

# Medicare copy/transfer application form



Australian Government  
Medicare Australia

**Medicare**

## Copy/transfer application form

- Identification documents will be required.
- If this application is for a child, please complete sections 1,2,3,5,6,7 and if applicable section 4.
- If this application is for an adult, please complete sections 1,2,3,7, and if applicable section 4.

### Section 1. Applicant details

(Please tick appropriate box) Mr  Mrs  Miss  Ms  Other (please state)

Family name  First name  Second name

Date of birth  /  /  Telephone (work) (  )  (home) (  )

Are you of Aboriginal or Torres Strait Islander origin?\*

Yes—Aboriginal  Yes—Torres Strait Islander  No

#### Current mailing address

Postcode

#### Current residential address (if different to mailing address)

Postcode

### Section 2. Reason for application

- Copy to an existing Medicare card, or  
 Transfer from a current Medicare card to another Medicare card.

#### Note: If this request is for a child under 15 years of age to:

- transfer the child to another card, the signatures of both parents/guardians are required (where applicable)
- copy the child to another card, the signature of at least one parent/guardian is required.

#### If this request is for a person 15 years and over to:

- transfer to a new card, that person's signature is required
- transfer to an existing card, two signatures are required—the signature of the person transferring and the signature of an adult member on the card they are transferring to.

### Section 3. Person to be copied or transferred

Family name  First name  Second name

Date of birth  /  /  Current Medicare number

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

Family name  First name  Second name

Date of birth  /  /  Current Medicare number

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

Family name  First name  Second name

Date of birth  /  /  Current Medicare number

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

\* For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. Responding to this question is voluntary.

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# Medicare copy/transfer application form (continued)

## Section 4. Medicare enrolment details

Current Medicare card number to which name(s) is to be added

## Section 5. Details of person(s) applying on behalf of children

Relationship of applicant to the child/ren listed in Section 3

## Section 6. Parent/guardian authorisation in respect of a child/ren

I consent to the changes requested for the child/ren listed in Section 3.

Name (Block letters)	<input type="text"/>	Signature	<input type="text"/>
Contact phone No.	( <input type="text"/> ) <input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name (Block letters)	<input type="text"/>	Signature	<input type="text"/>
Contact phone No.	( <input type="text"/> ) <input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Section 7. Declaration by applicant

It is an offence under the *Health Insurance Act 1973* to make a false statement relating to Medicare benefits. I declare that to the best of my knowledge all information provided on this form is true and correct.

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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The Aboriginal and Torres Strait Islander question is voluntary. This information will be used to improve government health programs and outcomes for Indigenous people. You can have this information removed from your Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access line on 1800 556 955 or by visiting your nearest Medicare office.

**Privacy note:** The information provided on this form will be used to determine eligibility for Medicare benefits and to maintain a record of entitled persons for 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, Department of Veterans' Affairs and the Department of Immigration and Multicultural and Indigenous Affairs. Your Medicare Australia identification number and your eligibility for benefit administered by Medicare Australia may be provided to a member of staff when you use a hospital, medical practice or pharmacy.

## Enquiries

For more information on Medicare enrolment matters:

- Visit any Medicare office
- Call Medicare on 132 011 (local call cost)\*
- Call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955 (free call)\*
- Email Medicare on [medicare.enq@medicareaustralia.gov.au](mailto:medicare.enq@medicareaustralia.gov.au)
- Visit Medicare Australia's website on [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)
- Write to Medicare at GPO Box 9822 in your capital city.

\*Normal mobile and public phone charges apply.

**Please note:** The information on this application form is correct at the time of printing and is subject to change.

## Office use only

Type of documentation/identification sighted e.g. drivers license (with photo), passport, marriage certificate.

Operator number  Branch  Date  /  /

Documents sighted/comments:


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