



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.

	Section 1 — Cardholder's details		Section 2 —	Det - sho	tails of all o own on the	ther Med	peopl icare d	e to be card	
>>	All correspondence, including the Medicare card will be sent to the cardholder	>>	• It is not neces	ssary	to repeat the c	ardhol	lder's in	formation	
1	Your full name Mr Mrs Miss Ms Other Family name			g the	cardholder). If our card, pleas	more	than six	names a	
	First name		Family name						
	Second name		First name						
	occord manie		Second name						
2	Your contact details			DD	MM YY				
	Mailing address		Date of birth		/ /	Ma	le	Female	
			Previous Medica No. (if applicable						
	Postcode		Previous name (if applicable)	-					
	Residential address (if different from mailing address)		If born outside		Reason for en	try to A	Australia	ı	
			Australia:						
					Entry date		Depart	ure date	
	Postcode				/ /				
	Telephone Work ()		Is this person of Torres Strait Isla	f Abor ander	riginal or origin?*			No [
	Home ()				Ü	,	Yes – Al	ooriginal	
					Yes -	- Torre	s Strait	Islander	
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		Family name						-
	child), then go to Section 2		First name Second name						-
			Second Hame	DD	MM YY				
			Date of birth		/ /	Ма	le	Female	
			Previous Medica No. (if applicable						
	Yes Please give the following details DD MM YY		Previous name	•					_
	Date of birth / / Male Female		(if applicable)		D f		A t 1! -		
	Previous Medicare No. (if applicable)		If born outside Australia:		Reason for en	iry to F	Australia	1	
	Previous name				Entry date		Depart	ure date	
	(if applicable)				/ /				
	If born outside Reason for entry to Australia Australia:		Is this person of					No	
	Entry date Departure date		Torres Strait Island		nder origin?* Yes – Aborigina				
	/ / Departure date				Yes – Torres Strait Islander				
	Are you of Aboriginal or Torres								
	Strait Islander origin?*								
	Yes – Aboriginal Yes – Torres Strait Islander								
	res – Torres Strait Islander	*	Note: Respon	ndina	to the Ahor	rinina	Lor To	rres Stra	ait
			Islander ques				. 01 101	.00 0116	~ 1 L
			For persons of Islander origin					Strait	
			isiander ongli	, iiic	an Dour 163	, DOX	00.		

Family name			
First name			
Second name			
.	DD MM YY		
Date of birth	/ / Male Female		
Previous Medic No. (if applicab	le)		
Previous name (if applicable)			
If born outside Australia:	Reason for entry to Australia		
	Entry date Departure date		
Is this person of Torres Strait Isl			
	Yes – Torres Strait Islander		
	res – Torres Strait Islander		
Family name			
First name			
Second name			
.	DD MM YY		
Date of birth	/ / Male Female		
Previous Medic No. (if applicab			
Previous name (if applicable)			
If born outside Australia:	Reason for entry to Australia		
	Entry date Departure date		
Is this person of Torres Strait Isl			
	Yes – Torres Strait Islander		
	Tes Torres offait Islander		
Family name			
First name			
Second name			
5	DD MM YY		
Date of birth Previous Medic	/ / Male Female		
No. (if applicab	le)		
(if applicable) If born outside	Reason for entry to Australia		
Australia:	neason for entry to Australia		
	Entry date Departure date		
Is this person of Torres Strait Isl	of Aboriginal or ander origin?*		
	f Aboriginal or		

Section 3 — Duplicate card

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				
	DD	MM	YY	_
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.

Further information

For more information on Medicare enrolment matters:

- · visit any Medicare office
- call Medicare on 132 011*
- call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955
- email Medicare on http://medicare.enq@medicareaustralia.gov.au
- visit Medicare Australia's web site on http://www.medicareaustralia.gov.au
- write to Medicare at GPO Box 9822 in your capital city.

Australian citizens returning to live in Australia

Australian citizens who have been residing outside Australia for more than five years will be required to establish residency on their return. Medicare eligibility will be reinstated when residency is confirmed.

Visitors to Australia

Visitors from New Zealand, the United Kingdom, the Netherlands, Sweden, Norway, Finland, Italy, Malta and the Republic of Ireland are eligible under Reciprocal Health Care Agreements (RHCA) with Australia for immediately necessary medical services and necessary medicines under the Pharmaceutical Benefits Scheme (PBS). Visitors applying for a Medicare card must provide their passport and their valid visa. Further documentation may be required.

Note: A Medicare card is not issued to visitors from New Zealand and the Republic of Ireland who are entitled to RHCA benefits as a public patient in a public hospital.

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

Applicants for an Australian permanent resident visa

Persons who have applied for a permanent resident visa (except for a parent visa) may be eligible for cover under the Medicare and PBS programs if they have a visa authorising their stay in Australia and:

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

Medicare uses information from the Department of Immigration and Multicultural and Indigenous Affairs to determine the eligibility of migrants and conditional visa holders seeking access to the Medicare and PBS programs.

Medicare card replacement

The Medicare card replacement program is a process to replace Medicare cards when nearing their expiry date. Please advise Medicare Australia if your address details change so thatyour replacement card can be sent to the correct address.

Release of Medicare numbers

A person seeking their own Medicare number at a Medicare office will be required to produce identification documentation.

Health professionals may be given a Medicare number provided the number is required for a bulk bill claim.

Office Use Only		
Type of identification sighted		