




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. Did you know the quickest way to apply for either a Medical Card or GP Visit Card is online? Apply at [www.mymedicalcard.ie](http://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 nine 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: Applying as a non-EU/EAA or Swiss national  
Part 6: Income details  
Part 7: Family expenses  
Part 8: Doctor of choice / doctor's acceptance of you or your partner or family  
Part 9: 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. 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 9 about your Data Protection rights.
- Step 6. Send the completed application form and copies of all the documents we ask for to: National Medical Card Unit, PO Box 11745, Dublin 11. Or, if you wish to complete this form online, please go to [www.mymedicalcard.ie](http://www.mymedicalcard.ie) 

## 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](http://www.medicalcard.ie), email [clientregistration@hse.ie](mailto:clientregistration@hse.ie) or Lo-call 0818 224 478.

## 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 224 478 or visit [www.hse.ie](http://www.hse.ie) to download the Irish version.

Más mian leat foirm iarratais a chomhlánú i nGaeilge agus gach comhfhreagras i nGaeilge a fháil, déan teagmháil le Lo-Call 0818 224 478 chun iarratas a dhéanamh nó téigh chuig [www.hse.ie](http://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
- maintenance costs
- mortgage protection
- house insurance
- nursing home
- childcare
- travel costs

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](http://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.

## **Q9. How do I apply for a Medical Card if I am a non-EU/EEA or a Swiss national?**

To apply for a Medical Card if you are non-EU/EEA or Swiss national, we need to establish your current immigration status to determine if you are eligible for state funded benefits. You will need to give us a photocopy of:

- your Irish Residence Permit (IRP) with current permission stamp number

**and**

- the identification page and landing stamp page from your passport

## 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.

	Signature: 	Date:	D	D	M	M	Y	Y	Y	Y

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):	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>	Daytime phone:	<input type="text"/>
	<input type="text"/>	Relationship to applicant:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

**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.**

**FOR OFFICIAL USE ONLY**

Application No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Part 2 – Personal details

First name(s):

PPS number:  (Personal Public Service number)

Date of birth:

Surname:

Birth surname:  (If different)

Gender: Male  Female

Address:

Eircode:

Nationality:

Mobile phone:  -  (We may text about this application if mobile number is provided.)

Daytime phone:

Email address:

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:

Relationship to you:

Gender: Male  Female

In 2nd level education  or 3rd level education

Receiving a 3rd level education grant: Yes  No

First name(s):

Surname:

PPS number:

Date of birth:

Relationship to you:

Gender: Male  Female

In 2nd level education  or 3rd level education

Receiving a 3rd level education grant: Yes  No

First name(s):

Surname:

PPS number:

Date of birth:

Relationship to you:

Gender: Male  Female

In 2nd level education  or 3rd level education

Receiving a 3rd level education grant: Yes  No

First name(s):

Surname:

PPS number:

Date of birth:

Relationship to you:

Gender: Male  Female

In 2nd level education  or 3rd level education

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.

	EU/EEA or Switzerland	UK	Evidence enclosed
<b>Applicant</b>	E106 or S1 form <input type="checkbox"/>	Recent payslip <input type="checkbox"/>	<input type="checkbox"/>
	E109 or S1 form <input type="checkbox"/>		
<b>Spouse or partner</b>	E106 or S1 form <input type="checkbox"/>	Recent payslip <input type="checkbox"/>	<input type="checkbox"/>
	E109 or S1 form <input type="checkbox"/>		

### 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.

	EU/EEA or Switzerland	UK	Evidence enclosed
<b>Applicant</b>	E121 or S1 form <input type="checkbox"/>	Department of Works and Pension (DWP) Letter <input type="checkbox"/>	<input type="checkbox"/>
<b>Spouse or partner</b>	E109 or S1 form <input type="checkbox"/>	Department of Works and Pension (DWP) Letter <input type="checkbox"/>	<input type="checkbox"/>

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 – Are you applying as a non-EU/EEA or Swiss national?

Only fill in this section if you are a non-EU/EEA or Swiss national, please read pages 3 and 4 for help and information.

**Q. What do you need to provide if you are applying as a non-EU/EEA or Swiss national?**

**A.** If you live in the Republic of Ireland as a non-EU/EEA or Swiss national, you will need to provide us with a photocopy of each of the following:

- your Irish Residence Permit (IRP) with current permission stamp number  
**and**
- the identification page and landing stamp page from your passport

	Irish Residence Permit (IRP) Permission Stamp Number (0-6)	Evidence enclosed
<b>Applicant</b>	IRP Stamp number <input type="text"/>	<input type="checkbox"/>
<b>Spouse or partner</b>	IRP Stamp number <input type="text"/>	<input type="checkbox"/>

## Part 6 – 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).

	Amount	Payment frequency			Name of payment	Evidence enclosed
		Weekly	Fortnightly	Monthly		
<b>Applicant</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Spouse or partner</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## 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.

	Wage (After tax, PRSI and USC deducted)	Payment frequency			Employer name	Evidence enclosed
		Weekly	Fortnightly	Monthly		
<b>Applicant</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Spouse or partner</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## 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).

	Scheme type	Start date				Expected finish date				Evidence enclosed								
<b>Applicant</b>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/>
	Scheme type	Start date				Expected finish date				Evidence enclosed								
<b>Spouse or partner</b>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/>

**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 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

	Amount	Type of employment	Evidence enclosed
<b>Applicant</b>	€		<input type="checkbox"/>
<b>Spouse or partner</b>	€		<input type="checkbox"/>

**E. A social security pension from another state**

**Q. What do you and 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.

	Amount	Payment frequency			Country that pays this pension	Evidence enclosed
		Weekly	Fortnightly	Monthly		
<b>Applicant</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Spouse or partner</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**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.

	Amount (After tax, PRSI and USC deducted)	Payment frequency			Pension provider	Evidence enclosed
		Weekly	Fortnightly	Monthly		
<b>Applicant</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Spouse or partner</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**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

	Amount	Payment frequency			Source of income	Evidence enclosed
		Weekly	Fortnightly	Monthly		
<b>Applicant</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Spouse or partner</b>	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## 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.

Current value of savings and shares invested or held in savings	Name and address of financial institution where invested or deposited	Type of savings or investments	Evidence enclosed
€			<input type="checkbox"/>
€			<input type="checkbox"/>
€			<input type="checkbox"/>
€			<input type="checkbox"/>
€			<input type="checkbox"/>
€			<input type="checkbox"/>

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.

Full address of property and land	Details of land and property (for example, number of bedrooms, number of acres or if it a commercial unit mention this)	Yearly income or value of property or land	Yearly costs (for example, outstanding mortgage)	Evidence enclosed
		€	€	<input type="checkbox"/>
		€	€	<input type="checkbox"/>
		€	€	<input type="checkbox"/>
		€	€	<input type="checkbox"/>
		€	€	<input type="checkbox"/>

### 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).

	Amount	Payment frequency			Source of income	Evidence enclosed
		Weekly	Fortnightly	Monthly		
Applicant	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Spouse or partner	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## Part 7 – 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.

Amount	Payment frequency			Evidence enclosed
	Weekly	Fortnightly	Monthly	
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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.

Amount	Payment frequency			Evidence enclosed
	Weekly	Fortnightly	Monthly	
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 holders name is visible) showing at least 3 payments in a row, where it is clear that the payment is for mortgage protection.

Amount	Payment frequency			Evidence enclosed
	Weekly	Fortnightly	Monthly	
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

Amount	Payment frequency			Evidence enclosed
	Weekly	Fortnightly	Monthly	
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

Amount	Payment frequency			Evidence enclosed
	Weekly	Fortnightly	Monthly	
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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.

	Address of employment	Transport used, for example car, bus or train	If you use a car, fill in the distance you travel in kilometers each week	If you get public transport, fill in the weekly costs	Evidence enclosed
<b>Applicant</b>					<input type="checkbox"/>
<b>Spouse or partner</b>					<input type="checkbox"/>

**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.

Amount	Payment frequency			Evidence enclosed
	Weekly	Fortnightly	Monthly	
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

	Name and address of the nursing home	Amount you pay	Payment frequency			Evidence enclosed
			Weekly	Fortnightly	Monthly	
<b>Applicant</b>		€	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Spouse or partner</b>		€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)

Details of illness	Expense costs in the last 12 months	Evidence enclosed
	€	<input type="checkbox"/>

**Other relevant medical information which you feel may help with your application:**

## Part 8 – 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: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </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="width: 100%; height: 40px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																																								
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**If your spouse or partner requires a different doctor of choice, please have their GP complete Part 8A.**

## 8A. 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: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </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="width: 100%; height: 40px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																																								
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D	D	M	M	Y	Y	Y	Y																																																						

## Part 9: 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](http://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**

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