



Aboriginal and Torres Strait Islander Medicare enrolment and amendment form



Who needs to complete this form?

If you're an Aboriginal or Torres Strait Islander Australian and cannot provide standard identification documents you can use this form to enrol for Medicare payments and services or to update your details.

Why do I need to enrol?

Enrolling for Medicare payments and services helps you access health services which include:

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

It also makes it easier for the health service to receive payments from us.

Why do I need to update my details?

It's important to update your details if you're adding someone else to your card or if you change your name or address.

This way, information and replacement cards go to the right address. It also avoids problems when making appointments, and receiving medicines and payments.

Why should I identify as an Aboriginal or Torres Strait Islander person?

We ask this question to help Close the Gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. We use the data to measure the effectiveness of health services in meeting the needs of Aboriginal and Torres Strait Islander peoples. We also use this information for further policy development, planning and improvement in service delivery.

Answering this question is voluntary and we will keep this information private.

You can have this information removed from your Medicare record at any time.

What's different about this form?

If you don't have identification, you can 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 the Aboriginal and Torres Strait Islander Access Line on **1800 556 955***.

What sections do I need to complete?

If you're enrolling in Medicare for the first time

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

If you're already enrolled and:

- providing Aboriginal or Torres Strait Islander descent details—fill in sections 1, 3, and 7 (for other people on the card)
- adding a child or another person to your Medicare card—fill in sections 1, 3, 4, 6 and 7
- asking for an 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)
- asking for a replacement Medicare card—fill in sections 1, 2, 5 and 6
- registering for the Medicare Safety Net—fill sections 1, 6 and 7.

Where to send the form

Once you have filled in the form, you can send it to Medicare by:

- emailing it to **MES@servicesaustralia.gov.au**, subject line: enrolment
- taking it a service centre
- sending it to Services Australia:

**Services Australia
Medicare
PO Box 7856
CANBERRA BC ACT 2610**

Make sure to include, or bring with you, all documents asked for in the form.

If you're sending it by email, there may be risks by sending personal information through unsecured networks. Use an internet connection you trust.

For more information

To find out more about Medicare payments and services:

 go to servicesaustralia.gov.au/medicare

 Email MES@servicesaustralia.gov.au

 talk to staff at your health service

 visit your local service centre, or

 call the Aboriginal and Torres Strait Islander Access Line on **1800 556 955***.

* Call charges may apply.

Aboriginal and Torres Strait Islander Medicare enrolment and amendment form (MS018)

This form has been specifically designed for, and can only be used by, Aboriginal or Torres Strait Islander Australians who can not provide standard identification documents. If normal proof of identity documents are available such as birth certificate or extract, driver licence, current passport, Australian Armed Services papers, marriage certificate or legal documents, then use the standard **Medicare enrolment form (MS004)** available at servicesaustralia.gov.au/forms

If you are adding a newborn child of Aboriginal or Torres Strait Islander Australian descent to your Medicare card and you do not have standard identification documents for your newborn, you can use this form. Ask a referee to sign the form and it will count as a proof of birth document for your newborn. A newborn is a child who has not yet passed their first birthday.

New enrolment (Sections 1, 2, 3, 4, 6, 7 and 8)

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)

Medicare Safety Net (Sections 1, 6 and 7)

Section 1 Applicant/cardholder details (Fill in every time)

Title: Mr Mrs Ms Other First name

Second name Family name

Other name(s) you are or have been known by (provide previous name here if notifying us of a name change)

Provide current/new address

Permanent address

Postal address (if different to above)

Provide previous address, if known (or if you are telling us about a change of address)

Daytime phone number (including area code) Gender: Male Female Date of birth (DD MM YYYY)

If you are of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.

Are you of Aboriginal or Torres Strait Islander descent? Yes-Aboriginal Yes-Torres Strait Islander No

Medicare card number (if known) Ref no.

Section 2 Proving your identity (when enrolling, making a change or requesting a replacement card)

One of the following people can act as a referee to prove your identity: • community elder • medical/health service manager/nurse • school principal • any permanent Commonwealth employee with 5 or more years of continuous service • council chairperson • minister of religion • welfare organisation worker. **No ID—no worries!**

I (full name of referee)

am providing this reference because the applicant cannot provide the 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 Give details

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

I understand that giving false or misleading information is a serious offence and that I may be contacted to confirm my statement.

Referee signature Date (DD MM YYYY)

Daytime phone number (including area code) Name of the organisation

Section 3 Other people

Are there details of other people to include or change on the card? Yes Give details in Section 7 No

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

Do you want 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 (Fill in every time)

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

I understand that giving false or misleading information is a serious offence.

Applicant/cardholder's signature Date (DD MM YYYY)

Privacy notice – Your privacy and security of your personal information is important to Services Australia, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

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 return it with this form. You can also 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 dependent children
 - a couple in a de facto relationship with or without dependent children
 - a single person with dependent children (a dependent child is someone under 16 years of age or a full-time student under 25 years of age whom you support).

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 fill in the referee statement and declaration section below.

Partner Dependent child Other Give details

First name Second name

Family name Gender: Male Female Date of birth (DD MM YYYY)

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

For persons of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.

Is this person of Aboriginal or Torres Strait Islander descent? Yes—Aboriginal Yes—Torres Strait Islander No

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

Referee statement and declaration. **Give us this information only if this person cannot provide ID.**

I (full name of referee)

am providing this reference because the above mentioned person cannot provide ID. I have known this person personally for year(s) month(s)

OR I can confirm their identity from the following information:

Medical records School records Church records Other Give details

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

I understand that giving false or misleading information is a serious offence.

Referee signature Date (DD MM YYYY)

Daytime phone number (including area code) Name of the organisation

Partner Dependent child Other Give details

First name Second name

Family name Gender: Male Female Date of birth (DD MM YYYY)

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

For persons of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.

Is this person of Aboriginal or Torres Strait Islander descent? Yes—Aboriginal Yes—Torres Strait Islander No

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

Referee statement and declaration. **Give us this information only if this person cannot provide ID.**

I (full name of referee)

am providing this reference because the above mentioned person cannot provide ID. I have known this person personally for year(s) month(s)

OR I can confirm their identity from the following information:

Medical records School records Church records Other Give details

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

I understand that giving false or misleading information is a serious offence.

Referee signature Date (DD MM YYYY)

Daytime phone number (including area code) Name of the organisation



Section 8 My Health Record

You only need to fill in this section for new Medicare enrolments. You do not need to fill this in if you are only changing your details.

A My Health Record is an online summary of an individual's health information. It can be accessed at any time by the individual and their healthcare providers.

You and any other person enrolling in Medicare on this form can get a My Health Record.

We cannot process the following My Health Record questions if you or the other people have:

- an existing My Health Record
- cancelled a My Health Record
- opted out of getting a My Health Record.

For more information or to make changes to previous My Health Record preferences, go to myhealthrecord.gov.au or call the My Health Record System Operator on **1800 723 471**.

You (Applicant/cardholder)

1 Are you enrolling yourself in Medicare on this form?

No **Go to 3**

Yes **Go to next question**

2 Do you want a My Health Record?

No – **Do not** give me a My Health Record

Yes – Give me a My Health Record

3 Are you using this form to enrol other people in Medicare?

No **Go to Privacy notice and Declaration**

Yes **Go to Other people**

Other people

Read this information before completing the questions for other people.

You must provide the name(s) of all other people enrolling in Medicare on this form.

If you listed more than 2 people at Section 7 of this form, get another copy of this section or photocopy it and return it with this form. You can also write the required details on a piece of paper and return it.

If the other person is 14 years of age or older, they must complete the My Health Record question, read the Privacy notice and sign their declaration.

4 Other person – Name (as stated in Section 7)

First name Second name

Family name

5 Do you want us to give this person a My Health Record?

If this person is 14 years of age or older, they must complete this question, read the Privacy notice and sign below.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

6 Other person declaration (if 14 years of age or older)

I declare that I have read and understood the Privacy notice in Section 8.

I declare that the information I have provided at **question 5** is complete and correct.

Signature

Date (DD MM YYYY)

7 Are there other people listed in Section 7 of this form?

No **Go to Privacy notice and Declaration**

Yes **Go to next question**

8 Other person – Name (as stated in Section 7)

First name Second name
Family name

9 Do you want us to give this person a My Health Record?

If this person is 14 years of age or older, they must complete this question, read the Privacy notice and sign below.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

10 Other person declaration (if 14 years of age or older)

I declare that I have read and understood the Privacy notice in Section 8.

I declare that the information I have provided at **question 9** is complete and correct.

Signature Date (DD MM YYYY)

Privacy notice and Declaration

Privacy notice – The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, including the *My Health Records Act 2012* and *Privacy Act 1988*.

For more information, see the My Health Record System Operator’s privacy policy at myhealthrecord.gov.au/privacy

Declaration

I declare that I have parental responsibility for the other people under 14 years of age that I have completed My Health Record questions for.

I declare that I have read and understood the privacy information.

I declare that the information I have provided in **Section 8** is complete and correct.

I understand that giving false or misleading information is a serious offence.

Applicant/cardholder's signature Date (DD MM YYYY)