

When to use this form

Use this form if you are:

- a migrant living in Australia
- applying for permanent residency and living in Australia
- a visitor to Australia
- an Australian citizen returning to live in Australia
- a New Zealand citizen living in Australia, or
- a permanent resident visa holder (previously enrolled) returning to live in Australia.

This form allows up to 5 people to be listed on your Medicare card(s) (including the contact person). If more than 5 names are to be included on your card(s), attach the additional details on a separate sheet(s).

All correspondence, including the Medicare card(s) will be sent to the contact person.

For more information

For more information about Medicare or for assistance completing this form go to our website humanservices.gov.au/medicare or email medicare@humanservices.gov.au or call **132 011**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return your completed form and original or certified documents to your nearest Medicare Service Centre. For initial enrolments, all people 15 years of age and over on the application **must go with you** to a Medicare Service Centre.

If you live in an area remote from a Medicare Service Centre, or there is a reason for not being able to attend, you can send your application together with certified copies of documents and the reason for not being able to attend in person, to:

Department of Human Services
GPO Box 9822
in your capital city

Applicant(s) circumstances and documents required

Migrant (holder of a permanent resident visa)

Documents required

- current passports and valid visa or original visa grant letter for all people listed on the application.

Applying for permanent residency

People who have applied for a permanent resident visa (except for a parent visa) may be eligible for the Medicare and Pharmaceutical Benefits Scheme programs if they have a visa authorising their stay in Australia and:

- have permission to work, or
- their parent, spouse or child is an Australian citizen or holds an Australian permanent resident visa.

Documents required

- current passport or travel document for each person being enrolled
- valid visa or original visa grant letter for each person being enrolled
- where the applicants do not have permission to work, it is necessary to provide proof of their relationship with a spouse, parent or child who is an Australian citizen or an Australian permanent resident visa holder.

Receipt from the Department of Immigration and Citizenship (DIAC) when you paid to apply for permanent residency may be required.

Information about visas, applications and receipts, will be accepted if on letterhead or by email from DIAC and addressed to the applicant or registered migration agent.

Note: People travelling on a visa subclass 309 or 310 only need to provide their passport and visa.

Visitors to Australia

Visitors that are residents of the United Kingdom, the Netherlands, Sweden, Slovenia, Norway, Finland, Italy, Malta, Belgium, the Republic of Ireland and New Zealand* may be eligible under the Reciprocal Health Care Agreement.

Visitors from Malta and Italy must be both residents and citizens of those countries. They are eligible for a period of 6 months from their date of arrival in Australia.

* Visitors from the Republic of Ireland and New Zealand will not be enrolled in Medicare. Reciprocal Health Care Agreements provide access as a public patient in a public hospital including outpatient services and medicines available on prescription, which are subsidised under the Pharmaceutical Benefits Scheme for medically necessary treatment.

Documents required

- current passport and valid visa for all applicants.
- Further documents may be required.

Australian citizens that have been living overseas for more than 5 years and are returning to Australia to live

or

New Zealand citizens living in Australia

or

Permanent resident visa holders (previously enrolled in Medicare) returning to live in Australia

Documents required

- completed *statutory declaration*
- passports for all people listed on the application
- any 2 residency documents from the list below.

Residency documents

Documents from another country

- sale of property (sale agreement)
- cessation of lease agreement for rental property
- termination of employment (acceptance of resignation by employer)
- transit document for household goods and or furniture
- closure of bank accounts, and/or
- cancellation of health, property or contents insurance.

Documents from Australia

- purchase of property agreement and gas or electricity accounts in the same name
- lease agreement for rental of property and gas or electricity accounts in same name
- evidence of employment
- evidence of children at school or university, and/or
- private health insurance in Australia, opening of bank accounts, property or contents insurance.

Family or group Medicare cards

People can choose to be on separate Medicare cards or be included with other people at the same address.

Medicare Safety Net

The Medicare Safety Net helps people with high medical costs. It is available to individuals as well as families. Individuals are automatically registered but families need to register for the Safety Net.

For more information about the Medicare Safety Net:

- go to our website humanservices.gov.au/safetynet
 - visit your nearest Medicare Service Centre, or call **132 011**.
- Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

Bank account details

To enable us to make payments into your bank account, you will need to provide your bank account details at question 54. These details will be used for future electronic payments, when you claim your Medicare benefit(s).

You must tell the Department of Human Services immediately if you change the account that we send your electronic payments to.

Contact person's details

1 Please read this before answering the following questions.

As part of this application, the Australian Government Department of Human Services needs a contact person who we can send general information to on behalf of those persons enrolling in Medicare.

The contact person can be one of the persons enrolling on this application or a power of attorney, carer, parent arranging card for a child or a government authority.

Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

2 Your sex Male Female

3 Your date of birth

4 Your permanent address

Postcode

Your postal address (if different to above)

Postcode

5 Your contact details

Home phone number

Mobile phone number

Daytime phone number

Email

@

6 Will you be listed on the Medicare card as part of this enrolment?

- No Explain why you will not be listed (e.g. power of attorney, carer, parent arranging card for a child or a government authority)

-----

You will need to attach supporting documentation (e.g. power of attorney) with this application.
Note: documents need to be originals or certified copies.

Go to 13

Yes

Person 225 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

26 Their sex Male Female 27 Their date of birth

28 Previous Medicare card number (if applicable)

 - - Ref no.

29 Previous name (if applicable)

30 Were they born in Australia?

Yes **Go to 32**No Reason for entry to Australia (e.g. migrant residing in Australia)

Entry date

Departure date

31 Their country of residence prior to entering Australia

32 Please read this before answering the following questions.

Questions 22 and 23 are **optional** and will not affect their application. If they do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Australian South Sea Islanders are the descendents of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

They can have this information removed from their Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.
- Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

Is this person of Aboriginal or Torres Strait Islander origin?

If they are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No Yes – Aboriginal Yes – Torres Strait Islander

33 Is this person of Australian South Sea Islander origin?

No Yes

34 Does a third person need to enrol?

No **Go to 54**Yes **Person 3**35 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

36 Their sex Male Female 37 Their date of birth

38 Previous Medicare card number (if applicable)

 - - Ref no.

39 Previous name (if applicable)

40 Were they born in Australia?

Yes **Go to 42**No Reason for entry to Australia (e.g. migrant residing in Australia)

Entry date

Departure date

41 Their country of residence prior to entering Australia

42 Please read this before answering the following questions.

Questions 22 and 23 are **optional** and will not affect their application. If they do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Australian South Sea Islanders are the descendents of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

They can have this information removed from their Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.
- Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

Is this person of Aboriginal or Torres Strait Islander origin?

If they are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No Yes – Aboriginal Yes – Torres Strait Islander

43 Is this person of Australian South Sea Islander origin?

No Yes

44 Does a fourth person need to enrol?

No **Go to 54**Yes

Person 4

45 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

46 Their sex Male Female

47 Their date of birth

48 Previous Medicare card number (if applicable)

 - - Ref no.

49 Previous name (if applicable)

50 Were they born in Australia?

Yes **Go to 52**

No Reason for entry to Australia (e.g. migrant residing in Australia)

Entry date

Departure date

51 Their country of residence prior to entering Australia

52 Please read this before answering the following questions.

Questions 22 and 23 are **optional** and will not affect their application. If they do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Australian South Sea Islanders are the descendents of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

They can have this information removed from their Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.

Note: Call charges apply from mobile phones, or

- visiting your nearest Medicare Service Centre.

Is this person of Aboriginal or Torres Strait Islander origin?

If they are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No


Yes – Aboriginal

Yes – Torres Strait Islander

53 Is this person of Australian South Sea Islander origin?

No

Yes

 If more than 4 names are to be included on your card, attach a separate sheet(s) with their details including signatures.

Bank account details

54 **Note:** Medicare benefits cannot be paid via Electronic Funds Transfer (EFT) if the nominated account has restrictions on EFT deposits, is a credit card or an overseas account.
We cannot record bank account details for children **under 14 years of age**.

Do you have an Australian bank account?

No **Go to 57**

Yes

55 Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of



Attach a separate sheet with details if additional bank accounts need to be listed.

Consent

- 56** **Note:** Only complete this question if other people listed on the Medicare card (**aged 14 years and over**) agree to use your bank account for their Medicare payments, where they are the claimant (the person who paid for the service).

Persons **14 years of age and over** must sign and give their consent for payments to go into the nominated bank account.

I authorise for:

- payments to be made into this account.

Full name of person 1	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>
Full name of person 2	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>
Full name of person 3	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>
Full name of person 4	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

Declaration

57 **I declare that:**

- the information I have provided in this form is complete and correct.

I authorise for:

- payments to be made into this account.

I understand that:

- I must notify the Australian Government Department of Human Services of any change(s) to this information **within 14 days** of the change(s) occurring
- giving false or misleading information is a serious offence.

Contact person's full name

Contact person's signature

<input type="text"/>	Date
<input type="text"/>	<input type="text"/>

Privacy notice

Centrelink, Medicare, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each services' legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth Departments, other persons, bodies or agencies **ONLY** where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website **humanservices.gov.au/privacy** or requesting a copy of the full privacy policy at any of our Service Centres.

Office use only

Type of identification and/or relationship documentation sighted (e.g. driver's licence).

Comments

Operator number

Date

Branch