



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Medical Card/G.P. Visit Card National Assessment Guidelines

2009

Contents

<u>1</u>	<u>PREFACE</u>	<u>4</u>
<u>2</u>	<u>INTRODUCTION</u>	<u>5</u>
2.1	MEDICAL CARD	5
2.2	GP VISIT CARD	6
2.3	WHO IS ENTITLED TO A MEDICAL CARD?	6
2.4	WHO IS ENTITLED TO A GP VISIT CARD?	8
2.5	WHO DECIDES ON AN APPLICANT'S ELIGIBILITY?	9
<u>3</u>	<u>INCOME GUIDELINES AND ADDITIONAL ALLOWANCES.</u>	<u>9</u>
3.1	INCOME GUIDELINES	9
3.1.1	DEPENDENTS	9
3.2	ADDITIONAL ALLOWANCES	9
3.2.1	RENT / MORTGAGE REPAYMENTS	9
3.2.2	CHILDCARE COSTS	9
3.2.3	TRAVEL TO WORK COSTS	9
<u>4</u>	<u>ELIGIBILITY ASSESSMENT</u>	<u>9</u>
4.1	ASSESSABLE INCOME- GENERAL	9
4.1.1	SAVINGS/INVESTMENTS	9
4.1.2	PROPERTY (OTHER THAN FAMILY HOME)	9
4.1.3	ASSESSMENT OF CAPITAL VALUE	9
4.2	NON ASSESSABLE INCOME- GENERAL	9
4.3	EMPLOYED PERSONS	9
4.4	SELF EMPLOYED	9
4.5	SOCIAL WELFARE INCOMES	9
4.6	ASSESSMENT OF APPLICANTS - 16 TO 25 YEARS	9
4.6.1	FINANCIALLY INDEPENDENT	9
4.7	INCOMES IN EXCESS OF MEDICAL CARD / GP VISIT CARD GUIDELINES	9
4.7.1	UNDUE HARDSHIP/ UNDULY BURDENSOME	9
4.7.2	ASSESSMENT PROCESS AND DISCRETION	9
4.7.3	RELEVANT FACTORS IN ASSESSING HARDSHIP	9
4.7.4	REVIEW DATES FOR DISCRETIONARY CARDS	9
<u>5</u>	<u>RETENTION OF MEDICAL CARDS ON TAKING UP EMPLOYMENT OR PARTICIPATING ON GOVERNMENT INCENTIVE SCHEMES</u>	<u>9</u>
5.1	FULL OR PART TIME EMPLOYMENT	9
5.2	GOVERNMENT SCHEMES	9
<u>6</u>	<u>EUROPEAN UNION (EU) PROVISIONS</u>	<u>9</u>

6.1	INTRODUCTION	9
6.2	GENERAL	9
6.2.1	EU REGULATION 1408/71	9
6.2.2	E- FORM	9
6.2.3	SUBJECT TO IRISH SOCIAL SECURITY LEGISLATION	9
6.2.4	COUNTRIES COVERED	9
6.3	CATEGORIES OF BENEFICIARIES	9
6.3.1	EMPLOYED/SELF-EMPLOYED PERSONS	9
6.3.1.1	Frontier workers and their dependants	9
6.3.1.2	Posted workers and their dependants	9
6.3.2	PENSIONERS AND THEIR DEPENDANTS	9
6.3.3	DEPENDANTS RESIDING IN IRELAND OF PERSONS EMPLOYED OR SELF-EMPLOYED IN ANOTHER EU MEMBER STATE AND RESIDING ELSEWHERE	9
6.3.4	TEMPORARY VISITORS	9
7	<u>LONG STAY/RESIDENTIAL CARE</u>	9
7.1	NURSING HOMES	9
7.2	LONG STAY HOSPITAL PATIENTS	9
7.3	RESIDENTIAL CENTRES – PATIENTS	9
7.4	RESIDENTIAL CENTRES – CHILDREN	9
7.5	FOSTER CARE	9
8	<u>APPEALS</u>	9
	<u>APPENDIX I: OMBUDSMAN’S GUIDE TO STANDARDS OF BEST PRACTICE FOR PUBLIC SERVANTS</u>	9
	<u>APPENDIX II FINANCIAL GUIDELINES FOR MEDICAL CARD INCOME LIMITS FOR OVER 70S FROM 01/2009</u>	9
	<u>APPENDIX III: EU ELIGIBILITY CASE STUDIES AND EFORMS (106, 109 & 121)</u>	9
	<u>APPENDIX IV: GUIDELINES ON “ORDINARILY RESIDENT” CONDITIONS FOR ELIGIBILITY FOR HEALTH SERVICES</u>	9
	<u>APPENDIX V: LEGISLATION AFFECTING MEDICAL CARDS, G.P. VISIT CARDS AND HEALTH SERVICES</u>	9
	<u>APPENDIX VI: HEALTH SERVICES (NO. 3) REGULATIONS, 1983 – S.I NO. 381 OF 1983 (PEOPLE AGED 16-25 YEARS)</u>	9
	<u>APPENDIX VII: SAMPLE NOTICE OF ASSESSMENT (SELF EMPLOYED)</u>	9
	<u>APPENDIX VIII COHABITATION</u>	9

1 Preface

Under the HSE's Transformation Programme we are committed to focusing on continuous quality improvement and ensuring a consistent approach to service delivery which includes facilitating and supporting access to services when a person needs them.

A key access point to our services is through the Medical Card and GP Visit Card Schemes. It is a statutory function of the HSE to decide on the entitlement to these schemes and the HSE wants to ensure that every person who is entitled to these schemes are given the opportunity to avail of their entitlement.

These updated assessment guidelines have been produced to provide a clear framework to assist our decision makers in making reasonable, consistent and equitable decisions when assessing persons who are applying for these schemes. These guidelines will also facilitate with the application of discretion by decision makers in responding to the needs of the applicant when additional and/or exceptional circumstances exist.

I am confident that these updated guidelines will provide our staff with the necessary knowledge and decision support required to maintain and also improve the current determining of eligibility for the Medical Card and GP Visit Card Schemes.

Laverne McGuinness.
National Director – PCCC Service.

2 Introduction

2.1 Medical Card

A **Medical Card**, as issued by the Health Service Executive, confirms that the holder is entitled, free of charge, to a range of Health Services which includes:

- General Medical & Surgical Services including all inpatient services and outpatient services in a public ward in a public hospital (including consultant services).
- Medical & Midwifery Care for Mothers and Infants.
- A choice of General Medical Practitioner from those doctors who have a contract with the Health Service Executive.
- Supply of prescribed approved medicines and appliances.
- Dental, Ophthalmic, and Aural services.
- A Maternity Cash Grant for each child born.

Additional benefits of having a Medical Card may include:

- Exemption from Health Contributions (managed by the Department of Social & Family Affairs).
- Exemption from Income levy 2009 (managed by the Revenue Commissioners).
- Free transport to school for children who reside 3 miles or more from the nearest school (managed by the Department of Education and Science).
- Exemption from exam fees in second level schools. (managed by the Department of Education and Science)
- Assistance with the purchase of school books. (This is subject to local arrangements in schools)

2.2 GP Visit Card

A **GP Visit Card** is confirmation that the HSE will provide free access to GP Services only to individuals and families. A person qualifies in much the same way as for a Medical Card except that the Income Guidelines are currently 50% higher.

2.3 Who is entitled to a Medical Card?

Entitlement to a Medical Card is governed by primary legislation (See Appendix. V). In assessing eligibility for a Medical Card the HSE will have due regard for the legislation, regulations and relevant circulars from the Dept of Health and Children which are reflected in these guidelines.

Any person who is considered by the Health Service Executive to be "ordinarily resident" in the State is entitled to have their eligibility for Medical Card considered. (See Appendix V for definition of ordinary resident).

There are three (3) main categories of people entitled to a Medical Card:

1. Applicants (and their dependants) whose assessable income comes within the relevant Income Guidelines set out in Appendix II.
2. Applicants (and their dependants) whose assessable income is in excess of the Income Guidelines but where the HSE considers that to refuse a Medical Card would cause undue hardship.(See Section 3.10).
3. The following applicants are exempt from a means test : -

- *Persons with EU entitlement.*

Under EU Regulation 1408/71 persons moving from one Member State to another Member State within the European Union “retain the rights and advantages acquired” through social insurance contribution made in their home country and this includes access to health services.

This is dealt with in detail in Section 5 of this document.

- *Persons with retention entitlement under Government Schemes.*

In certain circumstances persons who have been in receipt of Social Welfare payments for specified times and who return to work or avail of Government approved schemes are allowed retain their Medical Card for specified periods. (this is dealt with in detail in Section 7).

- *Persons affected by the drug Thalidomide.*

People who have been affected by the drug Thalidomide are eligible for a Medical Card regardless of their level of income/means.

- *Persons affected by Symphysiotomy.*

Survivors of Symphysiotomy are eligible for a Medical Card regardless of their level of income/means.

Note regarding entitlement for persons over 70 years and over:

From 1.1.2009 a separate scheme exists for the assessment of eligibility for persons aged 70 years and over to a Medical Card .In this regard legislation (The Health Bill 2008) has been enacted and new guidelines (Medical Card National Assessment Guidelines for persons aged 70 years and over) have been drafted to assist staff.

If an applicant does not qualify under the over 70s scheme s/he may request that their eligibility be assessed for a Medical Card / GP Visit Card be assessed under, the general scheme.

Please note: that Persons who contracted Hepatitis C/HIV from the use of Human Immunoglobulin-anti D blood products qualify for a Health Amendment Act Card that entitles them to the following services, free of charge:

- General practitioner services.
- Prescribed drugs and medicines and medical and surgical aids and appliances.
- Home nursing and home help services.
- Dental, ophthalmic and aural services and appliances.
- Physiotherapy services.
- Counselling services for both sufferer and family and
- Such other services as may be prescribed by the Minister for Health.

2.4 Who is entitled to a GP Visit Card?

Entitlement to a GP Visit Card is governed by primary legislation (See Appendix. V). In assessing eligibility for a GP Visit Card the HSE will have due regard for the legislation, regulations and relevant circulars from the Dept of Health and Children which are reflected in these guidelines.

A person will qualify for a GP Visit Card if his/her assessed means are within the GP Visit Card Income Guidelines set out in Appendix II and if s/he satisfies the criteria for being 'ordinarily resident' in the State.

Where the assessed means of the applicant are in excess of the GP Visit Card Income Guidelines, the HSE will issue a GP Visit Card where it is satisfied it would be unduly burdensome to arrange GP Services for him/herself and his/her dependents.

2.5 Who decides on an applicant's eligibility?

The Health Service Executive is responsible for determining an applicant's eligibility but in practice the function is delegated to decision makers working within Primary, Community and Continuing Care services.

Note regarding entitlement for persons over 70 years and over:

Applications by persons 70 Years and over are assessed and have their eligibility determined by Primary Care Re-imbursement Service (PCRS).

3 Income guidelines and additional allowances.

3.1 Income Guidelines

The Health Service Executive issues Income Guidelines to assist in determining entitlement to Medical Cards/GP Visit Cards and in that context National Income Guidelines are issued to assist staff in making decisions. In revising the Income Guidelines, the Health Service Executive has regard to government policy as outlined by the Minister for Health & Children, increases in the Consumer Price Index and to other issues which may be relevant. (The Income Guidelines, from January 2006 are set out in Appendix II.)

The assessment of eligibility for Medical Cards and GP Visit Cards is based on the combined income of an applicant and spouse after Tax, PRSI and Income Levy contributions have been deducted (See Section 3.1.1 for definition of spouse).

Please note – The Pension Levy is not deductible from gross income for assessment purposes.

Where a person's assessable income is within the relevant Income Guidelines a Medical Card/GP Visit Card will be granted. The associated decision making process is set out in Section 3.10.

Where applicants incomes are in excess of the Income Guidelines, all social and medical issues will be taken into account in determining whether or not ‘undue hardship’ exists or whether it would be “unduly burdensome” for the applicants to provide general practitioner medical and surgical services for themselves and their dependants (These terms are explained in Section 3.10.)

3.1.1 Dependents

Definition of a “spouse”

- a) each person of a married couple who are living together or
- b) a man and a woman who not married to each other but who are co habiting as man and wife (guidelines to assist staff on establishing co-habitation are set out in Appendix 8)

Definition of a “child.”.

The word "child" means a person who is less than sixteen years of age

3.2 Additional Allowances

The Income Guidelines include basic weekly allowances having regard to the applicant’s age, status and number of dependants. Additional allowances are available for necessary expenses incurred in respect of the following:

- Rent/Mortgage payments.
- Childcare costs.
- Travel to work costs.

3.2.1 Rent / Mortgage Repayments

Rent Costs

Outgoings in respect of rent costs are allowable provided that the rent paid is consistent with the market rent appropriate to the area and generally the accommodation is appropriate to the needs of applicant/ families.

Contributions towards household expenses by a family member residing in the family home are not considered to be Rent and are not allowable.

Mortgage Costs

Outgoings in respect of Mortgage Costs are allowable. Loans have to be for the purchase, essential repair or necessary improvement of the main residence or in paying off another loan used for such purpose.

The assessment should allow the full weekly/monthly mortgage payment secured against the principal family home and the following outgoings:

- Mortgage protection premia.
- Life Assurance premia in relation to mortgage protection.
- Fire and contents insurance premia.
- Loan repayments associated with home improvements/repairs

Evidence of payment of all of the above outgoings must be provided by the applicant to have them taken into the means assessment. Documentary evidence from the mortgage provider as to the purpose of the mortgage/loan may be requested from the applicant from time to time.

If a Mortgage/Loan is in respect of 2nd house, holiday home abroad etc., then this should be allowed as set out above but the value of the property must be assessed under “Property (other than family home)” Section 3.6 of this document.

3.2.2 Childcare Costs

Outgoings in respect of Childcare costs are allowable provided that the costs are necessarily incurred in taking up/continuing employment, education or training and in providing family supports.

A decision to allow childcare costs as an outgoing should only be taken after sufficient and reasoned assessment of all the circumstances of the case. The assessment should ensure that the costs claimed are reasonable, are being incurred and appropriate documentary evidence should be provided.

In deciding reasonable costs cognisance should be taken of local prevailing rates as set out in each LHO area. Due consideration should be given to the family size, age of the child and the type of care required e.g. full day care, sessional care etc.

Please Note: The Early Childcare Supplement is to be disregarded in the Medical Card assessment process.

3.2.3 Travel to work costs

Outgoings in respect of travel costs to and from work are allowable. The full cost of public transport is allowed for travel to/from work. Where public transport is not available or suitable and a car is required reasonable travel costs will be allowed as set out hereunder:

- 18c per km/30c per mile to cover running costs.
- Weekly amount of €50 to cover standing charges (depreciation and running costs). (Confirmation of ownership of the car is necessary to avail of the €50 to cover standing charges e.g. Registration Certificate issued by the Revenue Commissioners).
- It should be noted that car pooling arrangements and any contribution towards costs should be taken into account.
- In the case of a couple where they require two cars to travel to work and meet the above requirements a double allowance should apply.
- The rate per km/mile does not contain any element towards parking costs and where they are an issue they should be included on an actual cost basis.

When considering the above due regard should be taken of the following:

- The distance between the person's residence and work address.

- The contribution towards shared travel arrangements [contributions towards shared travel shall be allowed in full].
- No of days worked per week.
- Is the car owned by applicant or a company car?

4 Eligibility Assessment

4.1 Assessable Income- General

Income from all sources, with the exception of those set out in Section 4.2 (non Assessable Income) arising within the state or otherwise is assessable, including, but not limited to the following:

1. Income from an employment/self employment, trade, profession or vocation.
2. Income from savings and similar investments above specified limits (4.11 below).
3. Payments in respect of Maintenance received.
4. Rental income whether arising in the State or otherwise.
5. Income from holding of an office or directorship e.g. member of a Board for which he/she receives a payment other than expenses.
6. Income from fees, commissions.
7. Payments under a settlement, covenant or from an estate.
8. Income from royalties and annuities.

The assessment is based on the Gross Income, less Income Tax, PRSI Contributions and the Income levy, of the applicant and spouse. The resulting income is then compared to the appropriate Medical Card/ GP Visit Card Income Guidelines for the particular family size.

When carrying out a means assessment the decision maker will assess the persons current average weekly earnings usually evidenced by way of current payslip/current income

statement. However, if the person's current income does not reflect his/her general financial position going forward, the HSE will work out an appropriate average income which will reflect the persons circumstances.

4.1.1 Savings/Investments

Savings or similar investments of €36,000 for a single person and €72,000 for a couple are disregarded.

- The first €36,000 of savings will be disregarded for a single person and for a couple €72,000 will be disregarded.
- The next €10,000 @ one (1) Euro per week per €1,000.
- The next €10,000 @ two (2) Euro per week per €1,000.

Savings in excess of the above @ four (4) Euro per week per €1,000

- Alternatively where the applicant wishes s/he can have the actual rate applied if s/he provides a certificate of interest paid on savings in the last full calendar year and the HSE will apply this method of assessment. .
- In respect of fixed term or long term savings products that apply the interest after a fixed number of years, the HSE can take account of the interest earned in the year of maturity of the investment. Alternatively the HSE, if the client so wishes can apply the notional rate to determine the income.

Please note:

- **that any calculation of interest must be inclusive of Deposit Interest Retention Tax (DIRT).**
- **the disregard figure should only apply once where both Savings and Property are being assessed.**

Please note the following savings/investments are not assessable and shall be disregarded:

- Compensation awards to persons who have contracted Hepatitis C or HIV from contaminated blood products, together with subsequent income from the investment of that money.
- Compensation awards by way of the Residential Institutions Redress Board established under section 3 of the Residential Institutions Redress Act, 2002 (No. 13 of 2002).
- Prescribed repayments made under Section 8 of the Health (Repayment Scheme) Act 2006 made:
 - o to a living person.
 - o to the spouse or former spouse of a living or deceased relevant person.
 - o directly to a living child of a relevant person by virtue of Section 9 (8).
- Ex- gratia payments approved by the Lourdes Hospital Redress Board under the terms of the Lourdes Hospital Redress Scheme 2007.

4.1.2 Property (other than family home)

Where land/buildings are leased to another person, the income to be assessed will be the gross income, less any cost necessarily incurred associated with the property and such cost may include insurance premiums, loan/mortgage repayments, maintenance etc.

Where land/buildings, which are not being used but are capable of being leased or sold then the following assessment options can be used, with the more beneficial option applying to the applicant:

- Notional assessment of the rental/lease “going rate” for the area.
- Assessment of capital value as set out below.

4.1.3 Assessment of Capital Value

The verified capital value of the property less any outstanding mortgage is assessed using the following formula:

- The first €36,000 of the property valuation will be disregarded for a single person and for a couple €72,000 will be disregarded.
- The next €10,000 @ one (1) Euro per week per €1,000.
- The next €10,000 @ two (2) Euro per week per €1,000.
- Property in excess of the above @ four (4) Euro per week per €1,000.

Please Note: the disregard figure should only apply once where both Savings and Property are both being assessed.

4.2 Non Assessable Income- General

There are a number of incomes sources which are disregarded in assessing income:

- Foster Care Allowance
- Mobility Allowance
- Blind Welfare Allowance
- Supplementary Welfare Allowance - Supplements
- Family Income Supplement
- Child Benefit
- Carers Allowance
- Third Level Educational Maintenance Grants
- Rehabilitation Maintenance Allowance
- Earnings from employment of a Rehabilitative Nature. (up to €120.00 p/w)
- Free Fuel Allowance from DSFA
- Domiciliary Care Allowance.
- Island Allowance
- Living Alone Allowance payable by DSFA
- Over 80 Allowance payable by DSFA
- Early Childcare Supplement.
- Guardian Payments e.g. orphans pensions

4.3 Employed Persons

The assessable income of an employed person is taken as the average weekly gross earnings less “employee” PRSI Contributions, Income Tax payable and the Income Levy.

Please note – the Pension Levy is not deductible from gross income for assessment purposes.

The documentation necessary to support the application and provide evidence of income is a current pay slip and a P60 if considered necessary. In arriving at an assessable income the HSE may average income over a number of weeks by using a combination of pay slip and P60.

4.4 Self Employed

Assessable Income:

The assessable income of a self-employed person is determined as the average weekly Gross Income less Trade Capital Allowances. From this figure PRSI Contributions, Income Tax payable and the Income Levy are deducted .

Documentation:

The documentation necessary to support the application and provide evidence of income is the Notice of Assessment and the Revenue Commissioners Form 11. Self-employed persons are obliged to have Revenue Form 11 completed and submitted to Revenue before the Inspector of Taxes will issue a Notice of Assessment.

Form 11:

Form 11 must be completed in respect of self-employed persons when making their statutory return of income to the Revenue Commissioners. It provides details of income which a self employed person may have including income from sources that are exempt for tax purposes and which will not be shown on the Notice of Assessment e.g. profits from woodlands, profits from stallion fees etc. (Refer to page 8 of Form 11). Such exempted incomes will need to be added back to the total figure in panel 1 of the Notice of Assessment. Page 4 of Form 11 will also provide a breakdown of the capital allowances claimed in Panel 2 of the Notice of Assessment.

In certain cases where a person is deemed to have a very low income, the Revenue Commissioners may determine that it is not necessary for that person to make a return of income for a set period of years. In such cases, the Revenue Commissioners issue a “Non Liable Notification Letter” advising the applicant of this. For Medical Card / GP Visit Card assessment purposes applicants should provide a copy of this letter on request.

Assessment Using “Notice of Assessment”:

Assessable income for Medical Card / GP Visit Card purposes, when extracted from a “Notice of Assessment of Income”, will be construed as the excess of the total of Panel 1 over the sum of Trade Capital Allowances (identified from panel 2), Income Tax Payable and Panel 6 and 7. (See sample Notice of Assessment in Appendix VII).

Example:

Total Panel 1	€1,264.00 (a)
Less	
1) Trade Capital Allowances (Panel 2)	€3,732.00 (b)
2) Income Tax Payable	€1,504.20 (c)
3) PRSI and Health Contributions (Panel 6 and 7)	€1,376.60 (d)
4) Income Levy (@ 2%)	€ 625.20
Total Deductions	<u>€7,238.00</u>
Assessable Income	€24,026.00
Weekly Assessable Income	€ 462.04

Notes re: Notice of Assessment:

Emoluments Spouse

Where a self-employed person's spouse is in PAYE employment the figure in respect of such income, as shown in Panel 1 of the Notice of Assessment i.e. "Emoluments Spouse" may need to be adjusted using a current pay slip where there is a major change in spouse's income. In this situation, the spouse's income as shown on the Notice of Assessment will need to be substituted by the new income as shown on the up to date pay slip. Income Tax, PRSI, Income Levy and Pension Levy (if relevant) adjustment will also need to be made.

Savings/Investments:

Where Panel 1 of the Notice of Assessment includes an income figure from savings, these savings should be assessed according to the standard formula for assessment (See Section 4.1.2) and the income from savings as shown on Panel 1 of the Notice of Assessment should not be taken into account.

Trade Capital Allowance:

Trade capital allowances take account of the 'wear and tear' on plant machinery, motor vehicles, tractors etc associated with the trade or profession. Page 4 & 5 of Form 11 will give a breakdown of the capital allowances claimed.

Assessment using a set of Accounts:

In the event of the Notice of Assessment not having issued income details may need to be extracted from the most recent set of trading accounts and agreed with the HSE. Income, when taken from a set of trading accounts, will be construed as the adjusted net profit. The applicant's accountant will be able to supply the adjusted profit computation, and details of the person's Tax and PRSI and Income Levy liability.

Drawings should not be used when determining a person's income from self-employment as using the drawings figure would either understate (if less than the net profit) or overstate (if greater than net profit), the actual income.

In exceptional cases, where the Notice of Assessment, Form 11 or a set of trading accounts are not available or where a “Non Liable Notification Letter” has issued a reasoned estimate of income, based upon the facts and explanations presented to it, must be agreed with the HSE.

4.5 Social Welfare Incomes

Social welfare payments (other than disregarded payments) are assessable when means testing a person’s eligibility for these schemes. These payments can be verified using the Department of Social and Family Affairs computer systems (INFOSYS/ISTS).

The following points in relation to Social Welfare Payments should be noted:

- Applicants whose weekly incomes are derived solely from Social Welfare allowances/ benefits or Health Service Executive allowances, which are in excess of the Income Guidelines (either at first application or on renewal), should be granted a Medical Card.
- In the interest of equity it may be appropriate to average the value of Social Welfare Payments that are paid seasonally or those which vary in value on a weekly basis.
- Social Welfare Payments being paid at a rate less than the maximum weekly rate may be indicative of other incomes/means.
- Recipients of social welfare contributory benefits or pensions may have other incomes.

4.6 Assessment of Applicants - 16 to 25 Years

Persons aged 16 – 25 years, including students, who are eligible for Medical Cards/GP Visit Cards are:

- Persons who are dependant on Medical Card/GP Visit Card holders.
- Financially Independent persons with means are within the Medical Card/GP Visit Card guidelines. (see section 3.9.1.)
- Cases of undue hardship or where it would be unduly burdensome to provide General Practitioner or medical and surgical services.

Persons aged 16 – 25 years, including students, who are ineligible for Medical Cards/GP Visit Cards are:

- Persons who are dependents of persons who are not Medical holders/GP Visit Cards holders, and
- Independent persons whose income does not fall within the Medical Card/GP Visit Card guidelines.

4.6.1 Financially Independent

Applicants aged 16 – 25 years, including students, who are deemed to be financially independent are:

- **Persons who are in receipt of income equivalent to or greater than the current rate of Supplementary Welfare Allowance (SWA).**

Financial independence may be achieved through student loans, education grants, employment, self-employment, part-time employment, savings, or social welfare payments. Rent Supplement payments are not included in establishing financial independence.

Please note:

- In assessing financial independence, if the income of an applicant aged 16 to 25 years is equal to the current rate of SWA which may be in excess of the Income Guidelines (either at first application or on renewal), then such applicants will be deemed eligible for a Medical Card.
- Student Loans and Education Grant will be included in determining financial independence but must not be assessed in the means test.(In determining the weekly value of both the Grant and Loan is calculated by dividing the yearly sum by the equivalent number of weeks in the academic year. i.e. 36 weeks.
Education Grant currently €3,420 per year ÷ 36 weeks.
Student Loan: Amount of loan ÷ duration ÷ 36 weeks.)

Eligible persons who are students, will have the choice of holding their Medical Card/ GP Visit Card in the area in which they attend College or in their home area.

The normal rules for attending the ‘choice of doctor’ and of access to other ‘doctors with contracts’ will apply.

Please Note: See Appendix VI for relevant legislation and policy statement.

4.7 Incomes in Excess of Medical Card / GP Visit Card Guidelines

4.7.1 Undue Hardship/ Unduly Burdensome

In assessing if a person qualifies under these schemes the HSE must have regard to a persons overall financial situation and not just their income. If a person, applying for a Medical Card, has an income in excess of the relevant guidelines, the HSE must consider if refusing eligibility would result in *undue hardship* to that person and his/her dependents. Similarly, if a person applying for a GP Visit Card has an income in excess of the relevant guidelines, the HSE must consider if refusing eligibility would result in it being *unduly burdensome* to that person to provide GP services for him/herself and his/her dependents. The HSE has discretion when deciding to grant a Medical Card or a GP Visit Card to a person whose income is in excess of the relevant guidelines.

4.7.2 Assessment Process and Discretion

Where the HSE invokes this discretion they must do so in a consistent manner and are cognisant of the potential range of circumstances that might prevail in individual cases. The following guidelines have been developed to ensure that fairness and equity is applied to all applicants under these schemes

If a person's means are in excess of the relevant income guidelines then a decision must be taken to grant or refuse either a Medical Card or GP Visit Card. In this context the issues taken into account are additional and exceptional circumstances as outlined below. The process involved in deciding eligibility is as follows:

1. If the applicant's means is in excess of the Medical Card income guidelines the deciding officer must consider whether to refuse would cause undue hardship.
2. If after such consideration the applicant fails to qualify for a Medical Card the deciding officer must consider the applicant for a GP Visit Card.

3. If the applicant's means is in excess of the GP Visit Card guidelines the deciding officer must consider whether it would be unduly burdensome for the applicant to provide for GP Services for him/her self from his/her own resources.

4.7.3 Relevant Factors in Assessing Hardship

The exercise of discretion by the HSE, in favour of the applicant, should be considered where meeting the costs of services covered by a Medical Card or a GP Visit Card compromises the applicant's or his/her family's ability to meet the essential costs associated with:

- **maintenance of employment**
- **provision of reasonable housing**
- **provision of appropriate nurturing and care for children or dependants**
- **provision of adequate heating, nutrition and clothing, or**
- **coping with exceptional personal and financial burdens arising from medical or social circumstances.**

The decision makers must act in a reasonable fashion, and take into account only bona fide and relevant considerations.

A decision should only be taken after a sufficient and reasoned assessment of all the circumstances of an individual case to include the nature and extent of personal, medical or social circumstances of the applicant and/or his/her family. A Medical Card/GP Visit Card should be issued, if, having had due regard to all the relevant circumstances, it is considered that “**undue hardship**” would occur or that it would be “**unduly burdensome**” for that person to provide GP, medical or surgical services for him/herself and/or family. Where a Medical Card/GPVC has been granted to an applicant to prevent undue hardship/burden a decision will need to be taken as to whether hardship/burden is confined to an individual or child or whether, eligibility should be extended to all dependents of that person. If in the assessment it is obvious that the predominant costs factor for the applicant is the cost associated with GP visits, the case may be dealt with by granting a GP Visit Card.

A number of issues, such as the following, shall be taken into account in making a decision:

- Illness or medical circumstances which results in financial hardship.
- The cost of providing general medical and surgical services.
- The cost associated with the provision of medical, nursing and dental treatment.
- The cost of physiotherapy and speech and language therapy.
- Transport cost to hospitals and clinics.
- Addictions such as drink, drugs and gambling.
- Poor money management.
- Social deprivation – including poor home management.
- The cost of medical aids and appliances.

The decision makers may seek advice from other sources which may include:

- The Applicant's Doctor(s).
- The HSE's Medical Officers.
- The Public Health Nurse.
- The Community Welfare Officer.
- Social Worker.
- The Therapy Services.
- Money Advice and Budgeting Service (MABS).

Please Note: The decision maker must get the prior expressed approval of the applicant before any of the above persons are contacted.

When all of the factors pertinent to a case are taken into account, a decision to grant or refuse a Medical Card or a GP Visit Card is made.

By following the approach provided for in these guidelines, the HSE will ensure that the system is adequate enough to respond to the variety of circumstances and complexities faced by individuals.

4.7.4 Review Dates for Discretionary Cards

In setting review dates for cards issued in accordance with the above guidelines the decision maker should reflect sensitivity to the needs and condition(s) of the individual. To avoid anxiety for the individual consideration should be given to extending review frequencies to the maximum allowed.

Desk top reviews without the individual/family having to present, should be considered.

5 Retention of Medical Cards on taking up Employment or participating on Government Incentive Schemes

In support of Government policy in promoting employment/training, the retention of medical cards (without a means test) is approved for people as indicated below:-

Applicants returning to work or involved in Government approved/sponsored incentive schemes will continue to retain entitlement to Medical Cards provided that they are:

- Persons moving to full or part time employment.
- Persons participating in Government approved/sponsored schemes.

5.1 Full or Part time Employment

Applicants in receipt of the following allowances/benefits, for a period of 12 months or more are entitled to retain their Medical Card for 3 years on taking up employment:

- Job Seekers Allowance. (formerly Unemployment Assistance. UA).
- Job Seekers Benefit. (formerly Unemployment Benefit. UB).
- One Parent Family Payment.
- Illness Benefits. (formerly Disability Benefit. DB).
- Invalidity Pension

- Disability Allowance.
- Blind Pension.
- Employment Incentive Schemes or Educational Opportunity Schemes.

When a person who has been unemployed for a minimum of 12 months or more takes up **full time employment**, s/he will retain their Medical Card for a period of three years from the date on which the employment commenced.

When a person is unemployed for a period of 12 months or more takes up **part-time employment**, s/he will retain their Medical Card for a period of three years from the date his/her income exceeds the relevant Medical Card Guideline.

A person, who did not hold a Medical Card prior to commencing employment, but would have qualified if they had applied, should on application be granted a Medical Card, for the remainder of the three year period.

Adult and Child dependants of a person covered by the retention will also be granted a Medical Card.

If the **spouse/ partner** of a person who has been granted retention takes up employment during the retention period, this will not affect the three year retention period i.e. all family members continue to retain entitlement for this period.

Where a person who has been granted retention for the three years and that person continues in employment then eligibility will be assessed using the normal criterion.

In the event of the spouse/ partner subsequently taking up employment, having been in receipt of a qualifying payment, s/he and child dependants will retain eligibility for a 3 year period from commencement of employment. The original qualifying spouse/partner entitlement will be assessed in the normal way if still in employment.

5.2 Government Schemes

Persons participating on the following Government Schemes will **retain** their entitlement to a Medical Card for the duration of the scheme:

- Back to Work Allowance.
- Back to Work Enterprise Allowance.
- Back to Education Allowance.
- Revenue Job Assist.
- Community Employment.
- VTOS.
- Job Initiative.
- Rural Social Scheme.
- Education, Training and Development Option.
- Community Services Programme.
- Part-time Job Incentive.
- Part-time Education Option.
- FAS – (Non apprenticeship courses).
- Youthreach.
- Local Employment Services Courses.
- Failte and Teagasc Courses.
- Wage Subsidy Scheme.

A person, who did not hold a Medical Card prior to commencing scheme but would have qualified if they had applied, should on application be granted a Medical Card, for the remainder of the scheme.

Adult and Child dependants of person covered by the retention will also be granted a Medical Card.

If the **spouse/ partner** of a person who has been granted retention takes up employment during the retention period, this will not affect the retention period i.e. all family members continue to retain entitlement for duration of scheme.

In the event of the spouse subsequently taking up employment/commencing scheme, having been in receipt of a qualifying payment s/he and child dependants will retain eligibility for either a further three year period or duration of scheme. The original qualifying spouse/partners entitlement will be assessed in the normal way following the completion of their scheme.

A person may move from one scheme to another and will retain entitlement to a Medical Card as long as s/he remains on one of the schemes listed above.

6 European Union (EU) Provisions

6.1 Introduction

Persons who are entitled to healthcare in Ireland under Regulation (EC) 1408/71 have full eligibility and therefore receive a Medical Card as evidence of this or else be the holder of a European Health Insurance Card (EHIC) from their own member state.

On production of any of the forms listed below and issued by another EU /EEA Member state or Switzerland (see section 5.2.4.), the holder is deemed to be entitled to healthcare under the Regulation and therefore to have full eligibility provided s/he is not subject to Irish social security legislation¹. S/he therefore receives a Medical Card automatically. The key EU forms in use are:

¹ A person is considered subject to Irish social security legislation if s/he is in receipt of a contributory Irish social welfare payment or engaged in work in Ireland and subject to PRSI (in respect of a self-employed person, s/he is only subject to PRSI for earnings over €3,174).

- Form E106.
- Form E109.
- Form E121.

6.2 General

6.2.1 EU Regulation 1408/71

Each EU Member State is responsible for its own social security system and health service provision and decides which social security and healthcare benefits should be provided, the conditions of entitlement and the value of these benefits. EU Regulation 1408/71 sets out the principles under which EU-insured² persons are entitled to avail of social security entitlements, including healthcare, when they travel within the EU.

6.2.2 E- Form

EU-insured persons avail of healthcare either through the provision of a Medical Card in Ireland, on production of the appropriate E-form, or by way of a European Health Insurance Card (“EHIC”) issued by another Member State. Further details in relation to the main categories of entitled persons are set out below.

In order to obtain a Medical Card under EU legislation, the applicant must produce the appropriate E-form³ from their Competent State⁴. Certain parts of the E-form will also be required to be completed by the HSE, and when fully completed the relevant E-form will provide evidence of entitlement to a Medical Card. (It should be noted that Ireland has an agreement with the United Kingdom whereby E-Forms are not required when processing applications under EU Regulation 1408/71. UK-insured persons are usually requested to produce some other document as evidence of their entitlement to avail of healthcare in Ireland, and this is described in the individual sections later). Furthermore, persons who are entitled to healthcare in Ireland under EU legislation are entitled only to those

² An EU-insured person means, for the purposes of this document, a person who is insured with the social security legislation of another EU Member state.

³ An E-Form is confirmation from a Member State that the holder has healthcare entitlement for which that state is liable.

⁴ The state in which the person is insured for the purposes of social security, including healthcare, is known as the competent state. (See Article 1(q) and Article 1(o) Regulation 1408/71)

healthcare benefits that are provided for in Ireland, which may differ from the entitlements received in their home Member State.

6.2.3 Subject to Irish Social Security Legislation

It will not be necessary for the HSE in Ireland to investigate whether a person from another Member State claiming entitlement to healthcare in Ireland under EU legislation is “insured” under the social security legislation of their Competent State. It is up to the Competent State to confirm if the person is insured and their appropriate E-form is sufficient evidence of their entitlement to healthcare. However it must still be established if the person is subject to Irish social security legislation. A person is considered subject to Irish social security legislation if s/he is in receipt of a contributory Irish social welfare payment or engaged in work in Ireland and subject to PRSI (in respect of a self-employed person, s/he is only subject to PRSI for earnings over €3,174). . If so, the person will not qualify for a Medical Card under EU legislation, but may qualify for a means-tested Medical Card under national legislation.

6.2.4 Countries covered

Persons insured in any EU Member state, together with persons insured in any EEA Member state (Iceland, Norway or Liechtenstein) or in Switzerland are entitled to healthcare under EU legislation. The full list of states affected by these provisions is:

Austria	Belgium	Bulgaria
Cyprus (Southern)	Czech Republic	Denmark
Estonia	Finland	France
Germany	Greece	Hungary
Iceland	Ireland	Italy
Latvia	Liechtenstein	Lithuania
Luxembourg	Malta	Netherlands
Norway	Poland	Portugal
Romania	Slovakia	Slovenia
Spain	Sweden	Switzerland
UK including Gibraltar		

6.3 Categories of Beneficiaries

6.3.1 Employed/self-employed persons

Persons who are employed or self-employed in another EU Member state and thereby insured under that state's social security system and who are resident in Ireland and not subject to Irish social security legislation (see footnote, under 5.1) are entitled to a Medical Card.

The two main subcategories under this heading are

- Frontier workers.
- Posted workers.

6.3.1.1 Frontier workers and their dependants

EU Regulation 1408/71 makes specific provision for those workers who pursue their employment/self-employment in one Member state and reside in the territory of another member state to which they return daily or at least once a week.

Workers residing in Ireland but employed elsewhere within the EU and returning to Ireland at least once a week, are entitled to a Medical Card on production of the form E106 from the Competent State, unless they are subject to Irish social security legislation. It may also be necessary to provide evidence of residing in Ireland or proof that they are returning here at least once a week e.g. Airline tickets etc.

Their dependants residing with them are also entitled to a Medical Card on production of the form E106 provided that they are not themselves subject to the Irish social security system, or in the case of children, that the spouse or person looking after the children is not also subject to Irish social security legislation.

6.3.1.2 Posted workers and their dependants

EU Regulation 1408/71 makes provision for employees who are employed in one Member State but who are sent by their employer to another Member State for periods generally not exceeding one year and refers to them as “posted workers”. A posted worker continues to be subject to the legislation of the member state of his/her employer. When posted to Ireland, such employees are entitled to a Medical Card on production of the form E106 from the Competent State.

The dependants of the posted worker residing with him/her are also entitled to a Medical Card on production of the form E106 provided that they are not themselves subject to the Irish social security system, or in the case of children, that the spouse or person looking after the children is not also subject to Irish social security legislation.

E-forms for frontier and posted workers and their dependants

Frontier workers, posted workers and dependants of either category must produce a form E106 when applying for a Medical Card in Ireland. However, because of the bi-lateral agreement with the UK, no E-form is required and the applicant must provide proof of employment in the UK.

6.3.2 Pensioners and their dependants

EU pensioners resident in Ireland and who are in receipt of a qualifying pension as evidenced by form E121 are entitled to a Medical Card provided they are not subject to Irish social security legislation (see footnote, under 5.1).

Pensioners from the UK must provide proof that they are in receipt of a UK social security pension. (The UK social security pension is the only qualifying UK pension for entitlement under EU legislation).

Any additional income to the qualifying pension not subject to PRSI is not taken into account when determining entitlement to a Medical Card (e.g. Occupational Pension, Investment Income etc.)

Dependants resident in Ireland of pensioners with entitlement under EU legislation are entitled to a Medical Card on production of a form E121 provided they (the dependants) are not subject to Irish social security legislation.

E-forms for pensioners and their dependants

Pensioners and their dependants must produce a form E121 when applying for a Medical Card in Ireland. Pensioners from the UK must provide proof that they are in receipt of a UK social security pension (this is the only qualifying UK pension for entitlement under EU legislation).

6.3.3 Dependants residing in Ireland of persons employed or self-employed in another EU Member state and residing elsewhere

Dependants residing in Ireland of a person employed / self-employed in another member state and resident elsewhere are entitled to a Medical Card in Ireland on production of the form E109, provided that the spouse or person looking after the children is not subject to Irish social security legislation (see footnote, under 5.1).

E-forms for such dependants

Such dependants should produce the form E109 issued by the state of employment of the worker as evidence of their entitlement. If entitlement for the dependants is by virtue of employment/ self-employment of a person in the UK, evidence of same will have to be provided.

6.3.4 Temporary Visitors

EU-insured persons in Ireland on a temporary visit can obtain healthcare in Ireland by producing the European Health Insurance Card or the temporary replacement certificate, issued by the competent state, to the doctor or care provider. This includes students who would previously have been covered by form E128, now replaced by the EHIC. The EHIC covers only the person named and separate EHICs are issued for dependants. UK

insured persons on visits to Ireland are usually requested to produce some other documents as evidence of their entitlement to avail of health care in Ireland.

7 Long Stay/Residential Care

7.1 Nursing Homes

People who have full eligibility will be granted or retain their Medical Cards while they are patients in private nursing homes. The assessment process should take into consideration the full cost of Nursing Home care less any subvention paid.

7.2 Long Stay Hospital Patients

People who are receiving in-patient services may have their eligibility continued but fees/capitation payments to the chosen General Practitioner should be suspended, where medical and surgical services are being provided to patients within the hospital.

General Practitioners are not eligible to be paid fees or capitation allowances under **the choice of doctor scheme** in respect of those who are receiving inpatient services. A special code (904) is used to reclassify the Medical Card and to notify the **Primary Care Re-imburement Service** of the suspension of payments.

7.3 Residential Centres – Patients

The range of services available on site may vary from residential centre to residential centre. In this regard it is imperative that the Health Service Executive make arrangements to provide a comprehensive range of services to meet all patient needs. Particular attention may be needed for those resident on a five day week basis. Their needs at weekends may best be met through local arrangements.

7.4 Residential Centres – Children

Children in residential centres are provided with general practitioner medical and surgical services. The Health Service Executive may meet their responsibilities to provide

services through the choice of doctor scheme but other local arrangements may be more practical.

7.5 Foster Care

All children in foster care are provided with general practitioner medical and surgical services. Children who are fostered in accordance with the Boarding-Out Regulations are provided with individual Medical Cards.

8 Appeals

Applicants for a Medical Card/GP Visit Card should be advised in writing of the HSE decision.

Where it is decided to grant a GP Visit Card in lieu of a Medical Card a full explanation of the decision should be notified to the applicant.

In all cases a “Right of Appeal” notification should accompany each refusal decision.

Appendix I: Ombudsman's Guide to Standards of Best Practice for Public Servants

Dealing properly with “people” means dealing with them.

- Promptly and without undue delay
- Correctly, in accordance with the law or other rules governing their entitlements.
- Sensitively, by having regard to their age, to their capacity to understand often complex rules, to any disability they may have and their feelings, privacy and convenience:
- Helpfully, by simplifying procedures, forms and information on entitlements and services, maintaining proper records and providing clear and precise details on time limits or conditions which might result in disqualification.
- Responsibly, by not adopting an adversarial approach as a matter of course where there may be a fear of litigation.

Dealing “fairly” with people means: -

- Treating people in similar circumstances in like manner.
- Accepting that rules and regulations while important in ensuring fairness should not be applied so rigidly or inflexibly as to create inequity.
- Avoiding penalties which are out of proportion to what is necessary to ensure compliance with the rules:
- Being prepared to review rules and procedures and change them if necessary
- Giving adequate notice before changing rules in a way which adversely affects a persons entitlements
- Having an internal review system so that adverse decisions can be looked at again and reviewed by someone not involved in the first decision
- Informing people how they can appeal, co-operating fully in any such appeal and being open to proposals for redress.

Dealing “impartially” with people means:-

- Making decisions based on what is relevant in the rules and law and ignoring what is irrelevant
- Avoiding bias because of a person's colour, sex, marital status, ethnic origin, culture, language, religion, sexual orientation, attitude, reputation or because of why they are or who they know
- Ensuring where a service is based on a scheme of priorities, that the scheme is open and transparent
- Being careful that ones prejudices are not factors in a decision.

Appendix II Financial guidelines for Medical Card Income limits for over 70s from 01/2009

Medical Card Income limits for Applicants who are 70 years on or after 1/1/2009

		Medical Card Gross Weekly limit from 01/01/2009
Single Person	Aged 70 and over	€700.00
Married Couple	Aged 70 and over	€1,400.00

General Medical Card / GP Visit Card Guidelines (01/2009)

The Chief Executive Officer of the Health Service Executive has agreed the following Income Guidelines to assist staff in the assessment of eligibility for Medical Cards and GP Visit Cards

	Medical Card Weekly Rate (01/2009)	GP Visit Card Weekly Rate (01/2009)
Single Person Living Alone		
Aged up to 65 years	€184.00	€276.00
Aged 66 years and over	€201.50	€302.00
Single Person Living with Family		
Aged up to 65 years	€164.00	€246.00
Aged 66 and over	€173.50	€260.00
Married Couple / Single Parent Families with Dependent Children		
Aged up to 65 years	€266.50	€400.00
Aged 66 and over	€298.00	€447.00
Allowances		
Allowance for first 2 children under 16 financially dependant on applicant	€38.00	€57.00
For 3 rd and subsequent children under 16 financially dependant on applicant	€41.00	€61.50

Allowance for first 2 children over 16 years financially dependant on applicant	€39.00	€58.50
For 3 rd and subsequent children over 16 yrs financially dependant on applicant	€42.50	€64.00
For a dependant over 16 years who is in full time third level education and not grant aided	€78.00	€117.00

- **Additional guideline allowances will be given for:**
 - **Reasonable expenses incurred in respect of rent/mortgage payments**
 - **Reasonable expenses incurred in respect of childcare costs**
 - **Reasonable expenses incurred in travel to work**
- **The assessment of eligibility for Medical Cards and GP Visit Cards will be based on the combined income of the applicant and spouse (if any) after tax, PRSI and Income Levy have been deducted.**
- **Applicants, whose weekly incomes are derived solely from Social Welfare or Health Service Executive allowances/ payments, which are in excess of the Financial Guidelines (either at first application or on renewal), will be granted Medical Cards.**

Appendix III: EU Eligibility Case Studies and EForms (106, 109 & 121)

The following case studies are given as examples to assist staff in understanding the application of the principles underlying EU eligibility

Example 1:

Is a person aged 61 years who is in receipt of a social security pension of 1,000 per annum from the UK, a HSE pension of €40,000 per annum, and has savings of €200,000 entitled to a medical card under EU legislation?

Answer: Yes – because they have a social security pension from another EU Member state and their other incomes and savings do not include a contributory social security payment from the Department of Social and Family Affairs. Furthermore, their additional incomes are not liable for PRSI in Ireland.

Example 2

Is a person aged 61 years who is in receipt of a social security pension of £1,000 per annum from the UK, and who is employed by HSE @ €20,000 per annum entitled to an EU Medical Card under EU legislation?

Answer: No – because their earnings with HSE SE are subject to PRSI deductions. This person has no entitlement under EU legislation and will be subject to a means test under national legislation.

Example 3

Is a person aged 66 years who is in receipt of a social security pension of £10,000 per annum from the UK, and who is also in receipt of a contributory state pension from the Department of Social & Family Affairs entitled to an EU Medical Card under EU legislation?

Answer: No – because they are in receipt of an Irish contributory social welfare pension. This person has no entitlement under EU legislation and will be subject to a means test under national legislation.

Example 4

Is a person from the UK who is resident in Ireland and working for the HSE entitled to an EU Medical Card under EU legislation?

Answer: No – because their earnings with HSE are subject to a deduction in respect of PRSI. This person will be means tested.

Example 5

Is a person working in Ireland who has been posted to this country by their employer in France entitled to an EU Medical Card under EU legislation?

Answer: Yes – provided their earnings are subject to French social security legislation.

Example 6

Is a person age 62 years who is in receipt of a social security pension from the U.K. and has self employment income of €7,000 per annum in Ireland entitled to an EU Medical Card under E.U. legislation?

Answer: No – this person will be means tested because their income of €7,000 p.a. is subject to P.R.S.I.

Example 7

What is the eligibility of a couple resident in Ireland when one of the partner's only income is a social security pension from the U.K. and the other partner works for the HSE?

Answer: The person with the pension will be entitled to an EU medical card under EU legislation while the spouse/partner will be subject to a means test under national legislation.

Example 8

Is a person with a social security pension from the U.K. and another social security pension from France, and has no other income, entitled to an EU Medical Card under EU legislation?

Answer: Yes, because they are subject to the social security legislation of either the UK or France.

Example 9

Is a person age 66 who is in receipt of a social security pension of £6,000 from the UK, and who is also in receipt of reduced state pension non contributory from the Department of Social and Family Affairs entitled to Medical Card under EU regulations?

Answer: Yes, because their Irish pension is non contributory and is therefore not subject to Irish social security legislation , the UK is their competent state.

CERTIFICATE OF ENTITLEMENT TO SICKNESS AND MATERNITY INSURANCE BENEFITS IN KIND FOR PERSONS RESIDING IN A
COUNTRY OTHER THAN THE COMPETENT COUNTRY

Employed and self-employed persons and members of their families residing with them; members of the family of
unemployed persons

Regulation (EEC) No 1408/71: Article 19(1)(a); Article 19(2) and Article 25(3)(i)
Regulation (EEC) No 574/72: Article 17(1) and (4) and Article 27 (first sentence)

The competent institution should complete Part A of the form and send two copies to the insured person, or send them - where necessary through the liaison body - to the institution in the place of residence if the form is drawn up at that institution's request. As soon as it has received the two copies, the latter institution should complete Part B and return one copy to the competent institution.

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

A. Notification of entitlement

1.	Institution of the place of residence ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: your E 107 form of

2.	The insured person
2.1	Surname(s) ⁽³⁾ :
2.2	Forename(s) ⁽⁴⁾ : Date of birth:
2.3	Previous name(s):
2.4	Address in the country of residence:
2.5	Personal identification number:
2.6	The insured person <input type="checkbox"/> is an employed person
2.7	The insured person <input type="checkbox"/> is a self-employed person
2.8	The insured person <input type="checkbox"/> is a frontier worker (employed)
2.9	The insured person <input type="checkbox"/> is a frontier worker (self employed)
2.10	The insured person <input type="checkbox"/> is an unemployed worker

3.	Member of the family ⁽⁵⁾
3.1	Surname(s) ⁽³⁾ :
3.2	Forename(s) ⁽⁴⁾ : Date of birth:
3.3	Previous name(s):
3.4	Address in the country of residence:
3.5	Personal identification number:

- 4.1 ☐ The abovementioned insured person and the members of his family⁽⁶⁾ residing with him
- 4.2 ☐ The members of the family⁽⁶⁾ of the above unemployed person
5. are entitled to sickness and maternity insurance benefits in kind
as from

6.	The persons concerned will retain their entitlement	
6.1	<input type="checkbox"/> until this certificate is cancelled	
6.2	<input type="checkbox"/> for a period of one year from the date specified in point 5 (⁷)	
6.3	<input type="checkbox"/> until	inclusive (⁸)

7.	Competent institution for sickness and maternity insurance		
7.1	Name:		
7.2	Identification number of the institution:		
7.3	Address:		
7.4	Stamp	7.5	Date:
		7.6	Signature:

B. Notification of registration (⁹)

8.		
8.1	<input type="checkbox"/> The insured person named in box 2 and the members of his family	
8.2	<input type="checkbox"/> The members named in box 3 of the family of the unemployed person	
8.3	<input type="checkbox"/> were registered with us on	
8.4	<input type="checkbox"/> cannot be registered with us because	

9.					
9.1	Surname(s) (²)	Forename(s) (³)	Previous name(s)	Date of birth	Personal identification number
9.2	.....	.....	.....	.....	.....
9.3	.....	.....	.....	.....	.....
9.4	.....	.....	.....	.....	.....
9.5	.....	.....	.....	.....	.....
9.6	.....	.....	.....	.....	.....
9.7	.....	.....	.....	.....	.....
9.8	.....	.....	.....	.....	.....
9.9	.....	.....	.....	.....	.....

10.	Institution of the place of residence		
10.1	Name:		
10.2	Identification number of the institution:		
10.3	Address:		
10.4	Stamp	10.5	Date:
		10.6	Signature:

Information for the insured person

- (a) This form entitles you to receive sickness and maternity insurance benefits in kind for yourself and the members of your family. If you are unemployed, this form is not intended for you; it is intended solely for members of your family who reside in a Member State other than the one where you are insured.
- (b) The two copies of the form which are in your possession must be submitted as soon as possible to the sickness and maternity insurance institution in your place of residence. If you are unemployed, the form must be submitted by the members of your family to the sickness and maternity insurance institution in their place of residence.
- (c) The sickness and maternity insurance institutions are:
- in **Belgium**, the 'mutualité' (local sickness insurance fund) chosen
 - in the **Czech Republic**, 'Zdravotní pojišťovna', the health insurance fund in the place of residence
 - in **Denmark**, the municipal authority in the place of residence
 - in **Germany**, the 'Krankenkasse' (sickness insurance fund) chosen by the person concerned
 - in **Estonia**, 'Eesti Haigekassa' (Estonian Health Insurance Fund)
 - in **Greece**, normally the regional or local branch of the Social Insurance Institute (IKA). The branch office should issue the person concerned with a 'health book' without which no benefits in kind can be provided
 - in **Spain**, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) in the place of residence. If you require benefits you may apply to the medical and hospital service of the Spanish social security health system. You must submit the form together with a photocopy
 - in **France**, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund)
 - in **Ireland**, the local health office of the Health Service Executive
 - in **Italy**, normally the 'Unità sanitaria locale' (ASL, the local health administration unit) responsible for the area concerned. For mariners and for civilian aircrews, the 'Ministero della Sanità - Ufficio di sanità marittima o aerea' (Ministry of Health, area health office for the merchant navy or civil aviation)
 - in **Cyprus**, 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia). Upon application, the person concerned will be provided with a Cyprus medical card, without which no benefits in kind can be provided at the Government Medical Institutions
 - in **Latvia**, 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsary Insurance State Agency)
 - in **Lithuania**, the 'Teritorinė ligonių kasa' (Territorial Patient Fund), sickness and maternity institutions
 - in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers)
 - in **Hungary**, the competent 'Megyei Egészségbiztosítási Pénztár' (local health insurance office)
 - in **Malta**, the Entitlement Unit, Ministry of Health, 23, John Street, Valletta
 - in the **Netherlands**, any sickness fund competent for the place of residence
 - in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for the place of residence
 - in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence
 - in **Portugal**, for metropolitan Portugal: the 'Centro Distrital de Solidariedade e Segurança Social' (District Solidarity and Social Security Centre) in the place of residence; for Madeira: the 'Centro de Segurança Social da Madeira' (Social Security Centre of Madeira) in Funchal; for the Azores: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) in the place of residence
 - in **Slovenia**, the 'Zavod za zdravstveno zavarovanje Slovenije (ZZSZ)' (Health Insurance Institute of Slovenia)
 - in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice
 - in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution)
 - in **Sweden**, 'Försäkringskassan' (Local Social Insurance Office) in the place of residence
 - in the **United Kingdom**, the Department for Work and Pensions, the Pension Service, International Pension Centre, Tyneview Park, Newcastle-upon-Tyne, or for Northern Ireland the Department for Social Development, Overseas Benefits Branch, Block 2, Castle Buildings, Belfast, as appropriate
 - in **Iceland**, 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavik
 - in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz
 - in **Norway**, the 'lokale trygdekontor' (the local Insurance office) in the place of residence
 - in **Switzerland**, the 'Institution commune LAMal — Institutione commune LAMal — Gemeinsame Einrichtung KVG' (Joint Institution under the Federal Sickness Insurance Act), Solothurn.
- (d) This form is valid from the date indicated in item 5 and for the period indicated in box 6 by the square marked with a cross.
- (e) You or the members of your family must inform the insurance institution to which the form has been submitted of any change of circumstances which might affect the right to benefits in kind, such as termination or change of employment, change of your place of residence or stay or of that of a member of your family.

NOTES

- (¹) Symbol of the country to which the institution completing the form belongs: B = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Complete only if the form is drawn up at the request of the institution in the place of residence.
- (³) State surnames in civil status order.
- (⁴) State the forenames in civil status order.
- (⁵) Complete only if the form relates to members of the family of an unemployed person. Mention one member of the family only for registration, since the legislation of the country of residence determines which members of the family are entitled to benefit.
- (⁶) The legislation of the country of residence determines which members of the family are entitled to benefit.
- (⁷) If the form is issued by a German, French, Italian or Portuguese institution.
- (⁸) If the form is issued by a Greek, Hungarian or United Kingdom institution for employed persons or self-employed persons.
- (⁹) If this form is issued in renewal of a certificate previously provided, part B need not be completed.

CERTIFICATE FOR THE REGISTRATION OF MEMBERS OF AN INSURED PERSON'S FAMILY AND THE UPDATING OF LISTS

Regulation (EEC) No 1408/71: Article 19(2)

Regulation (EEC) No 574/74: Article 17(1), (2), (3) and (4) and Article 94(4)

The competent institution should complete part A of the form and issue two copies to the insured person or send them, where necessary through the liaison body, to the institution in the place of residence if the form has been drawn up at that institution's request. Where the members of the insured person's family are resident in the United Kingdom, the competent institution should send the two copies to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon-Tyne. On receipt of the two copies, the institution of the place of residence should complete part B and return one copy to the competent institution. Where the members of the family are resident in different countries, a separate certificate should be drawn up for each of these countries.

Please complete the form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

A. Notification of entitlement

1.	Institution in the place of residence ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: your E 107 form of

2.	The insured person
2.1	Surname(s) ⁽³⁾ :
2.2	Forename(s) ⁽⁴⁾ : Date of birth:
2.3	Previous name(s):
2.4	Address:
2.5	Personal identification number:
2.6	The insured person <input type="checkbox"/> is a self-employed worker

3.	Member of the family
3.1	Surname(s) ⁽³⁾ :
3.2	Forename(s) ⁽⁴⁾ : Date of birth:
3.3	Previous name(s):
3.4	Address:
3.5	Personal identification number:

4. The members of the family of the abovementioned insured person are entitled to sickness and maternity insurance benefits in kind unless
- ☐ they are already entitled to such benefits under the legislation of the country in which they reside⁽⁵⁾
- ☐ they are pursuing a professional activity or trade⁽⁶⁾
5. This entitlement begins on

6. and continues

6.1 ☐ until this certificate is cancelled6.2 ☐ for one year from the date specified in point 5⁽⁶⁾6.3 ☐ until the date on which the seasonal work is due to end, i.e.6.4 ☐ until (") inclusive.7. ☐ Please return the European Health Insurance Card of the in section 3 mentioned member of the family with number

..... and valid till

8. Competent institution

8.1 Name:

8.2 Identification number of the institution:

8.3 Address:

8.4 Stamp

8.5

Date:

8.6

Signature:

B. Notification of registration⁽⁷⁾9. ☐ ⁽⁹⁾

The following family members have not been registered:

	Surnames ⁽²⁾	Forenames ⁽⁴⁾	Date of birth	Personal identification number
9.1
9.2
9.3
9.4
9.5
9.6
9.7
9.8
9.9
9.10

Because

☐ They are not entitled to benefits☐ They are already entitled to benefits in kind☐ Other reasons10. ☐ ⁽⁸⁾

The following members of the family of the insured person named in box 2 have been registered:

	Surnames ⁽²⁾	Forenames ⁽⁴⁾	Date of birth	Personal identification number
10.1
10.2
10.3
10.4
10.5
10.6
10.7
10.8
10.9

10.10 The cost of these benefits is payable by you. The date from which the lump sum referred to in Article 94 of Regulation (EEC)

No 574/72 should be calculated is

11.	European Health Insurance Card	
11.1	<input type="checkbox"/> Please find attached the European Health Insurance Card with number: as requested in section 7	
11.2	<input type="checkbox"/> Please indicate the measures to be applied concerning the European Health Insurance card issued to the in section 3 mentioned member of the family with number: and valid till:	
12.	Institution in the place of residence	
12.1	Name:	
12.2	Identification number of the institution:	
12.3	Address:	
12.4	Stamp	12.5 Date:
		12.6 Signature:

Instructions for the insured person

- (a) This form enables the members of your family to receive benefits in kind in case of sickness or maternity in the country where they are resident and under the legislation of that country, unless they are already entitled to such benefits under that legislation.
- (b) As soon as you have received the two copies of the form, you should send them to the members of your family, who should submit them immediately to the sickness and maternity insurance institution in their place of residence, i.e.:

in Belgium, the 'mutualité' (local sickness insurance fund) of your choice;

in the Czech Republic, 'Zdravotní pojišťovna' (the health insurance fund) of your place of residence;

in Denmark, the municipal authority of the place of residence;

in Germany, the 'Krankenkasse' (sickness insurance fund) of your choice;

in Estonia, the 'Eesti Haigekassa' (Estonian Health Insurance Fund);

in Greece, normally the regional or local branch of the Social Insurance Institute (IKA), which will issue the person concerned with a 'health book' without which no benefits in kind can be provided;

in Spain, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);

in France, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);

in Ireland, the local health office of the Health Service Executive;

in Italy, normally the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;

in Cyprus, the 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia), the sickness and maternity institutions; Upon application, the person concerned will be provided with a Cyprus Medical Card, without which no benefits in kind can be provided at the Government Medical Institutions;

in Latvia, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);

in Lithuania, the 'Teritorinė ligonių kasa' (Territorial Patient Fund), sickness and maternity institutions;

in Luxembourg, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);

in Hungary, the competent 'Megyei Egészségbiztosítási Pénztár' (regional sickness insurance fund);

in Malta, the Entitlement Unit, Ministry of Health, 23 John Street, Valletta;

in the Netherlands, any sickness fund competent for the place of residence;

in Austria, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence;

in Poland, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence;

in Portugal, for metropolitan Portugal: the 'Centro Distrital de Solidariedade e Segurança Social' (Regional Centre for Solidarity and Social Security) of the place of residence; for Madeira: the 'Centro de Segurança Social da Madeira' (Madeira Social Security Centre), Funchal; for the Azores: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) of the place of residence;

in Slovenia, to the regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institution of Slovenia) competent for the place of residence;

in Slovakia, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice;

in Finland, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);

in Sweden, 'Försäkringskassan' (Local Social Insurance Office) at the place of residence;

in the United Kingdom, the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne or, for Northern Ireland, the Department for Social Development, Overseas Benefits Branch, Block 2, Castle Buildings, Belfast;

in Iceland, the 'Tryggingastofnun ríkisins' (the State Social Security Institute), Reykjavik;

in Liechtenstein, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in Norway, the 'lokale trygdekantor' (local insurance office) at the place of residence;

in Switzerland, the 'Institution commune LAMal — Istituto comune LAMal — Gemeinsame Einrichtung KVG' (Joint institution under the Federal Sickness Insurance Act), Solothurn.

- (c) This form is valid from the date indicated in section 5 and for the period indicated in section 6 by the box marked with a cross.
- (d) Both you and the members of your family are required to inform the institution of any change of circumstances which might affect the right to benefits in kind, such as termination or change of employment, or change in your or a family member's place of residence or stay.

NOTES

- (¹) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK= United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Complete only if the form is being drawn up at the request of the institution of the place of residence.
- (³) Give the full surname in the order of civil status.
- (⁴) Give the forenames in the order of civil status.
- (⁵) Put a cross in the box if the form is addressed to an Irish or United Kingdom institution.
- (⁶) If the form is issued by a German, French, Italian or Portuguese institution.
- (⁷) If the form is issued by a Greek, Hungarian or United Kingdom institution for employed or self-employed persons.
- (⁸) If this certificate is issued in renewal of a previously issued certificate which has expired, the institution of the place of residence need not complete part B.
- (⁹) Complete section 9 or 10 as applicable and put a cross in the corresponding box.

**CERTIFICATE FOR THE REGISTRATION OF PENSIONERS AND MEMBERS OF THEIR FAMILY
AND THE UPDATING OF LISTS**

Regulation (EEC) No 1408/71: Article 28(1)(a) and Article 29(1)(a)
Regulation (EEC) No 574/72: Article 29(1), (2) and (3); Article 30(1) and Article 95(4)

The institution which has to draw up the certificate in accordance with Article 29(2) or Article 30(1) of Regulation (EEC) No 574/72 should complete part A of the form and issue two copies to the pensioner or family member or send them to the institution in the place of residence if the form was requested by that institution. Where appropriate, both copies should first be sent to the institution which has to complete sections 6 and 7. On receipt of the two copies, the institution in the place of residence should complete part B and send one copy per pensioner or family member to the institution indicated in section 7.

Please complete the form in block letters, writing on the dotted lines only. The form consists of four pages.

A. Notification of entitlement

1.	Institution of the place of residence ⁽²⁾	
1.1	Name:	
1.2	Identification number of the institution:	
1.3	Address:	
1.4	Reference: your E 107 form of	
2.	Pensioner	
2.1	Surname(s) ⁽³⁾ :	Surname(s) at birth (if different):
2.2	Forename(s):	Date of birth:
2.3	Address in the country of residence:	
2.4	Date of transfer of residence:	
2.5	Personal identification number:	
2.6	The pensioner used to be	
	<input type="checkbox"/> an employed person	
	<input type="checkbox"/> a self-employed person	
	<input type="checkbox"/> a frontier worker (employed)	
	<input type="checkbox"/> a frontier worker (self employed)	
	<input type="checkbox"/> an unemployed worker	
3.	To be completed by the institution responsible for payment of the pension	
3.1	The person indicated above has been entitled to a pension for	
	<input type="checkbox"/> old age	<input type="checkbox"/> invalidity <input type="checkbox"/> survivor
	<input type="checkbox"/> accident at work	<input type="checkbox"/> occupational disease
3.2	since:	
4.	Institution which completed section 3 ⁽⁴⁾	
4.1	Name:	
4.2	Identification number of the institution:	
4.3	Address:	
4.4	Stamp	4.5 Date:
		4.6 Signature:

5.	Member of the pensioner's family	
5.1	Surname(s) ⁽¹⁾ :	Surname(s) at birth (if different) ⁽³⁾ :
5.2	Forename(s):	Date of birth:
5.3	Address in the country of residence:	
5.4	Personal identification number:	
5.5	Date of transfer of residence:	

6.	To be completed by the institution responsible for payment of the pension or by the sickness and maternity insurance institution in the country responsible for payment of the pension ⁽⁵⁾	
6.1	Identification number of the investigating institution:	
6.2	<input type="checkbox"/> The person indicated in section 2 <input type="checkbox"/> The person indicated in section 5	
6.3	is entitled to sickness and maternity insurance benefits in kind as from The cost of the benefits to be provided in the country of residence — unless the person resides in the competent country — will be borne by us.	
6.4	<input type="checkbox"/> from until the certificate is cancelled <input type="checkbox"/> for one year from ⁽⁴⁾	
6.6	<input type="checkbox"/> this certificate invalidates the E form dated	

7. ☐ Please return the European Health Insurance card of the in section 2 or 5 mentioned person with number and valid until

8.	Institution which completed section 6 ⁽⁴⁾	
8.1	Name:	
8.2	Identification number of the institution:	
8.3	Address:	
8.4	Stamp	8.5 Date:
		8.6 Signature:

B. Notification of registration or non-registration

9.	<input type="checkbox"/> ⁽¹⁾
9.1	<input type="checkbox"/> The person indicated in section 2 <input type="checkbox"/> The person indicated in section 5 could not be registered
9.2	<input type="checkbox"/> because he or she is already entitled to benefits in kind under the legislation of our country
9.3	<input type="checkbox"/> other reasons:

10.	<input type="checkbox"/> (7)	
10.1	<input type="checkbox"/> The person indicated in section 2 <input type="checkbox"/> The person indicated in section 5 has been registered	
10.2	<input type="checkbox"/> The cost of these benefits are to be borne by you; the date from which the lump sum provided for in Article 95 of Regulation (EEC) No 574/72 should be calculated is	
11.	European Health Insurance Card	
11.1	<input type="checkbox"/> Please find attached the European Health Insurance Card with number as requested in section 7	
11.2	<input type="checkbox"/> Please indicate the measures to be applied concerning the European Health Insurance card issued to the in section 2 or 5 mentioned person with number and valid until	
12.	Institution in the place of residence of the pensioner or family member	
12.1	Name:	
12.2	Identification number of the institution:	
12.3	Address:	
12.4	Stamp	12.5 Date:
		12.6 Signature:

Information for the pensioner or family member

You should send the two copies of this form to the following insurance institution as soon as possible:

in **Belgium**, the 'mutualité' (local sickness insurance fund) of your choice;

in the **Czech Republic**, the 'Zdravotní pojišťovna' (sickness insurance fund) of the place of residence;

in **Cyprus**, 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia). Upon application, the person concerned will be provided with a Cyprus Medical Card, without which no benefits in kind can be provided at the Government Medical Institutions;

in **Denmark**, the municipal authority of the place of residence;

in **Germany**, the 'Krankenkasse' (sickness insurance fund) of the place of residence;

in **Greece**, normally the regional or local branch of the Social Insurance Institute (IKA), which will issue the person concerned with a 'health book' without which no benefits in kind can be provided;

in **Spain**, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) at the place of residence;

in **Estonia**, the 'Eesti Haigekassa', (Health Insurance Fund);

in **France**, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);

in **Ireland**, the Health Board in whose area the benefit is claimed;

in **Italy**, the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;

in **Latvia**, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);

in **Lithuania**, the 'Teritorinė ligonių kasa' (Territorial Patient Fund);

in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);

in **Hungary**, the competent 'Megyei Egészségbiztosítási Pénztár' (regional sickness insurance fund);

in **Malta**, the Entitlement Unit, Ministry of Health, 23. St. John Street, Valetta;

in the **Netherlands**, any sickness fund competent for the place of residence;

in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence;

in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence;

in **Portugal**, for metropolitan Portugal: the 'Centro Distrital de Solidariedade e Segurança Social' (Regional Centre for Solidarity and Social Security) of the place of residence; for **Madeira**: the 'Centro de Segurança Social da Madeira' (Madeira Social Security Centre). Funchal: for the **Azores**: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) of the place of residence;

in **Slovenia**, the competent regional service of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Slovenian Sickness Insurance Institution) at the place of residence;

in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice;

in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);

in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of residence;

in **Iceland**, the 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavík;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekonto' (local insurance office) at the place of residence;

in **Switzerland**, the 'Institution commune LAMal — Istituto comune LAMal — Gemeinsame Einrichtung KVG' (Joint institution under the Federal Sickness Insurance Act), Solothurn.

NOTES

- (¹) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Complete only if the form is issued at the request of the institution in the place of residence. If the pensioner or family member is resident in the United Kingdom, both copies of the form should be sent directly to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne.
- (³) Give the full surname in the order of civil status.
- (⁴) In Hungary, this section must be filled in by the sickness and maternity insurance institution.
- (⁵) In Italy, sections 6 and 7 should be completed by the ASL or Ministry of Health.
- (⁶) If the form is issued by a German, French, Hungarian, Italian or Portuguese institution and concerns a family member.
- (⁷) Complete section 8 or 9 as appropriate, and put a cross in the corresponding box.

Appendix IV: Guidelines on “Ordinarily Resident” Conditions for Eligibility for Health Services

Department of Health
Hawkins House, Dublin 2

An Roinn Slainte
Teach Haicin, Baile Atha Cliath 2

TEL (01) 714711 EXTN
TELEX 33451
FAX 711947
REF.

7 July 1992

Circular 13 / 92

To: Chief Executive Officer of each Health Area/
Chief Executive Officer or Secretary-Manager of each
Voluntary or Joint Board Hospital

GUIDELINES ON “ORDINARY RESIDENCE” CONDITION FOR ELIGIBILITY FOR HEALTH SERVICES

I am directed by the Minister for Health to inform you that he has, on foot of Section 47A of the Health Act 1970, as amended by the Health (Amendment) Act 1991, drawn up guidelines to assist in deciding whether or not a person is “ordinarily resident in the State” for eligibility purposes.

The guidelines, which are set out in the attached note, were prepared following discussions between the Department of Health and officers nominated by the Chief Executive Officer of each Health Area on the common problems which arise at present in relation to the interpretation of “residence”. The note also lists, for convenience, the circumstances in which arrangements under EC Regulations supercede the provisions of the Irish eligibility system.

The determination of eligibility in individual cases is a matter for the Chief Executive Officer of the relevant Health Area or any officer to whom this function has been delegated. Voluntary or joint board hospitals should refer any cases where eligibility is in doubt for determination by the appropriate Health Area.

Your particular attention is drawn to Paragraphs 4.1 and 5.1 of the attached note.

J A Enright
Assistant Secretary

Introduction

The Health (Amendment) Act, 1991 introduced the criterion of ordinary residence for determining eligibility for Health Services in Ireland. The relevant provisions of the Health Act, 1970 as amended by the 1991 Act, are as follows:

- Section 45 (1) includes being “ordinarily resident in the State” among the criteria for full eligibility;
- Section 45 (7) is extended to provide that a person who is not “ordinarily resident” here may, as with anyone else who does not qualify for full eligibility, be given full eligibility for an individual service where the Chief Executive Officer of the Health Area considers this to be justified on hardship grounds;
- Section 45 includes being “ordinarily resident in the State” among the criteria for limited eligibility;
- Section 47A provides that the Minister may issue guidelines to the Chief Executive Officers of the Health Areas (and to any appeals officer appointed under Section 47 (1) to assist in deciding whether or not a person is “ordinarily resident in the State” for eligibility purposes.

The Health (Amendment) Act, 1991, also provides (in Section 9) that none of the above provisions shall affect the operation of the EC Regulations, which govern health service entitlements for migrant workers, social security pensioners, and temporary visitors etc, from other EC member-states.

Following consultation between the Department of Health and the Health Areas, the Minister for Health is, under Section 47A of the Health Act, 1970 (as amended by the Health (Amendment) Act, 1991) issuing the following guidelines on the interpretation of the criterion of ordinary residence.

The guidelines deal with the interpretation of ordinary residence under the following headings:

- nationals of non-EC countries;
- nationals of EC countries other than Ireland;
- Irish nationals who have been resident outside Ireland

References in the guidelines to “satisfying the Health Area” imply satisfying the Chief Executive Officer or any officer to whom the function of determining eligibility for health services had been delegated by the Chief Executive Officer. In all cases the Health Area is entitled to seek such evidence as it may require in order to reach its decision.

1 Nationals of non-EC countries

1.1. An non-EC national should be regarded as “ordinarily resident” in Ireland if s/he satisfies the Health Area that it is his/her intention to remain in Ireland for a minimum period of one year. Examples of the evidence which may be sought in this context include

- proof of property purchase or rental, including evidence that the property in question is the applicant's principal residence;
- evidence of transfer of funds, bank accounts, pensions;
- Alien's Registration Book ("Green Book"), residence permit as stamped on passport;
- work permits or visas, statements from employers etc;
- where necessary, the signing of the affidavit by the applicant

1.2. A non-EC national who is in Ireland as a student should be regarded as "ordinarily resident" if s/he is attending a registered course of study of at least one academic year's duration.

1.3. A dependant of a non-EC national must also satisfy that criterion of "ordinary residence" in order to establish eligibility for health services here i.e. the fact that a non-EC national has established his/her eligibility does not imply that non-resident dependants are also eligible.

1.4. A non-EC national may have established an entitlement to cover under EC regulations as a result of residence or employment in an EC country. In such cases, the arrangements set out in Paragraphs 2.1 and 2.2. apply.

2 Nationals of EC countries other than Ireland

2.1. Arrangements under EC regulations supercede the provisions of the Irish eligibility system in respect of certain categories of nationals of other EC countries:

- social security pensioners of other EC countries who are not covered by an Irish social welfare pension (as recipient of dependant), and who are not employed or self-employed here, receive a Medical Card;
- persons resident here who are insured workers in the territory of another EC country receive a Medical Card;

3 Irish Nationals who have been resident outside Ireland

3.1 Where an Irish national who returns to Ireland following residence in another EC country is covered by any of the arrangements made under EC regulations, the same approach as that set out in Paragraph 2.1 should be taken.

3.2 Where an Irish national returns to Ireland and is not covered by any of the arrangements made under EC regulations, s/he should be regarded as "ordinarily resident" here if s/he

- is employed or self-employed here; or
- satisfies the Health Area that it is his/her intention to remain in Ireland for a minimum period of one year.

3.3 Where an Irish national is working abroad on a short-term contract but satisfies the Health Area that it is not his/her intention to take up residence outside of Ireland on an indefinite basis, the status of “ordinarily resident” and eligibility for Irish health services may be retained. The Health Area may take account of the nature and duration of the contract as well as evidence such as the examples in Paragraph 1.1 in arriving at its decision.

3.4 Where an Irish national has been resident abroad for a period of up to three years but the Health Area is satisfied that the person did not establish an entitlement to health services in any other country, the Health Area should (if Paragraph 3.2 does not apply) regard the person as “ordinarily resident” in Ireland if s/he requires treatment on returning to Ireland. This guideline is intended to ensure, in particular, that persons who emigrate do not lose their health services eligibility on residence grounds before they have been able to establish eligibility elsewhere. It would not apply where a person is covered by EC Regulations and, in particular, it would not entitle a person temporarily resident in another EC country to have the Health Area extend the Form E111 beyond the normal period.

4 Persons deemed not to be “ordinarily resident”

4.1. Where a person is deemed not to be “ordinarily resident” in Ireland, and where none of the other provisions set out above apply, the Health Area may either

- apply the full economic charge for any services provided;

Or - provide urgent necessary treatment at a reduced charge or without charge (as deemed appropriate by the board) where application of the full economic charge would cause undue hardship.

5 “Urgent necessary treatment”

5.1. The references to the provision of urgent necessary treatment free of charge to temporary visitors from another EC country (Paragraph 2.1) and to persons deemed not to be “ordinarily resident” here (Paragraph 4.1) do not cover

- non-urgent or elective treatment which can reasonably be postponed until the person’s return to his/her own country;
- any case in which a person travels to Ireland for the specific purpose of obtaining treatment.

Department of Health
7 July 1992

Appendix V: Legislation affecting Medical Cards, G.P. Visit Cards and Health Services

Section 45, Health Act 1970

The main provisions governing eligibility to health services are to be found in Part IV of the Health Act, 1970.

Section 45 of that Act deals with “full eligibility”. The revised text of Section 45 which follows incorporates changes effected by the Health (Amendment) Act, 1991 (in relation to ordinarily resident), the Health (Miscellaneous Provisions) Act, 2001 (in relation to the non means testing of people aged 70 years and over) and the Health (Amendment) Act 2005 (No. 3 of 2005)

“45 – (1) A person in either of the following categories and who is ordinarily resident in the State shall have full eligibility for the services under this Part:-

(a) Adult persons who, in the opinion of the Health Service Executive, are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants,

(b) Dependants of the persons referred to in paragraph (a)

(2) In deciding whether or not a person comes within the category mentioned in subsection (1) (a), the Health Service Executive shall have regard to the person’s overall financial situation (including the means of the spouse, if any, of that person in addition to the person’s own means) in view of the person’s reasonable expenditure in relation to himself or herself and his or her dependants, if any.

(3) The Minister may, with the consent of the Minister for Finance, by regulations specify a class or classes of persons, who shall be deemed to be within the categories mentioned in subsection (1).

(4) A draft of regulations which it is proposed to make under this section shall be laid before each House of the Oireachtas and the regulations shall not be made until a resolution approving the draft has been passed by each House.

(5) Section 5(5) of the Health Act 1947, shall not apply to regulations under this section.

a) A person who is not less than 70 years of age and is ordinarily resident in the State shall have full eligibility for the services under this Part and, notwithstanding subsection (6), references in this Part to persons with full eligibility shall be construed as including references to such persons.

Health (Miscellaneous Provisions) Act, 2001

a) in section 45, by the insertion of the following subsection after subsection (5):

“(5A) A person who is not less than 70 years of age and is ordinarily in this Part to persons with full eligibility shall be construed as including references to such resident in the State shall have full eligibility for the services under this Part and, notwithstanding subsection (6), references persons.”,

.—(1) Subsection (5A) of section 45 (inserted by section 1 of the Health (Miscellaneous Provisions) Act 2001) of the Act of 1970 is replaced by the following—

“(5A) Notwithstanding any other enactment, with effect from 2 March 2009 a person also shall have full eligibility for the services under this Part if the person attained the age of 70 years before 1 January 2009 and is ordinarily resident in the State, so long as the person’s gross income does not exceed the relevant gross income limit under section 45A.”.

(2) A person who had full eligibility for the services under Part IV of the Act of 1970 by virtue of section 45(5A) of that Act prior to the coming into operation of subsection (1) continues to have full eligibility until 2 March 2009.

Full text of this legislation and relevant guidelines are contained in a separate document which deals with entitlement to health services for the over 70s

Note; the above section has been amended by the Health Act 2008 to provide for means testing of over 70s.

(6) References in this part to persons with full eligibility shall be construed as referring to persons in the categories mentioned in subsection (1) or deemed to be within those categories.

(7) Any person who is not in either of the categories mentioned in subsection (1) or who is not ordinarily resident in the State but who, in relation to a particular service which is available to persons with full eligibility, is considered by the Chief Executive Officer of the appropriate Health Board to be unable, without undue hardship, to provide that service for himself or his dependants shall, in relation to that service, be deemed to be a person with full eligibility

Other relevant provisions relating to Medical Cards, G.P. visit cards and Health Services are found to be in:

PART 2

Amendment to Health Act 1970

2.— In this Part, “ Act of 1970 ” means the [Health Act 1970](#) .

3.— (1) Subsection (5A) of section 45 (inserted by [section 1](#) of the [Health \(Miscellaneous Provisions\) Act 2001](#)) of the Act of 1970 is replaced by the following—

“(5A) Notwithstanding any other enactment, with effect from 2 March 2009 a person also shall have full eligibility for the services under this Part if the person attained the age of 70 years before 1 January 2009 and is ordinarily resident in the State, so long as the person’s gross income does not exceed the relevant gross income limit under section 45A.”.

(2) A person who had full eligibility for the services under Part IV of the Act of 1970 by virtue of section 45(5A) of that Act prior to the coming into operation of *subsection (1)* continues to have full eligibility until 2 March 2009.

4.— The Act of 1970 is amended by inserting the following after section 45:

“Full eligibility.

45A.— (1) Notwithstanding section 45(6), a person in one of the following categories and who is ordinarily resident in the State also shall have full eligibility for the services under this Part:

(a) persons who, on or after 1 January 2009, attain or have attained the age of 70 years, whose gross income does not exceed the relevant income limit and who—

(i) make an application to the Health Service Executive in such form as it may consider appropriate, and

(ii) receive confirmation from the Health Service Executive that they have full eligibility for services under this Part because they have attained the age of 70 years, are ordinarily resident in the State and their gross income does not exceed the relevant gross income limit, so long as their gross income does not exceed that relevant limit;

(b) persons who were married to another person until that other person’s death, or lived with

that other person as husband and wife until the other person's death—

- (i) if the surviving persons have attained the age of 70 years at the time of the death,
- (ii) if the death occurred on or after 1 January 2009, and
- (iii) for a period of 3 years after the death, so long as their gross income does not exceed the gross income limit set out in paragraph (b) of subsection (2) during that period;

and

(c) dependants of the persons referred to in paragraph (a) or section 45(5A).

(2) The Health Service Executive shall provide any necessary supports to any person in the making of an application under subsection (1) where, by reason of any incapacity, such person requests such assistance.

(3) The gross income limits for the purposes of this section and section 45(5A) are the following:

- (a) if a person is not married and is not living together with another person as husband and wife, his or her gross income limit is €700 per week, not including the income from the portion of the person's savings or similar investments whose capital value does not exceed €36,000, and
- (b) if persons are married or live together as husband and wife, their combined gross income limit is €1,400 per week, not including the income from the portion of their savings or similar investments whose capital value does not exceed €72,000.

(4) The Minister shall, on 1 September of every year, review the most recent information on the consumer price index made available by the Central Statistics Office, and may, with the consent of the Minister for Finance, by regulations to take effect on 1 January next following that review, increase the gross income limits specified for the purposes of this section and section 45(5A) to reflect any increase in that index.

(5) For the purposes of calculating gross income for this section and section 45(5A), all gross income from all sources is to be included except for the gross income arising from the following sources of income, and any subsequent income from the investment of the monies arising from those sources, which are not to be included:

- (a) compensation awards to persons under the Hepatitis C Compensation Tribunal Acts 1997 to 2006;
- (b) compensation awards by way of the Residential Institutions Redress Board established under [section 3](#) of the [Residential Institutions Redress Act 2002](#) ;
- (c) prescribed repayments made under [section 8](#) of the [Health \(Repayment Scheme\) Act 2006](#) made—

(i) to a living relevant person,

(ii) to the spouse or former spouse of a living or deceased relevant person,

(iii) directly to a living child of a relevant person by virtue of section 9(8) of that Act;

(d) *ex-gratia* awards approved by the Lourdes Hospital Redress Board under the terms of the Lourdes Hospital Redress Scheme 2007;

(e) similar awards and payments set out in regulations made under subsection (7).

(6) In the calculation of gross income for the purposes of this section and section 45(5A), income will not be imputed from property (whether a family home, a holiday home or any other property), unless it is rented, and only the net rental income will be included as income, calculated as gross income, less any cost necessarily incurred associated with the rental of the property.

(7) The Minister may make regulations prescribing a class or classes of payments not coming within paragraphs (a) to (d) of subsection (5) but which the Minister considers to be made for a similar purpose as those made under those paragraphs.”.

5.— Section 47 of the Act of 1970 is amended by inserting “, 45A” after “45”.

6.— Section 47A of the Act of 1970 is amended by inserting “, 45A” after “45”.

7.— Section 49 of the Act of 1970 is amended—

(a) by inserting the following subsection:

“(1A) A person who has attained the age of 70 years before 1 January 2009 and who has received confirmation before that date from the Health Service Executive, or has communicated in writing before that date with the Health Service Executive with a view to receiving confirmation from it, that he or she has full eligibility for the services under this Part shall, no later than 2 March 2009—

(a) review his or her gross income from all sources, other than the sources referred to in section 45A(5), and

(b) notify the Health Service Executive if he or she has concluded that that income exceeds the relevant gross income limit set out in section 45A, unless the person has received confirmation from the Health Service Executive that he or she has full eligibility for the services under this Part otherwise than under section 45(5A).”,

(b) in subsection (2), by inserting “or (1A)” after “subsection (1)”.

Section 18 of the Health Act 2004 –

“(1) The chief executive officer shall –

- a) carry on and manage and control generally the administration and business of the Executive
- b) perform such other functions as may be assigned to that officer by or under this Act or other enactment or as may be delegated to him or her by the Board, and supply the Board with such information (including financial information) relating to the performance of his or her functions as the Board may require.

(2) The chief executive officer is responsible to the Board for the performance of his or her functions and the implementation of the Board’s policies

(3) If the chief executive officer is absent or the position of chief executive officer is vacant, the functions of the chief executive officer under this section may be performed by such employee of the Executive as may be appointed by the Board from time to time to act as deputy chief executive officer.

(4) For the purpose of subsection (3), references in a provision of this Act or another enactment that assigns functions to the chief executive officer or that regulates the manner in which a function assigned to the chief executive officer is to be performed are to be read as references to the employee appointed under this section as deputy chief executive officer.

Section 19 of the Health Act 2004

“(1) Subject to any directions that may be issued by the Board, the chief executive officer may in writing –

- a) delegate any of his or her functions under section 18 (including those relating to financial matters) to employees of the Executive specified by name, position or otherwise, and
- c) authorise the subdelegation of any or all delegated functions to or by other such employees

(2) Any function delegated or subdelegated under this section to any employee is to be performed by the employee under the general direction and control of the chief executive officer and in compliance with such directions, limitations and guidelines as may be specified by –

- a) in the case of a delegated function, the chief executive officer, or
- b) in the case of a subdelegated function, the employee who subdelegated that function.

(3) The delegation or subdelegation of a function does not preclude the person who for the time being holds the position of chief executive officer from performing the function.

(4) The chief executive officer may –

- a) vary any delegation of a function under this section, including by modifying the geographical area to which the delegation relates,
- b) revoke such delegation, or
- c) without revoking the delegation, revoke any subdelegation of the function.

(5) On varying or revoking the delegation or subdelegation of a function, the chief executive officer shall inform each employee to whom the function was delegated or subdelegated of its variation or revocation.

(6) An employee of the Executive who subdelegates a function delegated or subdelegated to the employee under this section –

- a) may vary the subdelegation, including by modifying the geographical area to which it relates,
- b) may revoke the subdelegation, and
- c) is not precluded from performing the function.

(7) On varying or revoking the subdelegation of a function, the employee who sub delegated the function shall inform each employee to whom the function was sub delegated of its variation or revocation.

Section 59 of the Health Act 2004

“(1) The functions that, immediately before the establishment day, were the functions of a specified body under or in connection with the enactments referred to in Schedule 3 are, by this Act, transferred to the Executive on that day.

(2) If a provision of an enactment referred to in Schedule 3, or a provision of an instrument made under such enactment, does not come into effect until on or after the establishment day, a function that on the passing of that enactment or the making of that instrument was assigned under or in connection with that provision to a specified body is, by this Act transferred to the Executive on the commencement of that provision.

(3) The functions transferred by this Act to the Executive include the functions specified in any enactment referred to in Schedule 3 as a function of the following:

- a) the chief executive officer of a health board;
- b) the Regional Chief Executive of the Eastern Regional Health Authority;
- c) the area chief executive of an Area Health Board.

(4) This section does not apply in relation to the functions of the Hospital Bodies Administrative Bureau”.

Section 68 of the Health Act 2004

“Subject to section 59, references (however expressed) in any Act passed before the establishment day or in any instrument made before that day under such Act to-

- a) the chief executive officer of the health board,
- b) the Regional Chief Executive of the Eastern Regional Health Authority, or
- c) the area chief executive of an Area Health Board,

are to be read as references to the chief executive officer of the Executive”.

Section 46 of the Health Act 1970

“Any person ordinarily resident in the State who is without full eligibility shall, subject to section 52 (3), have limited eligibility for the services under this Part”

Section 47 of the Health Act 1970

“(1) When, in the administration of section 45, 46 or 58(46 referring to limited eligibility), an officer of a Health Board decides that a person does not come within a category specified by or under the relevant section, an appeal shall lie from the decision to a person (being either another officer of the Health Board or a person not such an officer) appointed or designated by the Minister.

(2) The Minister may by regulation provide for the making and determination of appeals under this section.”

Section 47(A) –“The Minister may issue guidelines to –

- a) the chief executive officers of health boards, and
- b) persons appointed or designated by him under section 47 (1),

to assist each of them in deciding whether or not a person is ordinarily resident in the State for the purposes of sections 45, 46 and 58.”

Section 48 of the Health Act 1970

“(1) For the purpose of determining whether a person is or is not a person with full eligibility or a person with limited eligibility, or a person entitled to a particular service provided under the Health Acts, 1947 to 1970, a Health Board may require that person to make a declaration in such form as it considers appropriate in relation to his means and may take such steps as it thinks fit to verify the declaration.”

Section 49 of the Health Act 1970

(1) Where a person is recorded by a Health Board as entitled, because of specified circumstances, to a service provided by the board under the Health Acts, 1947 to 1970, he shall notify the board of any change in those circumstances which disentitles him to the service.”

(2) A person who knowingly contravenes subsection (1) shall be guilty of an offence under this section and shall be liable on summary conviction to a fine not exceeding £50.”

Section 50 of the Health Act 1970

“Where a person has obtained a service under the Health Acts, 1947 to 1970, and it is ascertained that he was not entitled to the service, the appropriate Health Board may charge therefore a charge approved of or directed by the Minister.”

Section 52 of the Health Act 1970

“(1) A Health Board shall make available in-patient services for persons with full eligibility and persons with limited eligibility.

(2) A Health Board shall make available in-patient services for children not included among the persons referred to in subsection (1) in respect of diseases and disabilities of a permanent or long-term nature prescribed with the consent of the Minister for Finance.”

Section 56 of the Health Act 1970

(1) “For the purpose of this section “out-patient services” means institutional services other than in-patient services provided at, or by persons attached to, a hospital or home and institutional services provided at a laboratory, clinic, health centre or similar premises, but does not include –

- a) the giving of any drug, medicine or other preparation, except where it is administered to the patient direct by a person providing the service or is for psychiatric treatment, or
- b) dental, ophthalmic or aural services.

(2) A Health Board shall make available out-patient services without charge for persons with full eligibility and for persons with limited eligibility.

(3) A Health Board shall make available out-patient services without charge for children not included among the persons referred to in subsection (2) in respect of diseases and disabilities of a permanent or long-term nature prescribed with the consent of the Minister for Finance.

(4) A Health Board shall make available out-patient services without charge for children not included among the persons referred to in subsection (2) in respect of defects noticed at an examination under the service mentioned in section 66.

(5) A Health Board may make available out-patient services for persons not entitled to such services under subsection (2) to (4) and the board shall charge for any services so provided charges approved of or directed by the Minister”.

Section 58 of the Health Act 1970

“(1) The Health Service Executive shall make available without charge a general practitioner medical and surgical service for a person in any of the following categories –

- a) persons with full eligibility
- b) adult persons with limited eligibility for whom, in the opinion of the Health Service Executive, and notwithstanding that they do not come within the category mentioned in section 45 (1) (a), it would be unduly burdensome to arrange general practitioner medical and surgical services for themselves and their dependants, and
- c) dependants who are ordinarily resident in the State of the persons referred to in paragraph (b).

(2) In deciding whether or not a person comes within the category mentioned in subsection (1) (b), the Health Service Executive shall have regard to the person’s overall financial situation (including the means of the spouse, if any, of that person in addition to the person’s own means) in view of the person’s reasonable expenditure in relation to himself or herself and his or her dependants, if any.

(3) In so far as it is considered practicable by the Health Service Executive, a choice of medical practitioner shall be offered under the general practitioner medical and surgical service made available under this section”.

Section 59 of the Health Act 1970

“(1) Subject to subsection (6), a board shall make arrangements for the supply without charge by community pharmacies to persons with full eligibility of such drugs as stand approved under subsection (7) for the purposes of this subsection.

(2) Subject to subsection (6), if a person with limited eligibility, or a person with full eligibility who does not avail himself or herself of arrangements under subsection (1), incurs, in respect of a period not exceeding such length as is specified by regulations made with the consent of the Minister for Finance, expenditure on a drug that stands approved under subsection (7) for the purposes of this subsection and it is shown to the satisfaction of the chief executive officer of the appropriate Health Board that the drug –

- a) is supplied by a community pharmacy, and
- b) is for the treatment of the person or his or her spouse or a dependant member of the family of the person.

The board shall make arrangements to recoup such part (if any) or proportion (if any) of the expenditure as may be specified by regulations made with the consent of the Minister for Finance.

(3) Subject to subsection (6), a board may make arrangements for the supply without charge by community pharmacies to such classes of persons as stand specified by regulations made with the consent of the Minister for Finance –

- a) with such diseases, or disabilities, of a permanent or long-term nature as stand specified by regulations, and
- b) who are persons with limited eligibility or persons with full eligibility who do not avail themselves of the arrangements under subsection (1),

of such drugs for the treatment of those conditions as stand approved under subsection (7), for the purposes of this subsection, and different classes of persons may be specified for the purposes of this subsection in relation to different diseases and different disabilities.

(4) (a) Subject to subsection (6), a registered medical practitioner authorised in that behalf by an agreement entered into by him or her with a board (whether before or after the passing of this Act) may, under and in accordance with the terms of the agreement but not otherwise, supply without charge to persons with full eligibility such drugs as stand approved under subsection (7) for the purposes of subsection (1).

(b) Any other person who stands approved under subsection (7) for the purposes of this subsection may also supply such drugs (other than medicines) as stand approved under the subsection for the purposes of this section.

(5) Subject to subsection (6), an institution that provides a specialist service under the direct supervision of a medical consultant and stands approved under subsection (7) may supply such drugs as stand approved under that subsection for the purposes of this section and are prescribed by or under the direction of that consultant for the purposes of that service to any persons referred S.1 to in subsection (1), (2), or (3).

(6) The terms and conditions upon and subject to which and the extent (if any) to which boards may defray the cost of supplying drugs under this section shall be specified by regulations made with the consent of the Minister for Finance and, in particular, but without prejudice to the generality of the foregoing, such regulations may specify a term or condition that provides that none or a specified part or proportion only of the cost of supplying -

- a) a particular drug or drugs, or
- b) a particular drug or drugs, or all drugs, for the treatment of a particular condition or conditions,

may be defrayed by a board or the Board either generally or in specified circumstances, and different terms and conditions may be so specified for the purposes of each of subsections (1), (2), (3), (4) and (5).

(7) (a) The Minister may, subject to and in accordance with any regulations, grant an approval for the purposes of subsection (1), (2), (3), (4)(b) or (5) ('an approval') and may, subject to and in accordance with any regulations, withdraw an approval for stated reasons.

(b) An approval may be such as to limit the use of a drug to treatment of a particular condition or conditions or to treatment of a particular class or classes of person and in this section 'approved' and cognate words shall be construed accordingly.

(c) Without prejudice to the generality of subsection (8), regulations shall –

(i) specify the reasons for which an approval may be withdrawn under paragraph (a), and

(ii) provide for the notification (unless the person who applied for the approval consents to the withdrawal) –

(I) in the case of the withdrawal of an approval of a drug manufactured in the State, of the manufacturer or the person on whose behalf the drug is manufactured.

(II) in the case of the withdrawal of an approval of an imported drug, of the importer or distributor or the person on whose behalf the drug is imported or distributed, and

(III) in the case of the withdrawal of an approval for the purposes of subsection (4)(b) or (5), of the person concerned, of a proposal to withdraw an approval, of the rights, under the regulations, in relation to the proposal of those notified as aforesaid and of the reasons for the withdrawal, and

(iii) provide for the making by those so notified of representations to the Minister in relation to such a proposal and for the consideration by the Minister, before he or she decides whether to implement the proposal, of any such representations.

(d) Without prejudice to the generality of subsection (8) and notwithstanding paragraph (c), regulations may provide that, where the Minister is satisfied that it is necessary to withdraw an approval immediately or urgently –

(i) he or she may do so without compliance by him or her with regulations for the purposes of paragraph (c)(ii), and

(ii) if he or she does so, for the notification, unless the person who applied for the approval consents to the withdrawal, of the appropriate person specified in clause (I), (II) or (III) of paragraph (c)(ii) of the withdrawal, of his or her rights under the regulations in relation to the withdrawal, of the reasons for the withdrawal and for the making by the person notified under the regulations of representations to the Minister in relation to the withdrawal and for the consideration by the Minister of any such representations.

(8) The Minister may make regulations for the purposes of this section and such regulations may contain such incidental, supplementary and consequential provisions as appear to the Minister to be necessary for the purposes of the regulations.

(9) Without prejudice to the generality of subsection (8), regulations may –

- a) provide for the manner in which payments by boards or the Board to community pharmacies and persons referred to in subsection (4) and (5) in respect of drugs supplied by such pharmacies and persons under this section and in respect of fees charged by such pharmacies and persons for services provided by them in connection with such supply are to be made and, subject to subsection (6), for the manner in which or the matters by reference to which the amounts of such payments are to be determined by boards or the Board,
- b) provide for the furnishing by community pharmacies and persons referred to in subsections (4) and (5) to a board or the Board, if so requested by it, of such information as it may reasonably require for the purposes of its functions under this Act, including such proof as it may reasonably require of –
 - (i) the quantities and kinds of drugs supplied under (1) to (5) by community pharmacies and persons referred to in subsections (4) and (5),
 - (ii) the services referred to in paragraph (a) and the provisions of such services,
 - (iii) the cost to community pharmacies and persons referred to in subsections (4) and (5) of drugs supplied, and services provided, by them as aforesaid, and
 - (iv) the dates on which or periods during which drugs or specified drugs were so supplied and such services or specified such services were so provided.
- c) provide for the furnishing by suppliers to a board or the Board, if so requested by it, of such information as it may reasonably require for the purposes of its functions under this Act, including such proof as it may reasonably require of –
 - (i) the quantities and kinds of drugs supplied by them to community pharmacies and persons referred to in subsections (4) and (5) or classes of such pharmacies or persons or particular such pharmacies or persons for the purposes of those subsections and subsections (1), (2) and (3),
 - (ii) the cost of such drugs, and
 - (iii) the dates on which or periods during which such drugs or specified such drugs were so supplied,

and

- d) provide that a board or the Board may refuse to make a payment referred to in paragraph (a) if the community pharmacy, or person referred to in subsection (4) or, as the case may be, (5), concerned fails or refuses to comply with a request pursuant to regulations under paragraph (b), and different provision may be made in respect of different classes of

community pharmacies and persons referred to in subsections (4) and (5) and different classes of drugs.

(10) Without prejudice to the generality of subsection (8), regulations, in relation to agreements between the proprietors of pharmacies and boards pursuant to which community pharmacies supply drugs for the purposes of this section ('agreements'), may make provision -

- a) as to the procedures to be followed by persons wishing to enter into agreements and the furnishing by them of specified information to boards and any other information that boards may reasonably require for the purposes of their functions under this section.
- b) as to the matters in relation to which boards must be satisfied before entering into agreements, including the need for community pharmacies or additional community pharmacies in the localities concerned,
- c) as to the procedures for the making by boards of determinations in relation to the matters aforesaid and the criteria by reference to which such determinations are to be made,
- d) for appeals by persons referred to in paragraph (a) against such determinations as aforesaid to a body (whose membership shall consist of or include a person who is a barrister or solicitor) established by the regulations and for its constitution and composition, the terms and conditions of service of its member or members and its powers (including power to compel the attendance before it of witnesses and the sending or production to it of documents and power to order the payment by any party to proceedings before it of the costs of another party to such proceedings),
- e) as to the suitability of the premises concerned and their locations, equipment, facilities and staff,
- f) as to the viability and permanence of the pharmacies concerned in their locations,
- g) requiring the engagement of a supervising pharmacist in each community pharmacy and the non-engagement of the same supervising pharmacist in more than one such pharmacy,
- h) as to the qualifications, competence and experience of the supervising pharmacists engaged in the pharmacies including a requirement that supervising pharmacists should have a knowledge of the English language that is adequate for the performance of their duties in the pharmacies, and
- (i) for the inclusion of specified provisions in agreements.

(11) (a) Where a supplier fails or refuses to comply with a request under regulations pursuant to subsection (9)(c), the supplier shall be guilty of an offence and liable on summary conviction to a fine not exceeding £1,500.

(b) Where an offence under this subsection is committed by a body corporate and is proved to have been so committed with the consent, connivance or approval of, or to have been attributable to any willful neglect on the part of any person, being a director, manager, secretary or any other officer of the body corporate or a person who was purporting to act in any such capacity,

that person, as well as the body corporate, shall be guilty of an offence and shall be liable to be proceeded against and punished as if he or she were guilty of the first-mentioned offence.

(12) In this section, unless the context otherwise requires -

‘a board’ means a Health Board, the Eastern Regional Health Authority or an Area Health Board (within the meaning of the Health (Eastern Regional Health Authority) Act, 1999) and the reference in subsection (2) of this section to the chief executive officer of the appropriate Health Area includes, in the case of the Eastern Regional Health Authority, a reference to the Regional Chief Executive and, in the case of any of the Area Health Boards aforesaid, a reference to the area chief executive of that Board; ‘the Board’ means the General Medical Services (Payments) Board or any other board established under section 11 of this Act that performs the functions of that Board;

‘community pharmacy’ means a pharmacy the proprietor of which has entered into an agreement (whether before or after the passing of this Act) with a board that is in force for the supply by the pharmacy of drugs for the purposes of this section or any provision thereof;

‘dependant member of the family’, in relation to a person, means any child –

- a) of the person and his or her spouse or adopted by both of them under the Adoption Acts, 1952 to 1998, or in relation to whom both of them are in loco parentis under an arrangement of a permanent nature,
- b) of the person or his or her spouse or adopted by either of them under those Acts, or in relation to whom either of them is in loco parentis under an arrangement of a permanent nature where the other person, being aware that he or she is not the parent of the child, has treated the child as a member of the family, or
- c) of whom the person or his or her spouse is a foster parent (within the meaning of the Child Care Act, 1991), who is under the age of 18 years and is not a person with full eligibility or, if the child has attained that age and is living in the home of the person –
 - (i) is or will be receiving full-time education or instruction at any university, college, school or other educational establishment and is under the age of 23 years, or
 - (ii) has a mental or physical disability to such extent that it is not reasonably possible for the child to maintain himself or herself fully and is not a person with full eligibility;

‘drugs’ means drugs that are prescribed by a registered medical practitioner or a registered dentist and includes medicines, and medical and surgical appliances, that are so prescribed;

‘institution’ means a hospital, nursing home or S.1 clinic that is maintained wholly or mainly out of funds provided by the Minister, a board or a charity or by voluntary subscription;

‘medical consultant’ means a registered medical practitioner in hospital practice who, by reason of his or her training, skill and experience in a particular specialty, is consulted by registered medical practitioners in relation to that specialty;

‘pharmacy’ means a shop lawfully kept open for the purposes of the dispensing and compounding of medical prescriptions in accordance with the Pharmacy Acts, 1875 to 1977;

‘registered dentist’ has the meaning assigned to it by the Dentists Act, 1985;

‘registered medical practitioner’ has the meaning assigned to it by the Medical Practitioners Act, 1978;

‘regulations’ means regulations under subsection (8);

‘spouse’, in relation to a person, includes a person with whom the person is living as husband or wife;

‘supervising pharmacist’ means a person who, pursuant to subsection (1) of section 2 of the Pharmacy Act, 1962, is responsible for carrying out the personal supervision specified in that subsection;

‘supplier’ means a person who supplies drugs to community pharmacies or a person referred to in subsection (4) or (5) for the purpose of this section”.

(2) Regulations made under section 59 of the Health Act, 1970 before the passing of this Act and in force immediately before such passing shall continue in force after such passing, and may be amended or revoked, as if made under section 59 of that Act as inserted by this section.

Section 60 of the Health Act 1970

A Health Board shall, in relation to person with full eligibility and such other categories of persons and for such purposes as may be specified by the Minister, provide without charge a nursing service to give to those persons advice and assistance on matters relating to their Health and to assist them if they are sick”.

Section 61 of the Health Act 1970

- (1) A Health Board may make arrangements to assist in the maintenance at home of –
- a) a sick or infirm person or a dependant of such a person.
 - b) A woman availing herself of a service under section 62 (i.e. medical and midwifery care for mothers), or receiving similar care, or a dependant of such a woman.
 - c) A person who, but for the provision of a service for him under this section, would require to be maintained otherwise than at home, either (as the Chief Executive Officer of the board may determine in each case) without charge, or, at such charge as he considers appropriate.”

Section 67 of the Health Act 1970

(1) A health board shall make dental, ophthalmic and aural treatment and dental, optical and aural appliances available for persons with full eligibility and persons with limited eligibility.

(2) A health board shall make dental, ophthalmic and aural treatment and dental, optical and aural appliances available in respect of defects noticed at an examination under the service mentioned in section 66.

(3) Save as provided for under subsection (4), charges shall not be made for treatment and appliances made available under this section.

(4) The Minister may, with the consent of the Minister for Finance, make regulations –

- a) providing for the imposition in specified circumstances of charges for services under this section for persons who are not persons with full eligibility or for specified classes of such persons, and
- b) specifying the amounts of the charges or the limits to the amounts of the charges to be so made.

Appendix VI: Health Services (No. 3) Regulations, 1983 – S.I No. 381 of 1983 (People Aged 16-25 Years)

The relevant regulation governing the provision of services to people aged 16 to 25 years is the Health Services (No. 3) Regulations, 1983 – S.I. No. 381 of 1983. The full text of those regulations is: -

“The Minister for Health, in exercise of the powers conferred on him by Section 5 of the Health Act, 1947 (No.28 of 1947) and by Section 72 of the Health Act, 1970 (No. 1 of 1970) hereby makes the following Regulations:

1. These Regulations may be cited as the Health Services (No. 3) Regulations, 1983.
2. The services provided under Section 58 (1), 59 (1) and 67 (1) of the Health Act, 1970 shall not extend to persons between the ages of 16 and 25 who are dependants of persons who do not have full eligibility for the services under Part IV of the Health Act, 1970 save where it is considered by the Chief Executive Officer of the appropriate Health Area that such a service should be made available to such a person in order to avoid undue hardship to that person.
3. These Regulations shall not apply to persons in receipt of an allowance under section 69 (1) of the Health Act, 1970.
4. These Regulations shall come into operation on the 1st day of January, 1984”.

Given under the official seal of the Minister for Health this 16th day of December, 1983.

Signed: Barry Desmond
Minister for Health

Note to HSE Staff:

The Health Services (No.3) Regulations, 1983- S.I. No. 381 of 1983, set out the legislative basis for the assessment of this age category for Medical Card Assessment. Though this legislation does not extend to the assessment of GP Visit Cards, a policy decision has been taken, in the interest of equity and consistency, that this category would be assessed in the same manner for both the Medical Card and GP Visit Card Applications when deciding the issue of whether a person is dependant or independent. The criteria used in Section 3.9 to determine whether a person is “Dependant or Independent” will be applied in a consistent manner in assessing Medical Cards and GP Visit Cards.

Appendix VII: Sample Notice of Assessment (Self Employed)

COPY FOR AGENTS INFORMATION



NOTICE OF ASSESSMENT FOR THE YEAR ENDING 31 DECEMBER 2005 YOU HAVE BEEN ASSESSED TO TAX FOR THE ABOVE YEAR AS FOLLOWS

MR LIAM HENSON
MS GENE T DOYLE
ABBAY ROAD
AUGDONVILLE
WEXFORD

Issued by *Inspector of Taxes*
WEXFORD REVENUE DISTRICT
GOVERNMENT OFFICES
ANNE STREET
WEXFORD

In all correspondence quote:

43 01 5788891R

Date of Issue:

26 SEP 2006

Panel: 1 ASSESSMENTS TO INCOME TAX UNDER SCHEDULES D, E AND/OR F		
Sch:		
D	FARMING	27264
D	HEALER	4000
TOTAL		(a) 31264

Panel: 2 CAPITAL ALLOWANCES/LOSSES	
Code	
5	3732
TOTAL	(b) 3732



Revenue guarantee that any conversion/reconversion as a result of the EURO will not result in a higher tax liability.

The amounts on this form are expressed in EURO

Panel: 3 PERSONAL ALLOWANCES/RELIEFS AND DEDUCTIONS		
HEALTH EXPENSES REL	961	
TOTAL PANEL 3 AND PANEL 4		961

Panel: 4
Total payments made under deduction of tax.

TOTAL PANEL 1 31264
Less TOTAL PANEL 2 3732
27532

Less TOTAL PANEL 3 AND 4 961
TAXABLE INCOME 26571

on which Income Tax is charged as follows:

26571 @ 20% = 5314.20
@ 42% =
TOTAL INCOME TAX = 5314.20

Panel: 5 CREDITS/RELIEFS SET AGAINST TAX ON INCOME	
PERSONAL CREDIT	3040.00
CARERS CREDIT	770.00
	3810.00

Less NET PANEL 5 = 3810.00
(c) 1504.20

Panel: 6 SELF		Panel: 7 SPOUSE
PRSI	27532 @ 3% =	825.96
HEALTH	27532 @ 2% =	550.64
		1376.60

Add TOTAL PANEL 6 and TOTAL PANEL 7 1504.20
(d) 1376.60
2880.80

Panel: 8 OTHER CREDITS/RELIEFS	
TOTAL	

Less TOTAL PANEL 8 2880.80

Add SURCHARGE FOR LATE SUBMISSION OF RETURNS 400.00
LESS AMOUNT PAID TO THE COLLECTOR-GENERAL

BALANCE PAYABLE € 2480.80

THIS TAX SHOULD BE PAID IMMEDIATELY USING THE ROS PAYMENTS FACILITY

(If you wish to make a payment by cheque, print this assessment and forward it with your payment to the Collector General, Apollo House, Tara St, Dublin 2.)

View notes regarding appeals

Appendix VIII Cohabitation

Assessment of means for Medical Cards/GP Visit Cards of an unmarried /cohabiting couple are treated in the same way as a married couple.

The issue of unmarried/cohabiting couple residing together and being treated as married couple for the medical card assessment will have in most cases already have been addressed by the DSFA.

If there is a voluntary admission of living together and this had adversely affected their DSFA entitlement, this would be accepted as sufficient evidence that they are living together.

However in certain circumstances the Decision maker may have to satisfy themselves that a couple are cohabiting..

The following points should be are generally considered when examining a particular case.

- A. What type of accommodation and how it is shared?
- B. Do either own or maintain other residence.
- C. Is their joint financial commitment to outgoings e.g. Rent, Mortgage, other household bills.
Did they present themselves as a couple when making arrangements ?.
- D. On what circumstances and how long are they residing together ?.
- E. Are they raising family together?

It is not sufficient to establish that a couple are in the one residence but it would have to be established that they constitute a single household.

A single criterion can necessarily support decision that a couple are living together but a decision can only be arrived by considering all of the above questions.