



# Application to copy or transfer from one Medicare card to another



**Important:** Please bring this completed form and identification documents for people aged 15 years and over, for example, driver's licence (with photo), passport or marriage certificate, to your nearest Medicare office for lodgement.

## 1 Use this form if you want to:

**Copy to a new Medicare card** – *For example:* Children who are cared for by a primary carer other than a parent, or a child at a boarding school. The child can have a card of their own and still be listed on their parent's Medicare card.

The person being copied or transferred to the new card is the 'applicant'

**Transfer to a new Medicare card** – *For example:* A child originally enrolled on their parent's Medicare card grows up and chooses to have a card of their own.

**Copy to an existing Medicare card** – *For example:* Children who are cared for by grandparents and need to be listed on their grandparent's Medicare card as well as their parent's Medicare card.

The owner of the existing card that the person is being copied or transferred to is the 'applicant'

**Transfer to an existing Medicare card** – *For example:* A couple marry and one partner chooses to be enrolled on the same card as their spouse.

## 2 Applicant's details

Title Mr  Mrs  Miss  Ms  Other

Family name

First given name  Second initial

Date of birth  /  /

Daytime phone number (  )

Mobile

Fax (  )

Email   
@

Residential address   
  
 Postcode

Postal address  
(if same as residential address, write AS ABOVE)

Postcode

Are you of Aboriginal or Torres Strait Islander origin?\* No   
Yes—Aboriginal   
Yes—Torres Strait Islander

## 3 Medicare card number

### Whose card number should I write here?

If you are applying to transfer from an existing card to a new card, write 'NEW CARD'.

If you are applying to copy or transfer someone from an existing card to your existing card, write the number of your existing Medicare card.

If you are completing this form on behalf of an agency (e.g. Families, Community Services and Indigenous Affairs) (rather than as an individual), write the Medicare card number the person is being copied or transferred to.

\* For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes. This is an optional question. If you do answer, the 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.

## 4 Details of person(s) to be copied or transferred

a) Family name

First given name  Second initial

Date of birth  /  /

Current Medicare card number

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

b) Family name

First given name  Second initial

Date of birth  /  /

Current Medicare card number

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

c) Family name

First given name  Second initial

Date of birth  /  /

Current Medicare card number

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

- 5 Are any of the people named in Question 4 under 15 years of age?  
 Yes   
 No  **Go to Question 8 – Applicant’s declaration**

6 Applicant’s relationship to the child(ren) under 15 years of age (e.g. grandparent)

**7 Parent/guardian consent**

- To **copy** a child under 15 years of age to another Medicare card—we need the signature of at least one parent or guardian.
- To **transfer** a child under 15 years of age to another Medicare card—we need the signatures of both parents or guardians (if applicable).

*I consent to the changes requested for the child(ren) listed in Question 4*

**Parent or guardian 1**

**Signature**

Date

Name

Daytime phone number (  )

**Parent or guardian 2**

**Signature**

Date

Name

Daytime phone number (  )

**8 Applicant’s declaration**

**Note:** It is an offence under the *Health Insurance Act 1973* to make a false statement relating to Medicare benefits.

- To copy or transfer to an **existing card**—we need the signatures of the applicant (i.e. an adult member on the card the person is transferring to) AND the person transferring.
- To copy or transfer to a **new card**—we need only the signature of the applicant (i.e. the person copying or transferring).

*I declare that to the best of my knowledge all information provided on this form is true and correct.*

**Applicant’s Signature**

Date

AND, the person copying or transferring to an existing card must sign here:

**Signature**

Date

Name

Daytime phone number (  )

- 9 Is your family registered for the Medicare Safety Net?  
 Yes   
 No  **Please visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or call Medicare Australia on 132 011\*\* for advice on how to register**

**For more information**

- online [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)
- email [medicare@medicareaustralia.gov.au](mailto:medicare@medicareaustralia.gov.au)
- call **132 011\*\***
- visit any Medicare office
- write to Medicare, GPO Box 9822 in your capital city
- TIS if you need help translating this information call **131 450\*\***
- TTY call **1800 552 152\*\*\*** (hearing and speech impaired)

**Privacy note** — The information provided by you 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 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 and Centrelink.

Your Medicare Australia identification number and your eligibility for benefit administered by Medicare Australia may be provided to a member of staff when you see a hospital, medical practice or pharmacy. The disclosure of this information is authorised under the *Medicare Australia Act 1973*.

**Office use only**

Type of identification documentation sighted (e.g. driver’s licence)

Comments

  
  


Operator number  Date

Branch

\*\* Call charges apply  
 \*\*\* Call charges apply from mobile or pay phones only