



Purpose of form

You can use this form to let Medicare Australia know about a person who is deceased. We will use this information to update our records.

If you need a new Medicare card call **132 011***, or visit your local Medicare office, or go to **www.medicareaustralia.gov.au**

Mail the completed form to GPO Box 9822 in your capital city or lodge at your local Medicare office.

Notified by

1 Full name
 Title Mr Mrs Miss Ms Other
 Family name
 First given name
 Second given name

2 Relationship to deceased person

3 Contact phone number

Cardholder details

4 Was the deceased the Medicare cardholder?
 No **Go to question 7**
 Yes **Go to next question**

5 Are there other people listed on the card?
 No **Go to question 7**
 Yes **Go to next question**

6 Please provide new card holder details
 Title Mr Mrs Miss Ms Other
 Family name
 First given name
 Second given name

Deceased person's details

7 Full name
 Title Mr Mrs Miss Ms Other
 Family name
 First given name
 Second given name

8 Medicare card number

9 Date of death

10 Address

 Postcode

11 Date of birth

12 Statement

I understand that 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

Date

Privacy note – The information provided on this form will be used to update the Medicare enrolment record.

Collection of this information is authorised by the *Health Insurance Act 1973* and may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Veterans' Affairs, Department of Immigration and Citizenship, Centrelink and other relevant agencies or as authorised or required by law.

For more information

online **www.medicareaustralia.gov.au**
 email **medicare@medicareaustralia.gov.au**
 call **132 011***
 TTY **1800 552 152**** (Hearing and speech impaired)
 TIS **131 450*** (Translating and Interpreting Services)
 visit **your local Medicare office**
 write **Medicare, GPO Box 9822 in your capital city**

* Call charges apply

** Call charges apply from mobile or pay phones only