



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# 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:  
Post: **Eligibility Unit, PO Box 11745, Finglas, Dublin 11**  
Email: **pcrs.applications@hse.ie**

## 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 **0818 224 478** 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 €550 a week if you are single, or
- not more than €1,050 a week for a couple.

See next page for definition of '**gross income**'.

You qualify for a **GP Visit Card**, without an income test if you are aged 70 years or older.

## 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 more information on the specific compensation or redress awards covered by this section, please visit [www.medicalcard.ie](http://www.medicalcard.ie) or phone us on **0818 224 478**.

### 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 €1,050 or less a week. If you are aged 70 or older, you will qualify for a **GP Visit Card**.

### 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 0818 224 478 or see our website [www.medicalcard.ie](http://www.medicalcard.ie) for further details.

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 **0818 224 478** or see our website [www.medicalcard.ie](http://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](http://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**

First name(s):

Surname:

Date of birth:

Birth surname: (If different)

PPS number:

Gender: Male  Female

Address:

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

Daytime phone:

E-mail address:

Country of birth:

How long have you lived in Ireland?

Are you ordinarily resident in Ireland? (See page 1 for definition of what 'ordinarily resident' means.) Yes  No

Do you live alone? Yes  No

If 'No', who do you live with?

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

If: Widowed/Surviving Partner, date spouse or partner died

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:

Birth surname: (If different)

PPS number:

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

## Part 3 – Details of income

### A. Your income details

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	€			<b>(1)</b> Latest Notice of Assessment from Revenue Commissioners <b>or</b> <b>(2)</b> Latest Notice of Self-Assessment <b>and</b> a copy of your latest Tax Return as acknowledged by Revenue Commissioners.
Social security payments from another EU state  <b>Please put the name of the EU state here:</b>	€			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	€			<b>(1)</b> Latest Notice of Assessment from Revenue Commissioners <b>or</b> <b>(2)</b> Latest Notice of Self-Assessment <b>and</b> a copy of your latest Tax Return as acknowledged by Revenue Commissioners.
Social security payments from another EU state  <b>Please put the name of the EU state here:</b>	€			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

### 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?

Yes  No

If 'No', go to Part D 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 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?

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 cost 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 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 aspect 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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## Part 4A – Nominated contact person (advocate)

You may nominate a designated contact person.

Nominated contact person's name: 


Telephone no. 

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Relationship to applicant: 

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Nominated contact person's address:


**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 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
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 Address of witness: 


**Part 5 – Doctor of choice**

Doctor's name: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table>  Will your dependants (if you have any) attend this doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Doctor's practice address: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> 
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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.

Signature of doctor:  <hr style="border: 0.5px solid black; margin-top: 20px;"/> GMS no. <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>  Date: <table border="1" style="display: inline-table; width: 250px; height: 20px; vertical-align: middle; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	GMS STAMP HERE:      
D	D	M	M	Y	Y	Y	Y		

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

**Part 6 – Spouse's or partner's doctor of choice**

Doctor's name: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table>  Will your dependants (if you have any) attend this doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Doctor's practice address: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table> 
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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.

Signature of doctor:  <hr style="border: 0.5px solid black; margin-top: 20px;"/> GMS no. <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>  Date: <table border="1" style="display: inline-table; width: 250px; height: 20px; vertical-align: middle; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	GMS STAMP HERE:      
D	D	M	M	Y	Y	Y	Y		

**Complete Checklist on next page.**

## Checklist

- 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 this form, please phone **0818 224 478** or call to your **Local Health Office**.

Please send your completed form and photocopies of the documents we ask for to:

**Eligibility Unit**  
**PO Box 11745**  
**Finglas**  
**Dublin 11.**

or email: **[pcrs.applications@hse.ie](mailto:pcrs.applications@hse.ie)**

### 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.