

When to use this form



Use this form to claim an Ex-Carer Allowance (Child) Health Care Card

To be eligible for this Health Care Card, you must:

- be between 16 and 25 years of age
- be a full-time student
- have had a Carer Allowance Health Care Card on the day before you turned 16 years of age
- meet residence rules.

This card is not income or assets tested.

Online services



You can claim this Health Care Card using your Centrelink online account through myGov.

If you do not have a myGov account, you can create one at my.gov.au and link it to your Centrelink online account.

What else you will need to provide

You will need to confirm your identity as part of this claim. For more information, go to humanservices.gov.au/identity

Important information

You must return **all** supporting documents at the same time you lodge this claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

For more information

Go to humanservices.gov.au/excarerallowancecard or refer to *Information you need to know about your claim for an Ex-Carer Allowance (Child) Health Care Card (Ci010) (Information Booklet)*. If you do not have this booklet, go to humanservices.gov.au/forms

We can translate documents you need for your claim or payments for free.

To speak to us in other languages, call **131 202**.

Note: Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.





Claim for Ex-Carer Allowance (Child) Health Care Card (SS456)

Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown. You do not need to answer the questions in between.

About YOU

- 1** Do you need an interpreter when dealing with us?
This includes an interpreter for people who have a hearing or speech impairment.
- No **Go to 4**
Yes **Go to next question**
- 2** What is your preferred spoken language?
- 3** What is your preferred written language?
- 4** Are you a full-time student?
- No You will not be entitled to **this** Health Care Card.
Go to humanservices.gov.au/paymentfinder
- Yes Give details below
Unique Student Identifier (USI)
- 5** On the day before you turned 16 years of age, was your parent/carer in receipt of a Carer Allowance Health Care Card on your behalf?
- No You will not be entitled to **this** Health Care Card.
Go to humanservices.gov.au/paymentfinder
- Yes **Go to next question**
- 6** Your Centrelink Reference Number (if known)
 - - -

- 7** Your name
Family name
- First given name
- Second given name

- 8** Your date of birth

- 9** Has your address changed since you last told us?
- No **Go to 12**
Yes **Go to next question**

- 10** Your permanent address

Postcode

- 11** Your postal address (if different to above)

Postcode

12 Read this before answering the following question.

If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to humanservices.gov.au/em or visit one of our service centres.

Your contact details

Home phone number ()

Is this a silent number? No Yes

Mobile phone number

Is this a silent number? No Yes

Email



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13 Read this before answering the following question.

This question is voluntary and will not affect your Health Care Card. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Are you of Aboriginal or Torres Strait Islander Australian descent?

If you are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

14 Read this before answering the following question.

This question is voluntary and will not affect your Health Care Card. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Australian South Sea Islander descent?


No

Yes

15 Do you want to authorise another person or organisation to make enquires, get payments and/or act on your behalf?

No *Go to next question*

Yes

 You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf** form (SS313). If you do not have this form or want more information about nominee arrangements, go to humanservices.gov.au/nominees

16 What country are you currently living in?

The country of residence is where you normally live on a long term basis.

Australia *Go to next question*

Other Country of residence

17 Read this before answering the following question.

If medical treatment has been received before you claim this card, your claim may be able to be back-dated.

For more information, read the **Information Booklet**. If you do not have this booklet, go to humanservices.gov.au/forms

Do you want this claim back-dated due to medical treatment?

No *Go to next question*

Yes

 You will need to provide evidence of the date and type of medical treatment received.

About your PARENT/CARER

18 Parent/Carer's Centrelink Reference Number (if known)

 - - -

19 Give details below of the parent/carers who received a Carer Allowance Health Care Card on your behalf

Family name

First given name

Second given name

Checklist

20 Which of the following forms or documents are you providing with this form?

Where you are asked to supply documents, provide **original** documents.

If you are not sure, check the question to see if you should provide the documents.

Tick all that apply

Confirmation of identity

You will need to confirm your identity as part of this claim.

For more information, go to humanservices.gov.au/identity

Authorising a person or organisation to enquire or act on your behalf form (SS313)
(if you answered Yes at question 15)

Evidence of medical treatment
(if you answered yes at question 17)

Privacy notice

21 You need to read this

Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

22 Declaration

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- I must return **all** supporting documents at the same time as I lodge my claim form. If I do not return all documents, my claim may not be accepted. The only exception will be if I am waiting for medical evidence or other documents from a third party.
- I must tell the Australian Government Department of Human Services of any changes to this information **within 14 days**.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlements.
- giving false or misleading information is a serious offence.

Your signature



Date

/ /

Returning your form

You can return this form and any supporting documents:

- **online** (excluding identity documents) using your Centrelink online account. For more information, go to humanservices.gov.au/submitdocumentsonline
- **by post** to:
Department of Human Services
Centrelink
PO Box 7800
CANBERRA BC ACT 2610
- **in person** at one of our service centres, if you are not able to use your Centrelink online account.