Who should use this form?
Anyone applying for either a Medical Card or a GP Visit Card – you will be assessed for both. Did you know the quickest way to apply for either a Medical Card or GP Visit Card is online? Apply at www.mymedicalcard.ie.

How do I apply for a Medical Card or a GP Visit Card?
Step 1. Understand that this form is long, as we want to get the information we need to process your application as quickly as we can for you. You will have to complete the parts of the form that apply to you. Parts 3 (unless you have dependent children), 4 and 5 do not always apply.
   The eight sections of the form are:
   Part 1: Declaration and consent (to read and sign)
   Part 2: Personal details
   Part 3: Your dependent children
   Part 4: Applying under EU regulations or UK agreement
   Part 5: Income details
   Part 6: Family expenses
   Part 7: Doctor of choice / doctor’s acceptance of you or your partner or family
   Part 8: Data Protection Statement

Step 2. Know that we ask you for photocopies of documents and other evidence in this form, so you need to note what you need to send us for yourself and or for others (if relevant) along with your completed form. Please tick off evidences in the little boxes provided as you gather evidences for us. We ask you not to send original documents as we can’t return them.

Step 3. Read the form and then start filling it in using a black ballpoint pen. Remember to sign Part 1. Only include or name any child dependants who live with you full time on this form.

Step 4. Get your doctor and your spouse or partner’s doctor to complete and stamp Part 8 of this form. The doctor(s) must have a contract with the Health Service Executive.

Step 5. Read Part 8 about your Data Protection rights.

Step 6. Email your completed application forms and copies of all the documents we ask for to: PCRS.applications@hse.ie. For further information on emailing your application, please see page 20 of the application form. Or, if you wish you can post your completed application form and copies of all the documents to National Medical Card Unit, PO Box 11745, Dublin 11.

Need help?
Read this page and the questions and answers (Q and A) on the next two pages for help. If you need further help, please visit www.medicalcard.ie, email clientregistration@hse.ie or Lo-call 0818 224478.
Q1. Who can apply for a Medical Card or a GP Visit card?

Anyone who is ‘ordinarily resident’ in the Republic of Ireland can apply. ‘Ordinarily resident’ means that you are living here and intend to live here for at least one year.

Q2. How do I complete an Irish language application form?

If you wish to complete an application form in Irish and receive all your correspondence in Irish, please contact Lo-Call 0818 224478 or visit www.hse.ie to download the Irish version.

Más mian leat form iarratais a chomhlánú i nGaeilge agus gach comhfheagrás i nGaeilge a fháil, déan teagmháil le Lo-Call 0818 224478 chun iarratas a dhéanamh nó téigh chuig www.hse.ie

Q3. How do I qualify for a Medical Card or a GP Visit Card?

We will look at your household income after tax, PRSI (pay-related social insurance) and the USC (Universal Social Charge) have been deducted. We also look at expenses like:

- rent
- mortgage protection
- childcare
- mortgage
- house insurance
- travel to work costs
- maintenance costs
- nursing home

If the figure we see after we take away expenses from your household income is less than the ‘qualifying income limits’, you and your family dependants will be sent a card. Qualifying income limits are financial guidelines you would need to meet to qualify for a Medical Card or GP Visit Card.

You can find further details on qualifying income limits on www.medicalcard.ie

Q4. If I get a Medical Card or a GP Visit Card, does it cover my family too?

If your family income falls under the qualifying income limits, the card will cover:

- you
- your spouse or partner
- your children under 16 years of age

Children who are aged 16 to 25 will get a card if they are receiving weekly income less than €164, and living with you or living away from you to attend school or college in the Republic of Ireland. They must fill out their own application form and send it to us.
Q5. I am aged between 16 and 25. How do I apply?

How you apply depends on your income. See which applies to you from 1, 2 or 3 below.

1. Is your weekly income **€164 or more?** You must complete all relevant parts of this application form.

2. Is your weekly income **less than €164** and your parent(s) or guardian(s) do not have a current Medical Card? They must complete all relevant parts of a separate application form and send it to us with your fully completed form.

3. Is your weekly income **less than €164** and your parents or guardians have a current Medical Card. You must complete this application form and include parents’ or guardians’ Medical Card number on page 7.

Q6. What if my household income is over the qualifying income limits? *(see Q3 on page 2 for definition)*

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

Q7. Will my savings and investments be taken into account when assessing my income?

It depends. 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.

We will assess any savings or investments above these amounts.

Q8. How do I apply for a Medical Card under European (EU) Regulations?

You can apply for a Medical Card under EU Regulations if you meet both of the following requirements. You and or your spouse and dependants are:

- insured under the social security legislation of another EU/EEA member state or Switzerland, so they are receiving a social security pension from that state or working and paying social insurance in that state, **and**

- 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 based on PRSI contributors or if you are subject to PRSI in the Irish State. PRSI is pay-related social insurance.)

If you meet the above requirements, you can claim your entitlement to “Health Care under EU Regulations”. See Part 4.
If you are a frontier or posted worker or pensioner or dependent on a person insured in another EU/EEA country or Switzerland, you can apply for a medical card under EU Regulations by:

- Completing an online medical card application and uploading your and/or your spouse and dependants S1 form issued by the EU/EEA member state or Switzerland.

Or

- Completing parts 1, 2, 3, 4 and 8 (doctor to complete) of this paper application and including a copy your and/or your spouse and dependants S1 form issued by the EU/EEA member state or Switzerland.

If you are a frontier or posted worker or pensioner or dependent on a person insured in United Kingdom, you can apply for a medical card under EU Regulations by:

- Completing an online medical card application and uploading a copy of a letter of old age pension confirmation from the Department for Works and Pensions Board (if you are a pensioner) or a recent payslip if employed instead of an S1 form from the UK.

Or

- Completing parts 1, 2, 3, 4 and 8 (doctor to complete) of this paper application and include a copy of a letter of old age pension confirmation from the Department for Works and Pensions Board (if you are a pensioner) or a recent payslip if employed instead of an S1 form from the UK.

If your spouse or partner and dependants are not covered for Health Care under EU Regulations but require Medical Card Eligibility, you must complete this application form in full.
Part 1 – Declaration and consent

Before completing this part of the form, please read the following important information carefully. It is about what it means when you give us information for your application. Sign below where shown if you agree with the information on this page – and add the date.

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 has the right to review and modify (change) 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.

Statements:

- I/We declare that I/We are ordinarily resident in Ireland. “Ordinarily resident” means that you are living in Ireland and intend to live here for more than one year.
- I/We apply for a Medical Card/GP Visit Card.
- I/We declare that the information given as part of this application is correct to the best of my/our knowledge.
- I/We agree that the HSE, when assessing eligibility, in the absence of supporting documentation will contact other Government Departments including the Department of Employment Affairs and Social Protection and Revenue through real time systems to confirm information that should be supplied as supporting documentation.
- I/We agree to tell the HSE immediately of any changes that may affect my/our eligibility for health services.
- I/We agree that the HSE, when assessing eligibility, may contact other Government Departments including the Department of Employment Affairs and Social Protection and Revenue to confirm the information that I/we have given.
- I/We agree for a HSE PCRS Doctor to contact GPs or other doctors or other health professionals involved in the care of people named on this application for further information relevant to the assessment of this application. [PCRS stands for Primary Care Reimbursement Service. The service that deals with applications.]
- I/We agree to inform the HSE-National Medical Card Unit of any change in my address or other personal data so that the HSE can keep my personal data accurate and up to date.
- If I/we provide a nominated contact person and confirm I/we wish them to act on my behalf, I authorise the HSE to deal directly with that nominated contact person, on all aspects of my application. This may include the sharing of personal sensitive information.

Sign Here
Signature: [X] Date: [ ]

If you are not able to sign, your mark should be made below. Place your mark here:

Nominated contact person
(This section should only be completed by a nominated contact person if the applicant is unable to apply on their own behalf. It must be completed with the applicant’s prior knowledge and agreement.)

First name(s): [ ] Surname: [ ]
Address: [ ]
Daytime phone: [ ] Relationship to applicant: [ ]

March 2022
For Parts 2, 3, 4, 5, 6 and 7 that apply to you, please complete in CAPITAL LETTERS and place a tick(✓) where appropriate in the single boxes provided.

### Part 2 – Personal details
(please use a black ballpoint pen to complete this form)

<table>
<thead>
<tr>
<th>First name(s):</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS number:</td>
<td>Birth surname:</td>
</tr>
<tr>
<td>(Personal Public Service number)</td>
<td>(If different)</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Gender: Male [ ] Female [ ]</td>
</tr>
<tr>
<td>Eircode:</td>
<td>Mobile phone: (We may text about this application if mobile number is provided.)</td>
</tr>
<tr>
<td>Address:</td>
<td>Daytime phone:</td>
</tr>
<tr>
<td></td>
<td>Email address:</td>
</tr>
<tr>
<td>Nationality:</td>
<td></td>
</tr>
</tbody>
</table>

How long have you lived in Ireland? [ ]

Are you ordinarily resident in the Republic of Ireland [ ] Yes [ ] No [ ] (This means do you live here or plan to live here for at least a year.)

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 or your spouse/partner have, or ever had a Medical Card or a GP Visit Card? [ ] Yes [ ] No [ ]

If ‘Yes’, please tick the type of card and write in the number:

**Applicant:** Medical Card [ ] GP Visit Card [ ] Card number [ ]

**Spouse:** Medical Card [ ] GP Visit Card [ ] Card number [ ]

Are you aged 16-25? [ ]

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

(If yes, please provide their card number below.)

Card number: [ ]

Are you attending school or third level education? [ ] Yes [ ] No [ ]
**Details for your spouse or partner**

- **First name(s):**
- **Surname:**
- **PPS number:**
- **Date of birth:**
- **Gender:** Male, Female
- **Nationality:**
- **How long have you lived in Ireland?**
- **Are you ordinarily resident in Ireland?** (Live here or plan to live here for at least a year) Yes, No

---

**Part 3 – Your dependent children**

Dependants who are aged 16-25 in school or college or receiving an income of less than €164 per week must be included on this application. They must also complete their own application form. Please do not include dependants who are living with another parent or guardian.

- **First name(s):**
- **Surname:**
- **PPS number:**
- **Date of birth:**
- **Gender:** Male, Female
- **In 2nd level education** or **3rd level education**
- **Relationship to you:**
- **Receiving a 3rd level education grant:** Yes, No

---

- **First name(s):**
- **Surname:**
- **PPS number:**
- **Date of birth:**
- **Gender:** Male, Female
- **In 2nd level education** or **3rd level education**
- **Relationship to you:**
- **Receiving a 3rd level education grant:** Yes, No

---

- **First name(s):**
- **Surname:**
- **PPS number:**
- **Date of birth:**
- **Gender:** Male, Female
- **In 2nd level education** or **3rd level education**
- **Relationship to you:**
- **Receiving a 3rd level education grant:** Yes, No

---

- **First name(s):**
- **Surname:**
- **PPS number:**
- **Date of birth:**
- **Gender:** Male, Female
- **In 2nd level education** or **3rd level education**
- **Relationship to you:**
- **Receiving a 3rd level education grant:** Yes, No

---

*Use a separate sheet of paper for additional children in this category*
Part 4 – Are you applying under EU or UK agreement regulations?

Only complete sections 4a and/or 4b if applying for Health Care under EU Regulations, please read pages 3 and 4 for help and information.

4a. Employment – employed by another EU/EEA member state, Switzerland or UK.

Q. What do you need to provide if you are employed by another EU/EEA member state, Switzerland or UK and applying under EU regulations and you live now in the Republic of Ireland?

A. If you work as a frontier or posted worker and you are employed by a company or organisation based in UK, you will need to provide your current payslip.

If you work as a frontier or posted worker and you are employed by a company or organisation based in EU/EEA member state or Switzerland, you will need to provide E106 or S1 form.

If you are dependent on someone who lives in another EU/EEA member state, Switzerland or UK, you will need to provide E109 or S1 form.

<table>
<thead>
<tr>
<th>EU/EEA or Switzerland</th>
<th>UK</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E106 or S1 form</td>
<td>Recent payslip</td>
<td></td>
</tr>
<tr>
<td>E109 or S1 form</td>
<td></td>
<td></td>
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<tr>
<td>Spouse or partner</td>
<td></td>
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</tr>
<tr>
<td>E106 or S1 form</td>
<td>Recent payslip</td>
<td></td>
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<tr>
<td>E109 or S1 form</td>
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</tbody>
</table>

4b. Pension – getting a pension from another EU/EEA member state, Switzerland or UK.

Q. What do you need to provide if you are receiving a pension from another EU/EEA member state, Switzerland or UK and applying under EU regulations and you live now in the Republic of Ireland?

A.

- If you are getting a state pension from the UK, you will need to provide a letter from the Department of Works and Pensions (DWP) confirming this pension.
- If you are getting a pension from an EU/EEA member state or Switzerland, you will need to provide an E121 or S1 form.
- If you are dependent on someone who lives in another EU/EEA member state, Switzerland or UK, you will need to provide an E109 or S1 form.

<table>
<thead>
<tr>
<th>EU/EEA or Switzerland</th>
<th>UK</th>
<th>Evidence enclosed</th>
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</thead>
<tbody>
<tr>
<td>Applicant</td>
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<td></td>
</tr>
<tr>
<td>E121 or S1 form</td>
<td>Department of Works and Pension (DWP) Letter</td>
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<tr>
<td>Spouse or partner</td>
<td></td>
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</tr>
<tr>
<td>E109 or S1 form</td>
<td>Department of Works and Pension (DWP) Letter</td>
<td></td>
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</tbody>
</table>

Do you wish your spouse/partner and/or family to be means assessed for a Medical Card if they do not qualify under EU Regulations?  

Yes [ ] No [ ]
**Part 5 – Income Details**
(Please give details of all income that you and your spouse or partner receive)

### A. Social Welfare Payment

**Q. What do you and your spouse or partner (if any) need to provide if one or both of you receive a social welfare payment?**

**A.** If on sick leave, carer’s leave or maternity leave and not receiving any payment from an employer, you and your spouse/partner (if relevant) must also send a letter from your employer(s) to confirm you are not getting a payment.

**or**

If your or your spouse’s/partner’s employment ended after 1 January 2019, you must print and send us details of your ceased employment through “myAccount” services on Revenue’s website.

**or**

If either or both of you are still being paid by an employer(s), you (or each of you) must send us a photocopy of your most recent payslip(s).

<table>
<thead>
<tr>
<th>Amount</th>
<th>Payment frequency</th>
<th>Name of payment</th>
<th>Evidence enclosed</th>
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</thead>
<tbody>
<tr>
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<td>Weekly</td>
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<td>Applicant</td>
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<tr>
<td>partner</td>
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<td>€</td>
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|              |        |             |         |                   |
B. Wages
Q. What do you and/or your spouse or partner (if any) need to provide if one or both of you get wages?
A. You need to provide a photocopy of your most recent payslip (dated in the last 3 months). If your employment ended after 1 January 2019, you can print out details of that employment through “myAccount” services on the Revenue website. If you have more than one employment, please provide a payslip for each one.

<table>
<thead>
<tr>
<th>Wage (After tax, PRSI and USC deducted)</th>
<th>Payment frequency</th>
<th>Employer name</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td>Weekly</td>
<td>Fortnightly</td>
<td>Monthly</td>
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<tr>
<td>Spouse or partner</td>
<td>Weekly</td>
<td>Fortnightly</td>
<td>Monthly</td>
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</table>

C. Back to employment or education scheme (for example, Community Employment Scheme)
Q. What do you and/or your spouse or partner (if any) need to provide if one or both of you are on a back to employment or education scheme?
A. You need to provide a letter(s) from the scheme supervisor(s) showing the start date and expected finish date for you and/or your spouse or partner and a photocopy of your most recent payslip (dated in the last 3 months).

<table>
<thead>
<tr>
<th>Scheme type</th>
<th>Start date</th>
<th>Expected finish date</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
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</table>

<table>
<thead>
<tr>
<th>Scheme type</th>
<th>Start date</th>
<th>Expected finish date</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse or partner</td>
<td>D D M M Y Y Y Y D D M M Y Y Y Y</td>
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</tbody>
</table>
D. Self-employed
Q. What do you and/or your spouse or partner (if any) need to provide if one or both of you are self-employed?
A. All pages of your most recent Notice of Assessment (NOA) or your Acknowledgement of Self-Assessment from Revenue. These pages should include a Revenue Indicative Calculation (RIC). If the RIC is not included in the correspondence from Revenue, you need to include a copy of your most recent Income Tax Return (Form 11) which you sent to Revenue.
or
if Revenue advised you that you have No Net tax Liability (NNL) for your self-employment income, please provide a set of accounts signed off by your accountant
or
if you have recently been assessed by Department of Social Protection, please submit means assessment completed by same
or
if your income from self-employment is listed on your Statement of Liability, please send us this statement
or
if your business is open less than one year, please provide a set of accounts signed off by your accountant
or
if your business has recently ceased trading, please confirm date of cessation

<table>
<thead>
<tr>
<th>Amount</th>
<th>Type of employment</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td>€</td>
<td>[ ]</td>
</tr>
<tr>
<td>Spouse or partner</td>
<td>€</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

E. A social security pension from another state
Q. What do you and/or your spouse or partner need to provide if one or both of you receive this kind of pension?
A. You need to provide a photocopy of your most recent payslip(s) dated in the last 3 months or a letter from a state authority showing the amount being paid within the last 12 months.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Payment frequency</th>
<th>Country that pays this pension</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td>€</td>
<td>Weekly</td>
<td>[ ]</td>
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<tr>
<td>Spouse or partner</td>
<td>€</td>
<td>Fortnightly</td>
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<td></td>
<td></td>
<td>Monthly</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
F. A private or occupational pension

Q. What do you and your spouse or partner (if any) need to provide if one or both of you receive a private or occupational pension?

A. You need to provide a photocopy of one of the following:

1) your most recent pension payslip dated within 12 months

or

2) a copy of your latest employment details summary which you can print out from “myAccount” services on the Revenue website

or

3) a letter from pension provider confirming that pension is no longer being paid. If the pension was paid in a lump sum, we need details of the lump sum paid from the pension provider.

<table>
<thead>
<tr>
<th>Amount (After tax, PRSI and USC deducted)</th>
<th>Payment frequency</th>
<th>Pension provider</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant</strong></td>
<td>Weekly</td>
<td>Fortnightly</td>
<td>Monthly</td>
</tr>
<tr>
<td>€</td>
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<tr>
<td>€</td>
<td>![Box]</td>
<td>![Box]</td>
<td>![Box]</td>
</tr>
<tr>
<td><strong>Spouse or partner</strong></td>
<td>Weekly</td>
<td>Fortnightly</td>
<td>Monthly</td>
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<td>€</td>
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<tr>
<td>€</td>
<td>![Box]</td>
<td>![Box]</td>
<td>![Box]</td>
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</tbody>
</table>

G. Maintenance payment

Q. What do you or your spouse or partner (if any) need to provide if one or both of you receive a maintenance payment?

A. Evidence of maintenance payment being received that is one of the following:

1) current court order or maintenance agreement. If the maintenance agreement is older than 12 months, you must also send us evidence of the amount being paid, for example a bank statement dated within last 3 months

or

2) signed letter from the person who pays the maintenance detailing the payment amount and frequency. This letter must also be dated within the last 3 months

or

3) recent bank statement (dated within last 3 months and where account holder’s name is visible) showing 3 or more maintenance payments being paid for at least 3 months, where it is clear that the income is a maintenance payment

<table>
<thead>
<tr>
<th>Amount</th>
<th>Payment frequency</th>
<th>Source of income</th>
<th>Evidence enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant</strong></td>
<td>Weekly</td>
<td>Fortnightly</td>
<td>Monthly</td>
</tr>
<tr>
<td>€</td>
<td>![Box]</td>
<td>![Box]</td>
<td>![Box]</td>
</tr>
<tr>
<td><strong>Spouse or partner</strong></td>
<td>Weekly</td>
<td>Fortnightly</td>
<td>Monthly</td>
</tr>
<tr>
<td>€</td>
<td>![Box]</td>
<td>![Box]</td>
<td>![Box]</td>
</tr>
</tbody>
</table>

March 2022
H. Savings and investments

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

Q. What do you need to provide?
A. Evidence of your savings and investments that is one of the following three options:
   1) recent statements of all accounts held in all financial institutions showing details of current savings and or investments
   or
   2) certificates of interest for all accounts held (dated within the last calendar year)
   or
   3) a copy of your current share certificates showing shareholdings if you hold stocks or shares.

<table>
<thead>
<tr>
<th>Current value of savings and shares invested or held in savings</th>
<th>Name and address of financial institution where invested or deposited</th>
<th>Type of savings or investments</th>
<th>Evidence enclosed</th>
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If you don’t have enough room to complete this section, please write additional details on a separate sheet of paper and send these with this completed form.
I. Property additional to the family home

Read this section if you or your spouse or partner (if any) own any property or land other than the house you live in, including land not personally used. Please provide the evidence sought.

Q. What do you need to provide?
A. If your additional property (other than your principal private residence) is rented to another person, you must send us the following documents:
   Current tenancy agreement and a recent bank statement (dated within last 3 months and where account holder’s name is visible) showing 3 or more lodgments of rental income received for at least 3 months in a row
   or
   A valuation form from a certified auctioneer if your additional property is not currently rented.
   If your additional property has any costs associated with it, for example mortgage and mortgage protection. Please provide evidence of those costs.

<table>
<thead>
<tr>
<th>Full address of property and land</th>
<th>Details of land and property (for example, number of bedrooms, number of acres or if it a commercial unit mention this)</th>
<th>Yearly income or value of property or land</th>
<th>Yearly costs (for example, outstanding mortgage)</th>
<th>Evidence enclosed</th>
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J. Do you receive any other income?

Q. What do you and or your spouse or partner need to provide if one or both of you have any other income?
A. Evidence of your declared income (evidence we accept can be either a recent letter from the income provider or a bank statement dated within last 3 months and where account holder’s name is visible showing 3 or more payments of income being received).

<table>
<thead>
<tr>
<th>Amount</th>
<th>Payment frequency</th>
<th>Source of income</th>
<th>Evidence enclosed</th>
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<tbody>
<tr>
<td>Applicant</td>
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<td>Spouse or partner</td>
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</table>
Part 6 – Household expenses
When sending evidence of your family expenses to us, please send photocopies only please. Original documents will not be returned.

A. Rent
Q. What evidence of rent do you need to provide?
A. You need to provide a photocopy of one of the following:
   Your current tenancy agreement
   or
   Rent book
   or
   HAP (Housing Assistance Payment) agreement
   or
   Letter from landlord.

You also need to send us a recent bank statement (dated within last 6 months and where account holder’s name is visible) showing payments of rent being paid for at least 3 months in a row.
If you are sending us a Rent book, it must be dated within last 6 months (where Tenants/Landlords name is visible) showing rent being paid for at least 3 months in a row and signed by the landlord.

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<th>Amount</th>
<th>Payment frequency</th>
<th>Evidence enclosed</th>
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B. Mortgage
Q. What evidence of your mortgage payments do you need to provide?
A. You need to send us recent evidence of one of the following:
   Bank statement (dated within last 6 months and where account holder’s name is visible) showing at least 3 payments in a row, where it is clear that the payment is for your mortgage
   or
   Mortgage account statement (dated within last 6 months and where account holder’s name is visible) showing at least 3 mortgage payments in a row.
   or
   Letter from mortgage provider dated within last 3 months detailing the amount you repay and frequency of payment.

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<th>Amount</th>
<th>Payment frequency</th>
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C. Mortgage protection
Q. What evidence of your mortgage protection payments do you need to provide?
A. Letter from protection provider detailing repayment amount and frequency (should be dated within last 12 months)
or
Bank statement (dated within last 6 months and where account holder’s name is visible) showing at least 3 payments in a row, where it is clear that the payment is for mortgage protection.

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<th>Amount</th>
<th>Payment frequency</th>
<th>Evidence enclosed</th>
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<td>Fortnightly</td>
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D. House insurance
Q. What evidence of your fire and contents insurance do you need to provide?
A. Annual letter from insurance provider detailing repayment amount and frequency (should be dated within last 12 months)
or
Recent bank statement (dated within last 6 months and where account holder’s name is visible) showing at least 3 payments in a row, where it is clear that the payment is for fire and contents insurance.

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E. Childcare
Q. What do you need to provide?
A. Evidence of your expenses for childcare costs. This needs to be a letter, dated and signed within the last 3 months from your childcare provider detailing weekly or monthly cost.
or
If your child is covered under the National Childcare Scheme, please provide confirmation from your childcare provider of the amount you pay after the childcare subsidy has been deducted.

Childcare costs will only be considered if you and your spouse or partner (if applicable) are both working.

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<th>Payment frequency</th>
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</table>
F. Travel to work costs
Q. What do you need to provide?
A. Evidence of your expenses you have for travel to work (if any). A copy of your Vehicle Registration Certificate or public transport tickets. Please confirm address of employment and distance travelled each week in kilometers.

<table>
<thead>
<tr>
<th>Address of employment</th>
<th>Transport used, for example car, bus or train</th>
<th>If you use a car, fill in the distance you travel in kilometers each week</th>
<th>If you get public transport, fill in the weekly costs</th>
<th>Evidence enclosed</th>
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<tbody>
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<td>Applicant</td>
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<td>Spouse or partner</td>
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G. Maintenance costs (if relevant)
Q. What do you need to provide?
A. Evidence of maintenance payment being paid by you and or your spouse or partner.

Evidence we accept includes one of the following:
1) Current court order or maintenance agreement. If the maintenance agreement is older than 12 months, you must also send us evidence of the amount being paid, for example a bank statement dated within last 3 months.

or
2) Signed letter from the person who receives the maintenance detailing the payment amount and frequency. This letter must also be dated within the last 3 months.

or
3) Recent bank statement (dated within last 3 months and where account holder’s name is visible) showing 3 or more payments of maintenance being paid for at least 3 months, where it is clear that the income is a maintenance payment.

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<th>Amount</th>
<th>Payment frequency</th>
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H. Nursing home costs
Q. What do you need to provide?
A. Evidence of the cost of what you pay for you and/or your partner’s or spouse’s private nursing home care. This can be a letter from your nursing home detailing the cost of nursing home fees. or Evidence of the cost of private nursing home care and confirmation of you and/or your partner’s or spouse’s contribution towards the Fair Deal Scheme. This evidence could be a letter from the nursing home detailing cost and a letter from HSE outlining Fair Deal contribution.

<table>
<thead>
<tr>
<th>Name and address of the nursing home</th>
<th>Amount you pay</th>
<th>Payment frequency</th>
<th>Evidence enclosed</th>
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<td>Spouse or partner</td>
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I. Medical expenses
Q. What do you need to provide?
A. Please give details of your illness or illnesses, and their costs. Please provide evidence of these costs (bills, invoices and receipts)

<table>
<thead>
<tr>
<th>Details of illness</th>
<th>Expense costs in the last 12 months</th>
<th>Evidence enclosed</th>
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Other relevant medical information which you feel may help with your application:
Part 7 – Doctor of Choice / Doctor’s acceptance
Ask your doctor and your spouse’s or partner’s doctor to complete the relevant information in this part of the form.
Important: if you or your spouse or partner can’t get a GP to accept you as a patient, you must send us the names of 3 GPs whom you have asked to accept you (and or spouse or partner and dependants if applicable) onto their panel of patients. Use a separate sheet of paper for this.

I agree to provide medical services to this applicant and their dependants, if any.

Doctor’s name:  

Doctor’s practice address:  

Will your dependants (if you have any) attend this doctor?  

Yes  No  

I agree to provide General Medical Services to the above named (and or their dependants). This is in line with my agreement with the HSE to provide services under Section 58 of the Health Act 1970 and Health Amendment Act 2005.

Signature of doctor:  

General Medical Services stamp here:  

GMS no.  

Date:  

If your spouse or partner requires a different doctor of choice, please have their GP complete Part 8A.

7A. Spouse’s or partner’s doctor of choice and their doctor’s acceptance
Ask your spouse’s or partner’s doctor to complete the relevant information in this part of the form.

Doctor’s name:  

Doctor’s practice address:  

Will your dependants (if you have any) attend this doctor?  

Yes  No  

I agree to provide General Medical Services to the above named (and or their dependants). This is in line with my agreement with the HSE to provide services under Section 58 of the Health Act 1970 and Health Amendment Act 2005.

Signature of doctor:  

General Medical Services stamp here:  

GMS no.  

Date:  

March 2022
Part 8: Data Protection Notice

The HSE will treat all personal 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(s). This record will contain the relevant personal information you or your spouse/partner (if relevant) have supplied.

This record will be used and retained by the HSE, for the purposes of processing your Medical/GP Visit Card application. The HSE may also use details you provided to contact you or your spouse/partner (if relevant) in relation to eligibility under the Scheme, and/or in relation to services received based on eligibility awarded. 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.

The HSE’s privacy statement is available to use at www.hse.ie.

PCRS is the Primary Care Reimbursement Service.

Remember to send your completed and signed form, along with photocopies of evidences needed to:

National Medical Card Unit
PO Box 11745
Dublin 11

Did you know that instead of posting your application and supporting documentation, you can email this to us at PCRS.Applications@hse.ie

You can take photographs or scans of each page of your application and these can be then emailed to us. Can you please ensure the following:

1. The photo or scan is not blurry
2. The full page is captured with all figures/details visible
3. Email the supporting documentation to PCRS.Applications@hse.ie

We look forward to processing your application as quickly as we can.