your details

First name(s):

Date of birth:

PPS number:

Address:

Country of birth:

How long have you lived in Ireland?

Are you ordinarily resident in Ireland? (See top of page 2 for definition of 'ordinarily resident'.) Yes No

Do you live alone? Yes No

If 'No', who do you live with?

Are you:
 Single Married Cohabiting In a Civil Partnership Widowed Separated Divorced

Do you have, or have you ever had, a Medical Card or a GP Visit Card? Yes No

If 'Yes', please tick the kind of card and write in the number:
 Medical Card GP Visit Card Card Number

Surname:

Birth surname: (If different)

Gender: Male Female

Mobile phone: -
 (If you enter your mobile phone we may text you in connection with your application)

Daytime phone:

Email address:

1B – Details for your spouse or partner (if you don't have a spouse or partner, please go to next page)

First name(s):

Date of birth:

PPS number:

Country of birth:

How long have you lived in Ireland?

Are you ordinarily resident in Ireland? Yes No

Does your spouse or partner have, or has he or she ever had, a Medical Card or a GP Visit Card? Yes No

If 'Yes', please tick the kind of card and write in the number:
 Medical Card GP Visit Card Card Number

Surname:

Birth surname: (If different)

Gender: Male Female

1C – If you are a person aged between 16 and 25 and if you have a weekly income of less than €164, please complete this section

Does your parent(s) have a Medical Card or a GP Visit Card? Yes No

If **'Yes'** and if you are living with your parent(s) or living away from parental home for purposes of attending school or college, you only need to:

- complete Parts 1A, 1C, 1D, 5 and 6 of this form,
- ask your doctor of choice to complete Part 6A, **and**
- tick the kind of card your parent(s) has and write in the number below.

Medical Card GP Visit Card Card Number

If **'No'** and if you are living with your parent(s) or living away from parental home for purposes of attending school or college, your parents must complete all parts of this form, listing you as a dependant aged 16-25.

1D - Attending school or third level college?

Are you in school or third level education? Yes No

If **'Yes'**, what is the name of your school or college?

When will you finish your course?

Please ask your school or college to stamp this form.

School or college stamp:

Part 2 – Your dependants

Your dependants aged under 16

First name	Surname	Date of birth	PPS number	Relationship to you
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		
		D D M M Y Y Y Y		

Part 2 – Your dependants – continued

Your dependants aged between 16 and 25 in school or college or receiving an income of less than €164 per week

First name	Surname	Date of birth	PPS number	Relationship to you	Receiving a 3rd level education grant?
		D D M M Y Y Y Y			Yes <input type="checkbox"/> No <input type="checkbox"/>
		D D M M Y Y Y Y			Yes <input type="checkbox"/> No <input type="checkbox"/>
		D D M M Y Y Y Y			Yes <input type="checkbox"/> No <input type="checkbox"/>
		D D M M Y Y Y Y			Yes <input type="checkbox"/> No <input type="checkbox"/>
		D D M M Y Y Y Y			Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 3 – Details of income

(Please give details of all income that you and your spouse or partner receive each week)

A. Your income details

Source	Amount	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 or recent bank statement (if payment is paid direct to bank account). If in receipt of Illness Benefit or Maternity Benefit, send 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	€			(1) Latest Notice of Assessment from Revenue Commissioners, or (2) Latest Notice of Self-Assessment and a copy of your latest Tax Return as acknowledged by Revenue Commissioners.
Social security payments from another EU state Please put the name of the EU state here:	€			Relevant document from other EEA state or Switzerland - that is relevant E or S form, such as E121 or S1. If in receipt of a UK social welfare payment, send us a letter from Department 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

B. Your spouse's or partner's income details

(If you do not have a spouse or partner, please go to section C on this page)

Source	Amount	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 or recent bank statement (if payment is paid direct to bank account). If in receipt of Illness Benefit or Maternity Benefit, send 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	€			(1) Latest Notice of Assessment from Revenue Commissioners, or (2) Latest Notice of Self-Assessment and a copy of your latest Tax Return as acknowledged by Revenue Commissioners.
Social security payments from another EU state Please put the name of the EU state here:	€			Relevant document from other EEA state or Switzerland - that is relevant E or S form, such as E121 or S1. If in receipt of a UK social welfare payment, send us a letter from Department 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

C. Back to employment or education scheme (for example, Community Employment Scheme)

(If you are not working on or attending such schemes, please go to section D on next page.)

Please send us:

- a letter(s) from the scheme supervisor(s) showing the start date and expected finish date for you **and or** your spouse, **and**
- a copy of the most recent payslip(s).

	Scheme type	Start date				Expected finish date											
You		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
	Scheme type	Start date				Expected finish date											
Spouse or partner		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y

Part 3 – Details of income – continued

D. Savings and investments

Do you or your spouse or partner have investments in stocks, shares or savings with banks or building societies or other financial institutions?

Yes No

If **'No'**, go to Part E on this page.

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).

Amount(s) invested or held in savings €	Name and address of financial institution where invested or deposited	Type of savings or investments

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.

E. Property additional to the family home

Do you or your spouse or partner own any property or land other than the house you live in, including land not personally used?

Yes No

If **'No'**, go to Part 4 on next page.

If **'Yes'**, please complete the details below and send us evidence of any income from this source, for example, tenancy agreement or bank statements. Also, if it applies, please send us evidence of any costs associated with the land or property, for example, receipts or invoices.

Address	Details of land or property (for example, 3 bed semi, shop unit, farmland or other)	Yearly income received (for example, from rental, from lease or from other)	Yearly costs €

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 – Family expenses

A. Housing

Payment expense	Amount	Frequency (for example, weekly, monthly, yearly)	Documents to send to us (Photocopies only please)
Rent	€		Up-to-date copy of tenancy agreement or rent book
Mortgage	€		Recent mortgage account statement or 3 months' recent bank statements showing mortgage payments
Mortgage protection	€		Recent certification from provider confirming payment
House insurance	€		Recent certification from provider confirming payment

B. Childcare

Expenses on the following childcare arrangements are accepted: crèche, montessori, playgroup, after school facility, child minder, au pair and nanny

Weekly amount	Type of childcare (see examples above)	Name, address and telephone number of childcare facility	Document to send to us (Photocopies only please)
€			Letter from childcare provider confirming payment

C. Travel to work costs

	Location of employment	Transport used (for example, car, bus, train)	Distance you travel in kilometres each week	If public or shared transport, cost each week	Documents to send to us (Photocopies only please)
You		If car, are you the registered owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		€	Copy of vehicle registration certificate or travel tickets
Spouse or partner		If car, are you the registered owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		€	Copy of vehicle registration certificate or travel tickets

Part 4 – Family expenses – continued

D. Maintenance payments that you or your spouse or partner make to another person

Amount	Frequency of payment (for example, weekly, fortnightly, monthly or yearly)	Name and address of the person who gets the payment	Document to send to us (Photocopies only please)
€			Copy of current maintenance agreement or letter from person you make payment to confirming amount being received and frequency of payment

E. Net cost of private nursing home care for you and or your spouse or partner (that is, the full cost of nursing home care less any amount the health authority pays toward the cost)

Amount	Frequency of payment (for example, weekly, fortnightly, monthly or yearly)	Name and address of nursing home	Document to send to us (Photocopies only please)
€			Copy of most recent invoice or letter from nursing home

F. Medical expenses

If you **and or** any of your dependants has ongoing medical expenses or expenses related to a particular illness, please give details of the illness and the associated costs. If you want us to take these costs into account, you must give us evidence of the costs (such as copies of bills, invoices and or receipts). Examples of expenses include doctors' or consultants' fees, hospital charges, cost of prescribed medicines or appliances or any other such expenses.

Details of illness	Expense costs €	Documents to send to us (Photocopies only please)
		Medical bills or invoices and or payment receipts

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 5 – 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 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	M	M	Y	Y	Y	Y
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Optional: Part 5A – Nominated contact person (advocate)

You may nominate a designated contact person.

Nominated contact person's name:

Telephone no.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to applicant:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nominated contact person's address:

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

Part 5B - Mark and signature of witness

If you are not able to sign, your mark should be made and witnessed. The witness should sign his or her name and complete his or her address in spaces provided below.

Place your mark here: _____

Signature of witness: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address of witness:

Part 6 – Doctor of choice

Doctor’s name: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																					Doctor’s practice address: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																
Will your dependants (if you have any) attend this doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																					

Part 6A – Doctor’s acceptance

Ask your doctor to complete this section of the form

I agree to provide medical services to this applicant and his or her dependants, if any.

Signature of doctor: _____ GMS no. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						GMS STAMP HERE:			
Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y		

If your spouse or partner requires a different doctor of choice, please complete Part 7 and ask their doctor to complete Part 7A.

Part 7 – Spouse’s or partner’s doctor of choice

Doctor’s name: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																					Doctor’s practice address: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																
Will your dependants (if you have any) attend this doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																					

Part 7A – 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 and his or her dependants, if any.

Signature of doctor: _____ GMS no. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						GMS STAMP HERE:			
Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y		

Complete Checklist on next page.

Medical Card and GP Visit Card Application Form: Checklist

Place a tick in the boxes below to confirm that you have included the correct documents for you and your spouse or partner. Do not submit original documents - **photocopies only**.

Income

Salary or self employed

Most recent payslips (within the last 3 months)

or

Latest Notice of Assessment - all pages are required

or

Latest Notice of Self-Assessment **and** the 'calculation' breakdown page, which is part of the Acknowledgement of Income Tax Return

Savings and investments

Recent statement from each financial institution (within the last 3 months)

Property other than your family home

Evidence of any income from other land or property

Evidence of any costs associated with the land or other property

Outgoings

Childcare

A letter from the childcare provider. This **must** include the name and address of childcare provider and the payment amount and frequency.

Travel to work

Send your own, and, if applicable, your spouse's or partner's vehicle registration certificate. If you do not own a vehicle, you may submit public transport receipts.

Maintenance payment

Current Maintenance Agreement, or a letter from the person to whom you make payments.

The letter **must** include: the name and the address of the person receiving payment; the amount and the frequency of payment.

Nursing home costs

Recent invoice from nursing home (within the last 3 months)

Mortgage payments

Recent mortgage account statement of 3 months bank statement (within the last 6 months) showing current mortgage payments, this must also show the name of the mortgage provider.

**The processing of your application will be delayed
if you do not submit the required documents.**

If you have any questions, please phone Callsave **1890 252 919**.

Please send your completed form and copies of the documents to:

Client Registration Unit

PO Box 11745

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.