

Application for a Medicare Entitlement Statement

Purpose of this form

To apply for an exemption from the Medicare levy in your income tax return, you must supply a Medicare Entitlement Statement certifying that you are not eligible for Medicare to the Australian Taxation Office (ATO).

The *Income Tax Assessment Act 1936* makes the Medicare levy payable by individuals residing in Australia who are eligible for Medicare. Persons who are **not eligible** for Medicare can apply for an exemption from the Medicare levy in their income tax return.

Persons not eligible for Medicare

You are not eligible for Medicare if you are a:

- permanent resident of Australia, and
 - have been absent from Australia for 12 months or more.
 - do not live in Australia.
 - have not returned to Australia to reside permanently.
 - are residing in Norfolk Island.
- Australian citizen who
 - has been absent from Australia for more than 5 years.
 - resides in Norfolk Island.
- New Zealand Citizen who travels frequently in and out of Australia and spends less than 6 months in a 12 month period in Australia.
- person who
 - was not residing in one of the following countries prior to entering Australia - the United Kingdom, Northern Ireland, Italy, Malta, Sweden, the Netherlands, Finland, Norway, Belgium or Slovenia. These countries have a Reciprocal Health Care Agreement with Australia.
 - has not applied for permanent residency.

Even if you are not eligible for Medicare, you may still not be eligible for an exemption if you maintain a dependant that is eligible for Medicare. The ATO make the determination on whether you are eligible for an exemption.

How to apply

- A separate application form is required for each financial year. (A financial year runs from 1 July to 30 June.)
- When your application has been assessed and processed, you will receive a Medicare Entitlement Statement which will certify that you are not eligible for Medicare benefits for the specified period.
- You should not apply for a Medicare Entitlement Statement for the current financial year unless you are leaving Australia and will be submitting a final income tax return before the end of the financial year.
- If a tax agent prepares the application, the tax agent must complete the tax agent details in this application form.

Documents required

The following documents **must** be submitted when lodging this form.

Failing to do so will result in a delay in the assessment of your application.

Certified copies of the following:

- photo page of your passport
- evidence of visa(s) to cover the period you are claiming
- all Australian arrival stamps, and
- if you resided in the United Kingdom, Northern Ireland, Italy, Malta, Sweden, the Netherlands, Finland, Norway, Belgium or Slovenia prior to entering Australia, a copy of your European Health Insurance Card (EHIC), National Health Service (NHS) card or other health/medical insurance card specific to the country, showing an expiry date.

Where your visa has been issued electronically and is not endorsed in your passport, please provide a copy of the letter or email issued to you by the Department of Immigration and Border Protection (DIBP). Visa evidence sent to you from DIBP via email does not need to be certified.

In some cases, we may request that you provide Australian departure stamps or other certified evidence.

Who can certify documents?

A number of people can certify documents. Examples include:

- legal practitioners
- medical practitioners
- pharmacists
- police officers
- justice of the peace.

For a complete list of people who can certify documents, go to ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx

For more information

For more information about the Medicare Entitlement Statement, go to our website humanservices.gov.au

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.

Send the completed application(s) and certified document(s) for each application to:

Fax: **1300 554 904**

or

**Department of Human Services
Medicare Entitlement Statement Unit
GPO Box 9822
ADELAIDE SA 5001**



Application for a Medicare Entitlement Statement

- 1** Is your tax agent completing this application on your behalf?
 No **Go to 5**
 Yes
- 2** Do you give permission for your tax agent to supply and receive information related to this application?
 No
 Yes

Tax agent's details

Questions 3 and 4 must be completed by the tax agent.

- 3** Name of company
- Name of person who prepared this application
- Daytime phone number
- 4** Have you read and understood the Privacy notice contained in this form?
 No
 Yes

Applicant's details

- 5** Do you have a Medicare card?
 No
 Yes Provide your Medicare Card Number or Reference number (if known)
 Medicare card number -- Ref no.
- 6** Show your name as it appears on your passport
 Dr Mr Mrs Miss Ms Other
 Family name
 First given name
 Second given name
- 7** Sex
 Male
 Female
- 8** Date of birth

- 9** Daytime phone number
- Email

- 10** Your residential address in Australia

 Postcode

- 11** This question **must** be completed if one of the following applies:
- you have left Australia permanently, **or**
 - you are in Australia and your postal address is different to your residential address, **or**
 - a tax agent is completing this application.

What is the postal address you would like all correspondence sent to?

Postcode
 Country (if not Australia)

Correspondence related to this application will be forwarded to this address.

- 12** Is the postal address provided in question 11 your tax agent's address?
 No
 Yes

Eligibility for Medicare

- 13** What was your country of residence **immediately** prior to arriving in Australia?
- 14** How long were you residing in that country? (State total number of years and/or months in numerals e.g. 10.)
 Years and/or months
- 15** Did you hold health or medical insurance in that country (e.g. European Health Insurance Card)?
 No
 Yes Provide certified copies of the medical insurance with this application.

16 Have you lodged a permanent resident visa application (other than a parent visa) with the Department of Immigration and Border Protection (DIBP)?

No **Go to 20**

Yes Date application lodged

17 Have you lodged an application for permanent residency that is being considered by DIBP and is still current (ongoing)?

No

Yes **Go to 21**

18 Indicate if your application for permanent residency was:

Tick ONE only

Approved Date **Go to 21**

Withdrawn Date **Go to 21**

Refused Date **Go to 19**

19 If your application was refused by DIBP, have you lodged an appeal against that decision?

No

Yes

20 Have you lodged an application for permanent residency with DIBP under parent category (Aged parent or Contributory parent)?

No

Yes Date application lodged

Claiming period

- 21**
- You **must** complete a separate application for each financial year you are applying for.
 - We are **unable** to certify any period after the date this application is signed.
 - All periods **must** be in the same financial year.

Which financial year are you applying for?

 to

22 Which period during the financial year were you **not eligible** for Medicare benefits?

Whole financial year (as stated in question 21)

or

From to

23 Are you leaving Australia permanently before the end of the current financial year?

No

Yes Expected departure date

Visa verification authorisation

24 Do you give permission for the Australian Government Department of Human Services to contact the Department of Immigration and Border Protection to verify your current visa entitlement for the purpose of determining your eligibility for Medicare?

No Yes

Checklist

25 Which of the following certified copies of documents and other attachments are you providing with this application?

Where you are asked to supply documents, please attach certified copies of original documents.

Photo page of your passport

Evidence of visa(s) covering the period being claimed

European Health Insurance Card or equivalent health/medical insurance card or letter, showing an expiry date (at **question 15**)

All Australian arrival stamps

Separate application forms for each financial year (if applicable)

Privacy notice

26 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration

27 I declare that:

- the information I have provided in this form is complete and correct.
- for the period(s) specified in questions 21 and 22, I was a resident of Australia for taxation purposes, and at the same time I was **not eligible** for Medicare benefits, nor Medicare benefits under a Reciprocal Health Care Agreement.

I understand that:

- giving false or misleading information is a serious offence.
- information regarding this application is exchanged between the Australian Government Department of Human Services and the Australian Taxation Office.

Applicant's signature

Date