

MINISTRY OF HEALTH

THE GOVERNMENT MEDICAL INSTITUTIONS AND SERVICES GENERAL REGULATIONS (No.225/2000, 660/2002,455/2004, 364/2005, 629/2007 and 143/2013)

APPLICATION FOR MEDICAL CARD AND DECLARATION OF INCOME ((TO BE COMPLETED BY PERMANENT RESIDENTS ONLY)

Before completing this application read the INSTRUCTIONS carefully

PART I: PERSONAL DETAILS OF APPLICANT

Name:	Surname:		FOR OFFICIAL USE		
	Nationality:	Refer	ence Number:		
Identity Card No:	Social Insurance No.:				
Alien / E.U. Citizen Registration Cert	tificate No. (A.R.C):		al Card Approval :		
Asylum Seeker		Tr	e Medical Card is valid until	/ / 20 .	
Recognised Refugee		The M	edical Card issue is not	approved due to	
Public Assistance Beneficiary					
Holder of S1 (E121, E109, E106	6) form				
Gender: Male	Female				
Permanent residence address:					
Street:	N		ed by :		
Town/Village:	P.O.Box:	D.Box:			
Post Code: District:			Title : Signature :		
Home Tel: Work Tel: Mobile Tel:			Date :/ _/ 20		
Marital Status:					
Married Single	Divorced	Separa	ted	Widow/er	
Dependant of Member missing person family	er of enclaved				
PART II: DETAILS OF APPL	ICANT'S DEPENDANTS				
Name	Identity Card No./ Alien / E.U. Citizen Registration Certificate No. (A.R.C)	Date of Birth	Gender (Male/Female)	Social Insurance No.	
(Of Spouse)					
(Of Denendent Children)		l			
(Of Dependant Children)					
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		/ /			

PART III: FAMILY INCOME

Annual Income	Of Applicant €	Of Spouse €	Of Dependant Children in Employment €	TOTAL €
1. Income of self-employed persons				
2. Employees salary (including 13th and 14th salary)				
3. Alimony (if divorced)				
4. Social Insurance Pensions				
5. Professional Scheme Pensions				
6. Government Pensions				
7. Overseas pensions				
8. Low income pensioners' grant				
9. Rents due				
10. Interest on money deposits/securities/bonds				
11. Shares dividends from private companies				
12. Shares dividends from public companies				
13. Unemployment benefit				
14. Maternity benefit				
15. Rent allowance				
16. Other income sources (state income source)				
TOTAL				
Deductions				
Amount paid by a divorced parent for child support (based on court order)				
TOTAL				

TOTAL ANNUAL GROSS FAMILY INCOME:

€

DECLARATION

I hereby apply for a Medical Card and declare that <u>I reside permanently in Cyprus</u> and all the information contained in this application, as well as the certificates and supporting documents accompanying this application, are true and correct and that I authorize the Ministry of Health to seek confirmation from any Government Service, including the Inland Revenue Department, of the information and documents referring to my income and the income of my dependants.

Date: / / 20

Signature:

In case the application is submitted by a representative:

Name of representative:

Identity Card No:

Signature:

MINISTRY OF HEALTH

APPLICATION FOR MEDICAL CARD

(To be submitted at any Citizen Service Center)

WARNING: Any person who, with a view to obtaining a medical card, either for himself or for any other person, knowingly or by gross negligence, makes a false statement or false representation or presents or produces any document or item of information, which is false in any material fact, shall be guilty of an offence and shall be liable to a fine not exceeding $\leq 2,500,00$ or to a period of imprisonment not exceeding six months, or to both these penalties.

Applications not accompanied by the necessary documents shall not be accepted and shall be rejected.

EXPLANATORY NOTES

- 1. According to the Government Medical Institutions and Services Laws of 1978 to 2013, no benefit is granted to a person unless that person:
 - i. contributed at the Social Insurance scheme for a minimum period of three years. Assimilated insurance periods are included, and
 - ii. at the date of application for healthcare benefits, has submitted personal income tax declaration, in pursuant of Article 5 provisions of the Assessment and Collection of Taxes Laws.
- 2. As a rule Medical Cards are issued to Cypriots and EU citizens who reside permanently in Cyprus.
- 3. Medical Card A (free medical care) is issued to the following persons:
 - i. Persons without dependants whose annual income does not exceed €15,400.00.
 - ii. Members of families whose annual income does not exceed €30,750.00, increased by €1,700.00 for each dependant child.
 - iii. Persons included in Table 1 Part III of Regulation 3.
 - iv. Persons suffering from a chronic disease included in Table 6, Part I(A) of Regulation 8.
 - v. Persons suffering from a chronic disease included in Table 6, Part I(B) of Regulation 8, whose annual family income does not exceed €150,000.00.
- 4. Medical Card (Special Category) is issued to the following persons:
 - i. Persons suffering from a chronic disease included in Table 6, Part II of Regulation 8, whose annual family income does not exceed €150,000.00.
- 5. **"Income"** means the gross income (that is before deduction of any tax or contribution) from any remuneration, salary or wages, any profit from trade or profession, from immovable property, from interest, dividends or other sources, other than public assistance, child benefit and student grant and the amount paid by a divorced parent for child support based on a court order.
- 6. " dependant " means:
 - i. the spouse,
 - ii. the direct descendents who are under the age of 21or are dependants and those of the spouse.

INSTRUCTIONS

- 1. Parts I and II of the application must be completed by ALL applicants. Parts III **ARE NOT TO BE COMPLETED** members of enclaved families, public assistance beneficiaries and holders of S1 (E121 ή E106 ή E109) form.
- 2. Where there is a \Box mark with an X the appropriate answer in each case.
- 3. For all children the personal identification number of the birth certificate or the identity card number must be entered.
- 4. For children who are in employment the Social Insurance number must be entered.
- 5. In Part III enter the income of the applicant, his/her spouse, as well as the income of dependant children who receive income from work or other sources.

REQUIRED DOCUMENTS (MARK WITH AN "X" THE DOCUMENTS ATTACHED TO THE APPLICATION)

A. DOCUMENTS ATTACHED BY ALL

I. DOCUMENTS ATTACHED BY ALL

- □ APPLICANT IDENTIFICATION DOCUMENTS: Copy of Identity Card or passport or registration certificate or birth certificates (for minors) or Alien Residence Permit, for all family members.
- Marriage certificate.
- Certificate of divorce for divorced persons.

B. DOCUMENTS ATTACHED ACCORDING TO THE CATEGORY OF ENTITLEMENT

I. EMPLOYED (CYPRIOT OR EUROPEAN CITIZENS)

- Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centers (for all family members except from children below the age of 18 who are not employed).
- Employer's certificate showing the amount of earnings or a work contract
- □ Certified copy of the last tax statement or Income Tax certificate. (for all family members except from children below the age of 18 who are not employed and persons above the age of 70 without any income apart from their old age pension).
- ☐ Form E104 for persons who have been insured in another EU Member State and do not complete three years Social Insurance in Cyprus.

II. SELF EMPLOYED (CYPRIOT OR EUROPEAN CITIZENS)

- □ Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centers (for all family members except from children below the age of 18 who are not employed).
- Copy of last quarter's payment receipt of Social Security contributions.
- ☐ Certified copy of the last tax statement or Income Tax certificate. (for all family members except from children below the age of 18 who are not employed and persons above the age of 70 without any income apart from their old age pension).
- ☐ Form E104 for persons who have been insured in another EU Member State and do not complete three years Social Insurance in Cyprus.

III. PENSIONERS (CYPRIOTS)

- Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centers (for all family members except from children below the age of 18 who are not employed).
- Certificate of monthly pensions i.e. Social insurance Pension, any other pension or pension from another country.
- □ Certified copy of the last tax statement or Income Tax certificate. (for all family members except from children below the age of 18 who are not employed and persons above the age of 70 without any income apart from their old age pension).
- Employer's certificate showing the amount of earnings or a work contract (for employed pensioners).

IV. UNEMPLOYED (CYPRIOT OR EUROPEAN CITIZENS)

- Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centres (for all family members except from children below the age of 18 who are not employed).
- C Recent certificate of Unemployment Registration from the Department of Labour.
- ☐ Certified copy of the last tax statement or Income Tax certificate. (for all family members except from children below the age of 18 who are not employed and persons above the age of 70 without any income apart from their old age pension).
- Declaration of statement for covering expenses and cost of living

V. CYPRIOT CITIZENS WHO ARE NOT WORKING

- □ Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centers (for all family members except from children below the age of 18 who are not employed).
- ☐ Certified copy of the last tax statement or Income Tax certificate. (for all family members except from children below the age of 18 who are not employed and persons above the age of 70 without any income apart from their old age pension).
- Declaration of statement for covering expenses and cost of living

VI. OTHER EUROPEAN CITIZENS / EUROPEAN PENSIONERS

Any European document S1 (E121, E109, E106), two copies.

VII. PUBLIC ASSISTANCE BENEFICIARIES

□ Recent certificate on the public assistance received. (issued by the Department of Social Welfare Services).

VIII. STUDENTS/DOCTORATE DEGREE STUDENTS

- □ Registration certificate or proof of payment of fees for the current academic year, or a certificate of attendance or certificate of the University, stating the period of studies, including remuneration/reward, where applicable (for doctoral students).
- Certificate from the competent institution of the country of studies that they are not entitled for health care under the national health care system of that country (for doctoral students).

IX. ENCLAVED PERSONS, MEMBERS OF THEIR FAMILIES AND THEIR DEPENDANTS:

Certificate from the Service for Humanitarian Affairs or an Enclaved person's ID.

X. RECOGNISED REFUGEES

- □ Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centers (for all family members except from children below the age of 18 who are not employed).
- ☐ Certified copy of the last tax statement or Income Tax certificate. (for all family members except from children below the age of 18 who are not employed and persons above the age of 70 without any income apart from their old age pension).
- Employer's certificate showing the amount of earnings or a work contract.

XI. ASYLUM SEEKERS

- Letter of confirmation issued by the Asylum Service.
- Copy of Social Insurance Account from the Department of Social Insurance Services or the Citizen Service Centers (for all family members except from children below the age of 18 who are not employed).
- □ Employer's certificate showing the amount of earnings or a work contract or recent certificate on the public assistance received. (issued by the Department of Social Welfare Services).

XII. OTHER CERTIFICATES

- Medical Certificate (if the applicant suffers from a chronic disease for which no income criteria apply, included in Table 6, Part I of Regulation 8).
- Medical Certificate (if the applicant suffers from a chronic disease included in Table 6, Part II of Regulation 8).