

# Medicare application form



Australian Government  
Medicare Australia

**Medicare**

## Medicare Enrolment Application

This form should be used to enrol for Medicare and to obtain a Medicare card.

### What you need to do...

#### **STEP 1 — Collect the relevant documents**

You need to provide relevant documents to determine your eligibility for Medicare enrolment. You must have one eligibility document and two residency documents from the lists below. If you cannot provide the appropriate documents, call Medicare on 132 011\*.

##### **Eligibility documents**

If you were **born in Australia** you must provide one of the following documents:

- Australian passport
- birth certificate or birth extract, or
- Australian armed services papers.

If you were **born overseas** you must provide:

- your Australian or overseas passport or travel document issued by the Department of Foreign Affairs and Trade with a valid visa.

##### **Residency documents**

You must provide two of the following documents:

- rates notice with electricity, gas or telephone accounts in the same name
- photographic drivers licence
- financial institution cards where a signature is included
- firearm licence
- current health insurance contribution book or card
- motor vehicle registration papers
- rental contract (for a period no less than 6 months) with electricity, gas or telephone accounts in the same name
- photographic security access card
- deed poll document
- employment contract.

**Note:** The Residency document list is not exhaustive and other documents may be acceptable if you cannot provide the documents listed. Some combinations of documents may not establish that you are living in Australia so additional documents may be required.

#### **STEP 2 — Complete the form**

Complete the form using a blue or black pen. If you need help completing the form, you can:

- call Medicare on 132 011\*
- call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955, or
- visit your nearest Medicare office.

#### **STEP 3 — Lodge the form**

Bring your completed form and original documents to your nearest Medicare office.

If you live in an area remote from a Medicare office, or there are genuine reasons for not being able to attend, you may post your application, together with original or certified copies of your documents and your reasons for not being able to attend in person, to GPO Box 9822 in your capital city.

#### **Returning to Australia/Visa Applicants**

If you are an Australian citizen returning to live in Australia, a visitor to Australia or you have applied for an Australian permanent resident visa, please read the information on the back of this form as you may need to provide additional documents with your application.

#### **Family/Group Medicare cards**

People can choose to be on separate Medicare cards or be included with other people at the same address. Where multiple persons are included on a Medicare card, one person needs to be identified as the cardholder. The cardholder will be sent general information on Medicare matters.

#### **Medicare Safety Net**

The Medicare Safety Net helps people cope with high medical expenses. It is available to individuals as well as families. Individuals are automatically registered, however, families need to register for the Safety Net. For more information about the Medicare Safety Net, call 132 011\* or visit any Medicare office.

\* Local call rates. Calls from mobile phones and pay phones incur additional charges depending on the carrier.

# Medicare application form (continued)

## Section 1 — Cardholder's details

▶ All correspondence, including the Medicare card will be sent to the cardholder

### 1 Your full name

Mr  Mrs  Miss  Ms  Other

Family name   
 First name   
 Second name

### 2 Your contact details

Mailing address   
  
 Postcode

Residential address (if different from mailing address)   
  
 Postcode

Telephone   
 Work (  )   
 Home (  )

### 3 Will you be listed on the Medicare card?

No  ▶ Please explain why you will not be listed (e.g. Power of attorney, carer, parent arranging card for child), then **go to Section 2**

Yes  ▶ Please give the following details

Date of birth       Male  Female   
 Previous Medicare No. (if applicable)   
 Previous name (if applicable)   
 If born outside Australia: Reason for entry to Australia   
 Entry date     Departure date

Are you of Aboriginal or Torres Strait Islander origin? No   
 Yes – Aboriginal   
 Yes – Torres Strait Islander

## Section 2 — Details of all other people to be shown on the Medicare card

- ▶ It is not necessary to repeat the cardholder's information.
- ▶ This form allows for six people to be listed on your Medicare card (including the cardholder). If more than six names are to be included on your card, please attach the additional details on a separate sheet.

Family name   
 First name   
 Second name

Date of birth       Male  Female

Previous Medicare No. (if applicable)   
 Previous name (if applicable)

If born outside Australia: Reason for entry to Australia   
 Entry date     Departure date

Is this person of Aboriginal or Torres Strait Islander origin? No   
 Yes – Aboriginal   
 Yes – Torres Strait Islander

Family name   
 First name   
 Second name

Date of birth       Male  Female

Previous Medicare No. (if applicable)   
 Previous name (if applicable)

If born outside Australia: Reason for entry to Australia   
 Entry date     Departure date

Is this person of Aboriginal or Torres Strait Islander origin? No   
 Yes – Aboriginal   
 Yes – Torres Strait Islander

\* Note: Responding to the Aboriginal or Torres Strait Islander question is voluntary.

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

# Medicare application form (continued)

Family name

First name

Second name

Date of birth    Male  Female

Previous Medicare No. (if applicable)

Previous name (if applicable)

If born outside Australia: Reason for entry to Australia

Entry date  /  /  Departure date  /  /

Is this person of Aboriginal or Torres Strait Islander origin?\* No   
 Yes – Aboriginal   
 Yes – Torres Strait Islander

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Family name

First name

Second name

Date of birth    Male  Female

Previous Medicare No. (if applicable)

Previous name (if applicable)

If born outside Australia: Reason for entry to Australia

Entry date  /  /  Departure date  /  /

Is this person of Aboriginal or Torres Strait Islander origin?\* No   
 Yes – Aboriginal   
 Yes – Torres Strait Islander

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Family name

First name

Second name

Date of birth    Male  Female

Previous Medicare No. (if applicable)

Previous name (if applicable)

If born outside Australia: Reason for entry to Australia

Entry date  /  /  Departure date  /  /

Is this person of Aboriginal or Torres Strait Islander origin?\* No   
 Yes – Aboriginal   
 Yes – Torres Strait Islander

### Section 3 — Duplicate card

▶ A duplicate card is a copy of your Medicare card. If you have more than one person on your Medicare card you may find it useful to have a duplicate card.

Do you require a duplicate Medicare card?

No

Yes

### Section 4 — Declaration

▶ The Aboriginal and Torres Strait Islander question is voluntary. This information will be used to improve government health program and outcomes for Indigenous people. You can have this information removed from your Medicare Australia records at any time by:

- calling the Aboriginal and Torres Strait Islander Access Line on 1800 556 955; or
- visiting your nearest Medicare office.

**Privacy note**

The information you provide on this form will be used to determine eligibility for Medicare benefits and to maintain a record of entitled persons for the government programs administered by Medicare Australia. Collection of this information is authorised by law and may be disclosed to the Department of Health and Ageing, Centrelink, the Department of Veterans' Affairs and the Department of Immigration and Multicultural and Indigenous Affairs. Information concerning any identification number given to you by Medicare Australia and your eligibility for a benefit administered by Medicare Australia may be provided to a person who renders a hospital, medical or pharmaceutical service, to a member of the staff of that person, or to a person nominated to administer your affairs.

*I declare that to the best of my knowledge and belief, all information provided on this form is true and correct.*

Cardholder's signature

Date

**Note:** It is an offence under the *Health Insurance Act 1973* to make a false statement relating to Medicare benefits. The information on this application form is correct at the time of printing and is subject to change.