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 copies 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 the 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 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 €600 a week if you are single, or
• not more than €1,200 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 €600 but not greater than €700 a week if you are single, or
• over €1,200 but not greater than €1,400 a week if you are part of a couple.
See next page for definition of ‘gross income’.

MC1(a) July 2013
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 form 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 €1,200 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 €1,200 but not greater than €1,400 a week.

If I qualify for a Medical Card or 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 financially dependent on you, they will also get a card. They must fill out and send to us their own application form to receive a card.

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 a 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, together with the relevant E or S form issued by the EU/EEA member state (or Switzerland) you are insured with. UK insured persons applying under EEA member state schemes must 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.
Part 1 – Your personal details

First name(s): 
Surname: 
Date of birth: D D M M Y Y Y Y
Birth surname: 
(If different)
PPS number: 
Address: 
Gender: Male Female
Mobile phone: – 
(If you enter your mobile phone we may text you in connection with your application)
Daytime phone: 
Email address: 
Country of birth: 
How long have you lived in Ireland? 
Are you ordinarily resident in Ireland? Yes No 
Do you live alone? Yes No 
If ‘No’, who do you live with? 
Are you: Single Married Cohabitng 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 

Part 2 - Personal details for your spouse or partner
(If you do not have a spouse or partner, go to Part 3 on the next page)

First name(s): 
Surname: 
Date of birth: D D M M Y Y Y Y
Birth surname: 
(If different)
PPS number: 
Address: 
Gender: Male Female
Is your spouse or partner 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 

MC1(a) July 2013
### Part 3 – Details of income

#### A. Your income details

<table>
<thead>
<tr>
<th>Source</th>
<th>Gross amount (amount before any deductions)</th>
<th>Frequency of payment (for example, weekly, fortnightly, monthly or yearly)</th>
<th>Type of payment</th>
<th>Documents to send to us (Photocopies only please)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Welfare payments</td>
<td>€</td>
<td></td>
<td></td>
<td>Recent An Post receipt slip or 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</td>
</tr>
<tr>
<td>Wages and or pension</td>
<td>€</td>
<td></td>
<td></td>
<td>Most recent payslip</td>
</tr>
<tr>
<td>Income from self employment</td>
<td>€</td>
<td></td>
<td></td>
<td>Latest Notice of Assessment from Revenue Commissioners</td>
</tr>
<tr>
<td>Social security payments from another EU state</td>
<td>€</td>
<td>Issued from which EU state:</td>
<td></td>
<td>Confirmation letter from awarding authority and E121/S1 form</td>
</tr>
<tr>
<td>Any other income (for example, maintenance payments, social security payments from non-EU state)</td>
<td>€</td>
<td></td>
<td></td>
<td>Relevant documentary evidence</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Gross amount (amount before any deductions)</th>
<th>Frequency of payment (for example, weekly, fortnightly, monthly or yearly)</th>
<th>Type of payment</th>
<th>Documents to send to us (Photocopies only please)</th>
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</thead>
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<td>Social security payments from another EU state</td>
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<td></td>
<td>Confirmation letter from awarding authority and E121/S1 form</td>
</tr>
<tr>
<td>Any other income (for example, maintenance payments, social security payments from non-EU state)</td>
<td>€</td>
<td></td>
<td></td>
<td>Relevant documentary evidence</td>
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</tbody>
</table>
### Part 3 – Details of income

#### C. Savings and investments held by you or your spouse or partner

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

<table>
<thead>
<tr>
<th>Amount(s) invested or held in savings €</th>
<th>Name and address of financial institution where invested or deposited</th>
<th>Type of investments or savings</th>
</tr>
</thead>
<tbody>
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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).

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.

#### D. 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?  

<table>
<thead>
<tr>
<th>Address</th>
<th>Details of land or property (for example 3 bed semi, shop unit, farmland or other)</th>
<th>Yearly income received (for example, from rental, from lease or from other)</th>
<th>Yearly costs</th>
</tr>
</thead>
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</tbody>
</table>

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

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

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 you have given. By signing this form you agree to this.

By law, anyone who deliberately gives false information on this form, or who withholds information relevant to an assessment of Medical Card and GP Visit Card eligibility, 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.

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.

Please sign here: __________________________ Date: D D M M Y Y Y Y

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

Place your mark here: __________________________

Address of witness: ___________________________

Signature of witness: __________________________ Date: D D M M Y Y Y Y
### Part 5 – Doctor of choice

<table>
<thead>
<tr>
<th>Doctor’s name:</th>
<th>Doctor’s practice address:</th>
</tr>
</thead>
</table>

Will your dependants (if you have any) attend this doctor?  
Yes [ ]  No [ ]

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### Part 5A – 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.

<table>
<thead>
<tr>
<th>Signature of doctor:</th>
<th>GMS STAMP HERE:</th>
</tr>
</thead>
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</tbody>
</table>

GMS No.  

Date:  

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If your spouse or partner requires a different doctor of choice, please complete Part 6 and ask their doctor to complete Part 6A.

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### Part 6 – Spouse’s or partner’s doctor of choice

<table>
<thead>
<tr>
<th>Doctor’s name:</th>
<th>Doctor’s practice address:</th>
</tr>
</thead>
</table>

Will your dependants (if you have any) attend this doctor?  
Yes [ ]  No [ ]

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### 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 and his or her dependants, if any.

<table>
<thead>
<tr>
<th>Signature of doctor:</th>
<th>GMS STAMP HERE:</th>
</tr>
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<td></td>
</tr>
</tbody>
</table>

GMS No.  

Date:  

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Complete Checklist on next page.
Checklist

☐ Have you completed all relevant parts of this form?
☐ Have you included copies of proof of all income and assets declared in Part 3?
☐ Have you included copies 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 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 Callsave 1890 252 919 or call to your Local Health Office.

Please send your completed form and copies 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 receive 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.