

# Medical Card Application Form - Over 70 Years of Age

Form MC1a

**Please read the Information Notes at the end of this Application Form**

OFFICE USE ONLY

Date Received: ..... Card No.....

## Part 1 - Applicants Details - Please use BLOCK CAPITALS

|                 |   |  |
|-----------------|---|--|
| Surname:        | <input type="text"/>  | Are you ordinarily resident in Ireland: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| First Name(s):  | <input type="text"/>  | Address:   |
| Date of Birth:  | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |  |
| Daytime Phone:  | <input type="text"/>  |  |
| Gender:         | Male: <input type="checkbox"/> Female: <input type="checkbox"/>   |  |
| PPS Number:     | <input type="text"/>  | Town:  |
| E-mail Address: | <input type="text"/>  | County:  |
| Birth Surname:  | <input type="text"/>  | Mother's birth surname:  |

|                    |                              |                             |                               |
|--------------------|------------------------------|-----------------------------|-------------------------------|
| Do you live alone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'No' who do you live with? |
|--------------------|------------------------------|-----------------------------|-------------------------------|

|  |
|--|
| Are you:   |
| Married: <input type="checkbox"/> Cohabiting: <input type="checkbox"/> Single: <input type="checkbox"/> Widowed: <input type="checkbox"/> Separated: <input type="checkbox"/> Divorced: <input type="checkbox"/> |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you hold or have you ever held a Medical Card?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes', which Medical Card office issued the card? |                              |                             |
| Card Number:   |                              |                             |

## Part 2 - Details of your spouse/partner

|                |   |
|----------------|---|
| First Name(s): | Surname:  |
| Date of Birth: | Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
| PPS Number:    | <input type="text"/>  |
| Birth Surname: | Mother's birth surname:   |

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**Part 3 - Details of Income**

**A.** What is your **weekly** income and that of your spouse/partner from all sources. (Please attach documentary evidence of all income). Income should be given as gross income **PER WEEK**

| Source   | Applicant Amount | Type of Payment             | Spouse/Partner | Type of Payment             |
|--|------------------|-----------------------------|----------------|-----------------------------|
| Social Welfare Payments / Pensions                 | €                |                             | €              |                             |
| Social Security Payments from An EU State          | €                | Issued from which EU State: | €              | Issued from which EU State: |
| Wages (Gross, i.e. before any deductions)          | €                |                             | €              |                             |
| Self Employment                                    | €                |                             | €              |                             |
| Other (e.g. Private Pension, maintenance payments) | €                |                             | €              |                             |

**B.** Have you or your Spouse/Partner investments in stocks, shares or deposits with Bank/Building Societies or other Financial Institutions? Yes  No

If 'Yes', please provide detail and evidence of investments

| Amount(s) Invested € | Where Invested |
|----------------------|----------------|
|                      |                |

**C.** Do you or your Spouse/Partner own any property (including land not personally Used) **other than** the house you occupy? Yes  No

If 'Yes', please provide details and the annual income received from the property:

|  |  |
|--|--|
|  |  |
|  |  |

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### Part 4 - Doctor of Choice

|   |  |                   |
|---|--|-------------------|
| Doctor's Name   |  | Practice Address: |
| Miles from your home to Doctor's main Centre of practice: |  |                   |

### Part 5 - Declaration and Consent

(a) To process your application, the HSE may seek access to Social Welfare data to confirm details of you and your dependants, if any. The HSE may also seek access to Social Welfare financial details relevant to this application and further reviews. Your signature below shows that you consent to this access.

(b) A person who knowingly makes a false statement, fails to disclose any material fact or produces a false document as part of this application is liable to a fine and/or imprisonment under Section 75 of the Health Act 1970 as amended by the Health (Amendment) Act 2005.

(c) A person who fails to notify the Health Service Executive of a change in circumstances which would affect their eligibility for a Medical Card is liable to a fine under Section 49 of the Health Act 1970 as amended by the Health (Amendment) Act 2005.

I hereby apply for a medical card for myself and my dependants as listed. I have read the above notes and I declare that the information given by me on this form is to the best of my knowledge and belief correct. I agree to immediately report to the HSE any changes which may effect my eligibility for health services and that of my dependants.

Signature of Applicant:

\_\_\_\_\_

Dated: \_\_\_\_\_

### Part 6 - Doctor's Acceptance

I agree to provide Medical Services to this applicant and their dependants.

Signature of Doctor:

\_\_\_\_\_

Dated: \_\_\_\_\_

GMS STAMP HERE:

\_\_\_\_\_

## Medical Card - O/70's **Form MC1a**

### Checklist - Have you:

- Completed all relevant parts and signed the form?
- Provided proof of PPS Number for you and your Spouse/Partner?
- Provided proof of all income and assets declared in Part 3?
- Provided the relevant E Form if you are claiming under EU regulations?
- Read and signed Part 5
- Part 6 signed and stamped by your selected Family Doctor?

## Medical Card Application Form - Over 70's Information Notes

**Please read these information notes carefully before filling in the application form.**

You can then detach this page and return the application form to: HSE, Primary Care Reimbursement Service, Exit 5 - M50, North Road, Finglas, Dublin 11.

If you need help to complete your application please call or visit your Local Health Office or Health Centre, or contact the HSE infoline on 1850 24 1850.

**Who can apply for a Medical Card?**

Anyone who is ordinarily resident in Ireland can apply for a Medical Card, families, single people, even those working full or part-time. Ordinarily resident means that you have been living here for at least one year or you intend to live here for at least one year.

**Who should fill in this form?**

This form should only be used by people aged 70 years of age or older applying for a medical card.

**What section of this form do I have to fill in?**

The application form is divided into six Parts, you should fill in all of the parts that apply to you, and have your Doctor of choice complete Part 6.

**How do I qualify for a Medical Card?**

If you are aged 70 years or over and your gross income is below €700 a week (for a single person), or below €1,400 a week (for a couple), you are entitled to a Medical Card.

**What do you mean by 'Gross Income'?**

Gross income is any income you receive, e.g.: Pensions (social welfare, occupational or private), Employment – fulltime/part time, self employment, directorship, Investments or savings, Rental income on properties. In essence, gross income is income before tax or other deductions.

In regard to rental income, this is the rent received, less necessary expenditure associated with the rental of a property.

**What do I need to include with my application form?**

To support your application, you must provide the HSE with photocopies of documentary evidence of the information you provide to us:

- PPS Number (e.g. P60, P45, payslip, copy of social welfare book )
- Total Household Income (e.g. Payslip, social welfare book, notice of assessment)
- If you are claiming under E.U. regulations, please enclose the relevant E Form for the other European State.

**What about someone who is under 70 now and married to someone over 70?**

If one member of a couple is aged 70 or over, they will both qualify for a Medical Card if their combined income does not exceed €1,400 a week. The Medical Card will cover the dependants of a person aged 70 and over, i.e. spouse (U/70 or O/70) and child dependants.

**What if my income is above the income limits?**

If your income is in excess of the single €700 gross income limits or the couple €1,400 gross income limits, you are not entitled to an over 70 Medical Card. However, if you have high medical expenses, you can have your income and outgoings assessed under the general Medical Card scheme, where all your circumstances will be considered in order to determine if you have entitlement to a Medical Card or GP Visit Card.

If you know that your gross income is above the income limits and you wish to apply for a general Medical Card if your health circumstances cause you undue financial hardship, you should fill out a full application form (Form MC1).

If you need advice or assistance please contact your local health office or call the HSE Infoline: Callsave 1850 24 1850.

**Does my Doctor have to sign the form?**

A Family Doctor or GP must sign Part 6 of this form, agreeing to provide medical services to you and your dependant/s. Contact your selected local GP's surgery and ask the doctor to sign your application form. A list of GP's is available from your Local Health Office.

**I have moved house, do I need to apply for a new card?**

If you move house you do not need to apply for a new Medical Card. You should make contact with the HSE Primary Care Reimbursement Service, where your records will be updated and you will be advised of the GP's practicing in your new area of residence.

**I have filled in the form, what do I do next?**

When the form has been fully completed, read and sign Part 5 and look over the final checklist.

**Completed forms should be sent to:**

**HSE, Primary Care Reimbursement Service,  
Exit 5 M50,  
North Road,  
Finglas,  
Dublin 11.**

**How can I make sure my application is dealt with quickly?**

To avoid delay in your application, please check you have filled in all parts of the form that apply to you, and that you have included all the documents requested. The HSE will contact you if further information is required.