



Medicare enrolment application information

Important information

Complete the 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
- a permanent resident visa holder (previously enrolled) returning to live in Australia.

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

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

Assistance

If you need help completing this form call **132 011** (call charges may apply) or for more information go to www.medicareaustralia.gov.au or email medicare@medicareaustralia.gov.au

Lodgement

Bring your completed form and original or certified documents to your nearest Medicare office. For initial enrolments, all people 15 years and over on the application must go with you to a Medicare office.

If you live in an area remote from a Medicare office, 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:

Medicare Australia
GPO Box 9822
in your capital city

Applicant(s) circumstances and documents required

Migrant (holder of a permanent resident visa)

Documents required

- 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

- passport or travel document for each person being enrolled
- valid visa or original visa grant letter for each person being enrolled
- letter from the Department of Immigration and Citizenship stating that an application for permanent residency for each person listed on the application is under consideration
- 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 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 the Department of Immigration and Citizenship 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, 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 six 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

- passport and valid visa for all applicants.

Further documents may be required.

Australian citizens that have been living overseas for more than five 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 two 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
- 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
- private health insurance in Australia, opening of bank accounts, property or contents insurance.

Aboriginal and Torres Strait Islander

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 Australia records at any time:

- by calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**, or
- by visiting your nearest Medicare office.

Family or group Medicare cards

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

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 **www.medicareaustralia.gov.au**
- visit your nearest Medicare office
- call Medicare Australia on **132 011** (call charges may apply)

Bank account details

To enable Medicare Australia to make payments into your bank account, please provide your bank account details. These details will be used for future electronic payments which is a faster and easier way to claim your Medicare rebate.

Medicare Australia must be notified immediately of any changes to your bank account details.

Print in **BLOCK LETTERS**

Tick where applicable

Office use only

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

Comments

Operator number

Date

Branch



Medicare enrolment application

Contact person's details

1 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

2 Your sex

Male

Female

3 Date of birth

 / /

4 Permanent address

 Postcode

Postal address (if different to above)

 Postcode

5 Home phone number

 ()

Mobile phone number

Daytime phone number

 ()

Email

 @

6 Will you be listed on the Medicare card?

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

Go to 12

Yes Go to next question

7 Previous Medicare card number (if applicable)

 - -

Ref no.

8 Previous name (if applicable)

9 Were you born in Australia?

Yes

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

Entry date

 / /

Departure date

 / /

10 Is this person of Aboriginal or Torres Strait Islander origin#?

No

Yes - Aboriginal

Yes - Torres Strait Islander

11 Do you need a duplicate Medicare 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.

No

Yes

Additional people to be shown on the Medicare card

It is not necessary to repeat the contact person's information.

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

Person one

12 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

13 Their sex

Male

Female

14 Date of birth

 / /

15 Previous Medicare card number (if applicable)

 - -

Ref no.

16 Previous name (if applicable)

17 Was this person born in Australia?

Yes

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

Entry date

/ /

Departure date

/ /

18 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

Person two

19 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

20 Their sex

Male

Female

21 Date of birth

/ /

22 Previous Medicare card number (if applicable)

----- - ----- -

Ref no.

23 Previous name (if applicable)

24 Was this person born in Australia?

Yes

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

Entry date

/ /

Departure date

/ /

25 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

Person three

26 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

27 Their sex

Male

Female

28 Date of birth

/ /

29 Previous Medicare card number (if applicable)

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Ref no.

30 Previous name (if applicable)

31 Was this person born in Australia?

Yes

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

Entry date

/ /

Departure date

/ /

32 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

Person four

33 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

34 Their sex

Male

Female

35 Date of birth

/ /

36 Previous Medicare card number (if applicable)

----- - ----- -

Ref no.

37 Previous name (if applicable)

38 Was this person born in Australia?

Yes

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

Entry date

Departure date


39 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

Bank account details

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

40 Do you have an Australian bank account?

No **Go to 44**

Yes

Payment cannot be made to credit card, loan or mortgage accounts.

41 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)

42 Provide names of people over 14 years of age on the Medicare card who will use the nominated bank account for their Electronic Funds Transfer payments.

Consent

43 Persons **14 years 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 one

Signature

Date

Full name of person two

Signature

Date

Full name of person three

Signature

Date

Full name of person four

Signature

Date

Declaration

44 I declare that:

- the information on this form is correct.

I authorise for:

- payments to be made into this account.

Contact person's full name

Contact person's signature

Date

Privacy note

The information on this application will be used to assess the eligibility of persons to receive Medicare Benefits and to maintain a record of persons' entitled to government program payments administered by Medicare Australia. The collection of this information is authorised by the *Health Insurance Act 1973*, the *National Health Act 1953* and other relevant Commonwealth Legislation. This information may be disclosed to the Department of Health and Ageing, Centrelink, Department of Veterans' Affairs, Department of Immigration and Citizenship, Department of Human Services or as authorised or required by law.

Information concerning identification numbers assigned by Medicare Australia and 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 staff of that person or to a person with the legal authority to administer individuals' affairs.

This information will be used to facilitate the allocation of an Individual Healthcare Identifier (IHI). If an IHI has already been assigned, this information will be used to update the IHI record. The collection of this information is authorised by the *Healthcare Identifiers Act 2010*. This information may be disclosed as authorised or required by law.

The bank account details collected will be stored and used for any future payments from programs administered by Medicare Australia. Bank account details will be disclosed to the relevant financial institution to facilitate payments or as authorised or required by law.