



Aboriginal and Torres Strait Islander Medicare enrolment and amendment form

medicare

Are you enrolled in Medicare and are your details up-to-date?

Not enrolled?

Being enrolled in Medicare helps you get access to health services including:

- pathology tests, such as blood tests
- general practitioner
- medicine from the chemist
- your child's immunisation records
- some specialist services and hospital treatment, even when travelling or moving away.

It also makes it easier for the health service to get the payment it should receive from Medicare.

Already enrolled?

Even if you are already enrolled in Medicare it is important to check that your details are up-to-date.

- It helps make sure information and replacement cards go to the right place.
- Avoids problems in getting tests, medicine and payments.
- Information about Aboriginal and Torres Strait Islander origin can be provided to Medicare.

Why should people identify as Aboriginal and/or Torres Strait Islander?

Answering the question is voluntary. The information is aimed at improving access to health programs and our services. It will also help to improve benefits and payments.

You can have this information removed from your Medicare record at any time by calling the Aboriginal and Torres Strait Islander Access and Employment Line on **1800 556 955*** or by visiting your local Medicare office.

What's different about this form?

If you don't have identification, you can just get an approved referee to fill in and sign the referee statement and declaration section.

Need help with the form?

If you need help filling in the form call **1800 556 955***.

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New enrolment (Sections 1, 2, 3, 4, 6 and 7 if required) Volunteer Indigenous details (Sections 1, 3, and 7)
Adding someone (Sections 1, 3, 4, 6 and 7) Duplicate card (Sections 1, 4 and 6)
Changing name (Sections 1, 2, 3, 6 and 7 if required) Replacement card (Sections 1, 2, 5 and 6)
Changing address (Sections 1 and 6) Safety net (Sections 1, 6 and 7)

Section 1 Applicant/cardholder details (please fill out every time)

Title: Mr Mrs Ms Other First name
Second name Family name
Other names you are or have been known by (provide cardholder's previous name here if notifying a name change)

Provide current address here if notifying a change of address
Postal address
Residential address
Previous address (if known or notifying of a change of address)

Daytime phone no. () Sex: Male Female Date of birth / /
Are you 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. This question is voluntary.
Medicare number (if known) - - Ref no.

Section 2 Proof of identity (when enrolling, making a change or requesting a replacement card)

You can use one of the following forms of identification (ID) (or a certified photocopy if you are mailing the form):
• driver's licence • birth certificate or extract • current passport • Australian Armed Services papers • marriage certificate • legal document.
A certified copy means one of the following people has signed and written 'this is a true copy of the original document':
• community elder • medical/health service manager/nurse • school principal • any permanent Commonwealth employee with five or more years of continuous service • council chairperson • minister of religion • welfare organisation worker.
No ID—no worries! have the following details filled out and signed by one of the people listed above.
I (full name of referee) am providing this reference
because the applicant cannot provide the ID listed above. I have known the applicant personally for year(s) month(s)
OR I can confirm their identity from the following information:
Medical records School records Church records Other (please specify)
I understand it is an offence under the *Health Insurance Act 1973* to make false or misleading statements relating to Medicare benefits. **I declare** that to the best of my knowledge and belief, all information on this form is correct.
Referee signature Date / /
Phone number () Name of the organisation

Section 3 Are there details of other people to include or change on the card?

Yes —(please provide details in Section 7) No

Section 4 Duplicate card (available if there is more than one person on the card)

Do you wish to have a second copy of your card? Yes No

Section 5 Replacement card


Was your card? Lost Stolen Damaged/destroyed Expired

Section 6 Declaration (Please fill out every time)

I declare that all information on this form (including any information provided in Section 7) is correct.
I understand it is an offence under the *Health Insurance Act 1973* to make a false statement relating to Medicare benefits.
Cardholder's signature Date / /

Privacy note: The information on this form will be used to assess your eligibility to receive Medicare benefits and to maintain a record of persons entitled to government program payments administered by Medicare Australia, or to amend your personal details. The information provided on this form may also be used to facilitate the allocation of an Individual Healthcare Identifier. The collection of this information is authorised by the *Health Insurance Act 1973* and the *Healthcare Identifiers Act 2010*. This information may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Families, Housing, Community Services and Indigenous Affairs, Centrelink, Department of Veterans' Affairs, State and Territory health departments or as authorised or required by law. 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.

Section 7 Details of other people to be included or changed on the card

 If there is not enough space to include everyone to be listed on the card, get another copy of this section or photocopy it and attach it to this form. You can also just write the required details on a piece of paper and attach it.

- New enrolment—list all other people to be on the card
- Adding a new person only
- Changing the name of a person on the card
- Medicare Safety Net registration
 - a couple legally married and not separated with or without dependant children.
 - a couple in a de facto relationship with or without dependant children.
 - a single person with dependant children (a dependant child is someone under 16 years of age or a full time student under 25 years of age whom you support).

Please provide ID (as described in Section 2) for each person being enrolled, added to the card or having their details changed.

No ID—no worries! have one of the people mentioned in Section 2 to fill in the referee statement or declaration section.

Spouse Dependent child Other (please specify)

First name Second name

Family name Sex: Male Female Date of birth / /

Other names the person is or has been known by (indicate previous name here if notifying us of a name change)

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.

Medicare number (if already enrolled and known for the Medicare Safety Net) - - Ref no.

Referee statement and declaration. **Only complete this section if you have no ID.**

I (full name of referee) am providing this reference because the above mentioned person cannot provide ID. I have known the applicant personally for year(s) month(s)
OR I can confirm their identity from the following information:
Medical records School records Church records Other (please specify)

I understand it is an offence under the *Health Insurance Act 1973* to make false or misleading statements relating to Medicare benefits. **I declare that** the information on this form is correct.

Referee signature Date / /

Phone number () Name of the organisation

Spouse Dependant child Other (please specify)

First name Second name

Family name Sex: Male Female Date of birth / /

Other names the person is or has been known by (please indicate the person's previous name here if notifying us of a name change)

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.

Medicare number (if already enrolled and known for the Medicare Safety Net) - - Ref no.

Referee statement and declaration. **Only have this section completed if no ID is available.**

I (full name of referee) am providing this reference because the above mentioned person cannot provide ID. I have known the applicant personally for year(s) month(s)
OR I can confirm their identity from the following information:
Medical records School records Church records Other (please specify)

I understand it is an offence under the *Health Insurance Act 1973* to make false or misleading statements relating to Medicare benefits. **I declare that** to the best of my knowledge and belief, all information on this form is correct.

Referee signature Date / /

Phone number () Name of the organisation

To fax—cut along the dotted line. Please fax both pages at once.

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What can I use this form for?

Enrolling in Medicare

Fill in sections 1, 2, 3, 4, 6 and 7 (if there are other people to be included on the card).

Already enrolled

- Providing Aboriginal and/or Torres Strait Islander origin details—fill in sections 1, 3, and 7 (for other people on the card).
- Adding another person, for example a child, to your Medicare card—fill in sections 1, 3, 4, 6 and 7.
- Requesting a duplicate (extra) Medicare card—fill in sections 1, 4 and 6.
- Changing your address details—fill in sections 1 and 6.
- Changing your name on your Medicare card—fill in sections 1, 2, 3 and 6 (and 7 if required).
- Requesting a replacement Medicare card—fill in sections 1, 2, 5 and 6.
- Registering for the Medicare Safety Net—fill sections 1, 6 and 7.

Providing the form to Medicare

- Your health service or health worker can send the completed form to Medicare for you.
- You can drop it off at any Medicare office.
- Send it to Indigenous Access, GPO Box 9822, in your capital city—include all requested documents with your form.
- If you want to fax the form, call the Aboriginal and Torres Strait Islander Access and Employment Line on **1800 556 955*** for your local fax number.

For more information or help

- Talk to your local health worker.
- Call the Aboriginal and Torres Strait Islander Access Line on **1800 556 955***.
- Visit your local Medicare office.
- Go to **www.medicareaustralia.gov.au**

* Call charges may apply.