

Some people can enrol online using their myGov account.

For more information go to  
[servicesaustralia.gov.au/enrolmedicare](https://servicesaustralia.gov.au/enrolmedicare)

## When to use this form

Use this form to enrol in Medicare for the first time, re-enrol in Medicare or enrol your newborn child in Medicare.

This form allows you to enrol up to 5 people in Medicare. If you have more than 5 people to enrol, you will need to complete an additional Medicare enrolment form.

## Family and domestic violence

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8am to 5pm local time, and ask to speak to a social worker. Otherwise, you can contact **1800RESPECT 1800 737 732**, a 24 hour service. If you are in immediate danger, call **000**.

For more information, go to  
[servicesaustralia.gov.au/domesticviolence](https://servicesaustralia.gov.au/domesticviolence)

## Medicare Safety Nets

If you need to see a doctor or get tests regularly, you could end up with high medical costs. Medicare Safety Nets can help to lower your costs for out of hospital services. We will register you as an Individual if you are enrolled in Medicare. If you are part of a family or couple, you can choose to register as a family to combine your costs.

For more information go to [servicesaustralia.gov.au/safetynet](https://servicesaustralia.gov.au/safetynet)

## Bank account details

We pay Medicare benefits to you using Electronic Funds Transfer (EFT). To pay you, we need current bank details.

If we do not have bank details we will hold your Medicare benefit until you provide bank details to us.

For more information go to  
[servicesaustralia.gov.au/getmedicarebenefits](https://servicesaustralia.gov.au/getmedicarebenefits)

## Lifetime Health Cover

Lifetime Health Cover (LHC) is a financial loading that can be payable in addition to the base rate premium for private health insurance hospital cover. It is designed to encourage people to take and maintain private health insurance hospital cover earlier in life.

To avoid paying a LHC loading, hospital cover needs to be purchased:

- by 1 July following a person's 31st birthday, or
- within 12 months of being registered with Medicare.

Eligible newly arrived Australian residents aged 31 years or older will not have to pay a LHC loading if private hospital cover is purchased within 12 months of being enrolled in Medicare.

You may need to get a LHC letter from us as proof of your Medicare registration date and give this to your private health insurer to demonstrate your exemption from the loading. You can request a LHC letter in this form.

The longer you wait the higher the LHC loading will be. For more information about LHC, go to [privatehealth.gov.au](https://privatehealth.gov.au)

## My Health Record

A My Health Record is an online summary of an individual's health information. Individuals listed on this form can get a My Health Record when enrolled in Medicare. Questions relating to My Health Record are outlined in **Part C** (Enrolling a newborn child) and **Part D** (My Health Record) of this form.

For more information about My Health Record, go to  
[digitalhealth.gov.au](https://digitalhealth.gov.au)

## Individual healthcare identifiers

An Individual Healthcare Identifier (IHI) is a unique 16 digit number used to identify an individual for healthcare purposes in Australia.

No clinical information is linked to the identifier. You do not need to remember your IHI to receive healthcare. You may already have an IHI.

For more information about IHIs go to  
[servicesaustralia.gov.au/hi](https://servicesaustralia.gov.au/hi)

## Aboriginal and Torres Strait Islander Australian

The Aboriginal and Torres Strait Islander Australian question is voluntary and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

## Australian South Sea Islander

The Australian South Sea Islander question is voluntary and will not affect your application. 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.


## For more information

For more information about Medicare enrolments, go to [servicesaustralia.gov.au/enrolmedicare](https://servicesaustralia.gov.au/enrolmedicare) or call **132 011** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time. To speak to us in your language call **131 450**.

## Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.


If you have a printed 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.


## Type of enrolment

1 What are you using this form for?

**Enrolling in Medicare for the first time or a returning visitor from a country with a Reciprocal Health Care Agreement with Australia, previously enrolled in Medicare**  
(for persons aged 12 months and older and newborn children born overseas)  **Go to Part A Question 2**

**Re-enrolling in Medicare or extending Medicare eligibility**  
(for example, resident returning to Australia, Interim or Reciprocal Medicare card holders who have not left Australia)  **Go to Part A Question 3**

**Enrolling a newborn child**  
(for children aged up to their 1st birthday who are born in Australia)  **Go to Part C**


**Registering for a My Health Record**  
The My Health Record questions must be completed for persons listed in **Part A** and **Part B** of this form. **Note:** If you are using this form to enrol a newborn child, you do not need to complete **Part D**.  **Go to Part D**

## Part A – Enrolling in Medicare for the first time, re-enrolling in Medicare or extending Medicare eligibility


2 Enrolling in Medicare for the first time

Documents are required for each person, include copies of both the front and back:


**Australian citizen**

-  • valid Australian passport, or
- Australian birth certificate, and
- 2 residency documents (see page 3).  
If enrolling as a family, only 2 residency documents are needed for the application.

**Child born overseas to an Australian citizen**

-  • a birth certificate and a valid Australian passport, or
- a birth certificate, foreign passport, and Australian citizenship certificate.


**New Zealand citizen residing in Australia**

-  • a New Zealand passport, and
- 2 residency documents (see page 3).  
If enrolling as a family, only 2 residency documents are needed for the application.

**Permanent resident (but not an Australian citizen)**

-  • a passport or valid ImmiCard, and
- proof of permanent residency from the Department of Home Affairs
- residency documents (see page 3) if your permanent residency visa was granted more than 12 months ago.

**Have applied for permanent residency/permanent protection visa**


-  • a passport or valid ImmiCard, and
  - proof that an application for permanent residency has been lodged with the Department of Home Affairs (and information about the category of visa that has been applied for), and
  - proof of a valid visa.
- If your visa does not let you work in Australia, you need to provide documents that prove you have a parent, spouse, de facto or child who lives in Australia and is either an Australian citizen, a New Zealand citizen or a permanent resident of Australia.

**Visitor from a country that has a Reciprocal Health Care Agreement with Australia**

-  • a passport or travel document
  - proof of a valid visa
  - proof of overseas health insurance
  - documents to prove your country of residence.
- Go to [servicessaustralia.gov.au/rhca](http://servicessaustralia.gov.au/rhca) for residency documents.

Not all of the above information is required for each visitor to Australia. For more information, go to [servicessaustralia.gov.au/rhca](http://servicessaustralia.gov.au/rhca).  
If your visit to Australia is for less than 3 months, we will not send you a physical card. We will send you a letter with your Medicare number. You will need to give us an Australian mailing address in this form. If you do not have an Australian address we will not be able to send you your Medicare number.

**Other visa holders – covered by Ministerial Order**

-  • passport, travel document or valid ImmiCard, and
- proof of a valid visa from the Department of Home Affairs.



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### 3 Re-enrolling in Medicare or extending Medicare eligibility

Documents are required for each person, include copies of both the front and back.

**Returning to reside in Australia permanently**

For example:

- Australian citizens returning to live in Australia after more than 5 years
- New Zealand citizens or permanent residents returning to live in Australia after 12 months or more.



- a passport, and
- 2 residency documents (see page 3).  
If enrolling as a family, only 2 residency documents are needed for the application.

**Extend my Medicare eligibility**

For Reciprocal Medicare card holders who have not left Australia or Interim Medicare card holders who wish to apply for an extension.



- a passport or valid ImmiCard, and
- proof of a valid visa, and
- evidence from the Department of Home Affairs that you have applied for another visa (if relevant).

If you have lodged an appeal against a refused visa decision, you need to provide evidence of the appeal. The evidence must be dated within the last 2 years.

### Residency documents

Residency documents can be made up of 2 documents from Australia or 1 document from Australia and 1 from where the person last lived. Documents must be dated within the last 6 months. If you do not have these documents, call us on **132 011**. We will talk to you about other options.

#### Documents from another country

- proof you sold your property
- proof you ended your lease
- proof you ended your employment
- proof you moved household goods or furniture
- proof you closed your bank account
- proof you cancelled health, property or contents insurance.

#### Documents from Australia

- proof of purchase of property, and gas or electricity account in the same name
- proof of rental or lease agreement, and gas or electricity account in the same name
- proof of your employment
- proof your child is enrolled in childcare, school or university
- proof you have a current bank account in Australia
- proof of health, property or contents insurance.

### Medicare contact person

You will be the nominated contact person who we will send the Medicare card(s) and general information to on behalf of everyone listed on the Medicare card(s).

#### Your details

4 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

5 Have you ever used or been known by another name?

No

Yes  Give details of your previous name

6 Date of birth (DD MM YYYY)

7 Gender

Male

Female

8 Postal address

9 Contact phone number (including area code)

Email

10 Do you need an interpreter?

No

Yes  What is your preferred spoken language

Secondary language (if applicable)

11 Individual Healthcare Identifier (if applicable)

12 If you:

- are enrolling in Medicare for the first time **▶ Go to 13**
- are re-enrolling in Medicare or wanting to extend your Medicare eligibility

Your previous Medicare card number (if known)




Ref no.

**▶ Go to 13**

- only** want to enrol a dependant in Medicare (for example, a newborn child born overseas or a child aged 12 months or older).

Your current Medicare card number




Ref no.

**▶ Go to 21**

13 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 Are you of Australian South Sea Islander descent?

No

Yes

15 Have you previously lived overseas?

No  **▶ Go to 20**

Yes  **▶ Go to next question**

16 Previous country of residence before arriving in Australia

17 How long were you residing in that country?  
(state the total number of years and/or months)

<input type="text"/>	years	<input type="text"/>	months
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18 Date of arrival in Australia (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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19 Do you have plans to reside in Australia permanently?

No  **▶ Planned date of departure (if known) (DD MM YYYY)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Yes

20 Do you require a Lifetime Health Cover letter?  
(For more information, see page 1 of this form)

No

Yes

## Bank account details

21 All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

We cannot record bank account details for children **under 14 years of age**.

**Do not include** an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union  
(Australian financial institutions only)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

  
.....  

## Privacy notice

22 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### 23 I declare that:

- any additional person listed in Part B of this form, aged 14 years or older, has reviewed their personal information provided.
- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

### I consent to:

- Services Australia validating identity documents I provide with the issuing authority.

### I authorise for:

- payments to be made into the bank account I nominated in this form.

### I understand that:

- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets as an individual.
- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

## What to do now

### 24 Are there other people to be enrolled on your Medicare card?

No  **Go to Part D** and answer the My Health Record questions before returning this form.

Yes  **Go to Part B**

If one or more of the other people enrolling have a different immigration type/status to you or a different visa entitlement end date, they cannot be listed on the same Medicare card. They will need to complete a separate Medicare enrolment form.

## Part B – Other people to be enrolled or re-enrolled in Medicare, or have their Medicare eligibility extended

### Additional person 1

#### 25 Has additional person 1 previously been enrolled in Medicare?

No

Yes  Previous Medicare card number (if known)

   Ref no. 

26 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

#### 27 Has this person ever used or been known by another name?

No

Yes  Give details of their previous name

#### 28 Date of birth (DD MM YYYY)

#### 29 Gender

Male

Female

#### 30 Contact phone number (including area code) – to be completed if person 15 years or older

Email – to be completed if person 15 years or older

#### 31 Does this person need an interpreter?

No

Yes  What is their preferred spoken language

Secondary language (if applicable)

#### 32 Individual Healthcare Identifier (if applicable)

#### 33 Is this person of Aboriginal or Torres Strait Islander Australian descent?

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

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**34** Is this person of Australian South Sea Islander descent?

No

Yes

**35** Has this person previously lived overseas?

No  **Go to 40**

Yes  **Go to next question**

**36** Previous country of residence before arriving in Australia

**37** How long was this person residing in that country?  
(state total number of years and/or months)

 years  months

**38** Date of arrival in Australia (DD MM YYYY)

**39** Does this person have plans to reside in Australia permanently?

No  Planned date of departure (if known) (DD MM YYYY)

Yes

**40** Does this person require a Lifetime Health Cover letter?  
(For more information, see page 1 of this form)

No

Yes

**41** **To be completed by additional person 1 if 14 years or older**

Do you want payments to be made into the nominated bank account at question 21?

No  **Go to 42**

Yes  I authorise for payments to be made into the bank account at question 21

Additional person 1 full name

**Go to 43**

**42** Provide your bank account details

Name of bank, building society or credit union  
(Australian financial institutions only)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

I authorise for payments to be made into the bank account I have nominated above.

Additional person 1 full name

**43** **To be completed by additional person 1 if 15 years or older**

#### Privacy notice

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

#### Declaration of additional person 1

If additional person 1 is **15 years or older** they must complete this declaration.

#### I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

#### I consent to:

- Services Australia validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

#### I understand that:

- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets as an individual.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

Additional person 1 full name

I have read, understood, and agree to the above

**Go to 44** If more than one additional person, **go to 44**, if not **go to 101**

**Additional person 2**

**44** Has additional person 2 previously been enrolled in Medicare?

No

Yes  Previous Medicare card number (if known)

Ref no.

**45** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**46** Has this person ever used or been known by another name?

No

Yes  Give details of their previous name

**47** Date of birth (DD MM YYYY)

**48** Gender

Male

Female

**49** Contact phone number (including area code)  
– to be completed if person 15 years or older

Email – to be completed if person 15 years or older

**50** Does this person need an interpreter?

No

Yes  What is their preferred spoken language

Secondary language (if applicable)

**51** Individual Healthcare Identifier (if applicable)

8 0 0 3 6 0

**52** Is this person of Aboriginal or Torres Strait Islander Australian descent?

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

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**53** Is this person of Australian South Sea Islander descent?

No

Yes

**54** Has this person previously lived overseas?

No  **Go to 59**

Yes  **Go to next question**

**55** Previous country of residence before arriving in Australia

**56** How long was this person residing in that country?  
(state total number of years and/or months)

years  months

**57** Date of arrival in Australia (DD MM YYYY)

**58** Does this person have plans to reside in Australia permanently?

No  Planned date of departure (if known) (DD MM YYYY)

Yes

**59** Does this person require a Lifetime Health Cover letter?  
(For more information, see page 1 of this form)

No

Yes

**60 To be completed by additional person 2 if 14 years or older**

Do you want payments to be made into the nominated bank account at question 21?

No  **Go to 61**

Yes  I authorise for payments to be made into the bank account at question 21

Additional person 2 full name

**Go to 62**

**61** Provide your bank account details

Name of bank, building society or credit union  
(Australian financial institutions only)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

I authorise for payments to be made into the bank account I have nominated above.

Additional person 2 full name

**62 To be completed by additional person 2 if 15 years or older**

**Privacy notice**

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. 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 [servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)

**Declaration of additional person 2**

If additional person 2 is **15 years or older** they must complete this declaration.

**I declare that:**

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

**I consent to:**

- Services Australia validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

**I understand that:**

- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets as an individual.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

Additional person 2 full name

I have read, understood, and agree to the above

▶▶ If more than 2 additional people, **go to 63**, if not **go to 101**

**Additional person 3**

**63** Has additional person 3 previously been enrolled in Medicare?

No

Yes  Previous Medicare card number (if known)

   Ref no. 

**64** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**65** Has this person ever used or been known by another name?

No

Yes  Give details of their previous name

**66** Date of birth (DD MM YYYY)

**67** Gender

Male

Female

**68** Contact phone number (including area code)  
– to be completed if person 15 years or older

Email – to be completed if person 15 years or older

**69** Does this person need an interpreter?

No

Yes  What is their preferred spoken language

Secondary language (if applicable)

**70** Individual Healthcare Identifier (if applicable)

 8 0 0 3 6 0 

**71** Is this person of Aboriginal or Torres Strait Islander Australian descent?

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

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**72** Is this person of Australian South Sea Islander descent?

No

Yes



**73** Has this person previously lived overseas?

No  **Go to 78**

Yes  **Go to next question**

**74** Previous country of residence before arriving in Australia

**75** How long was this person residing in that country?  
(state total number of years and/or months)

 years  months

**76** Date of arrival in Australia (DD MM YYYY)

**77** Does this person have plans to reside in Australia permanently?

No  Planned date of departure (if known) (DD MM YYYY)

Yes

**78** Does this person require a Lifetime Health Cover letter?  
(For more information, see page 1 of this form)

No

Yes

**79** To be completed by additional person 3 if 14 years or older

Do you want payments to be made into the nominated bank account at question 21?

No  **Go to 80**

Yes  I authorise for payments to be made into the bank account at question 21

Additional person 3 full name

**Go to 81**

**80** Provide your bank account details

Name of bank, building society or credit union  
(Australian financial institutions only)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

I authorise for payments to be made into the bank account I have nominated above.

Additional person 3 full name

**81** To be completed by additional person 3 if 15 years or older

### Privacy notice

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

### Declaration of additional person 3

If additional person 3 is **15 years or older** they must complete this declaration.

#### I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

#### I consent to:

- Services Australia validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

#### I understand that:

- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets as an individual.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

Additional person 3 full name

I have read, understood, and agree to the above

**Go to 82** If more than 3 additional people, **go to 82**, if not **go to 101**

## Additional person 4

**82** Has additional person 4 previously been enrolled in Medicare?

No

Yes  Previous Medicare card number (if known)

			Ref no.	
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**83** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**84** Has this person ever used or been known by another name?

No

Yes  Give details of their previous name

**85** Date of birth (DD MM YYYY)

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**86** Gender

Male

Female

**87** Contact phone number (including area code)

– to be completed if person 15 years or older

Email – to be completed if person 15 years or older

**88** Does this person need an interpreter?

No

Yes  What is their preferred spoken language

Secondary language (if applicable)

**89** Individual Healthcare Identifier (if applicable)

8	0	0	3	6	0															
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**90** Is this person of Aboriginal or Torres Strait Islander Australian descent?

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

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**91** Is this person of Australian South Sea Islander descent?

No

Yes

**92** Has this person previously lived overseas?

No  **Go to 97**

Yes  **Go to next question**

**93** Previous country of residence before arriving in Australia

**94** How long was this person residing in that country?  
(state total number of years and/or months)

years	months	

**95** Date of arrival in Australia (DD MM YYYY)

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**96** Does this person have plans to reside in Australia permanently?

No  Planned date of departure (if known) (DD MM YYYY)

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Yes

**97** Does this person require a Lifetime Health Cover letter?  
(For more information, see page 1 of this form)

No

Yes

**98 To be completed by additional person 4 if 14 years or older**

Do you want payments to be made into the nominated bank account at question 21?

No  **Go to 99**

Yes  I authorise for payments to be made into the bank account at question 21

Additional person 4 full name

▶ **Go to 100**

**99** Provide your bank account details

Name of bank, building society or credit union  
(Australian financial institutions only)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

I authorise for payments to be made into the bank account I have nominated above.

Additional person 4 full name

**100 To be completed by additional person 4 if 15 years or older**

**Privacy notice**

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**Declaration of additional person 4**

If additional person 4 is **15 years or older** they must complete this declaration.

**I declare that:**

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

**I consent to:**

- Services Australia validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

**I understand that:**

- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets as an individual.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

Additional person 4 full name

I have read, understood, and agree to the above

If more than 4 additional people, complete **Part B** on another Medicare enrolment form.

**101 Do you need a duplicate card?**

(A duplicate card means you will get a second card with the same details. We can only issue one extra card.)

No

Yes

**Register your family for the Medicare Safety Nets**

Medicare Safety Nets can help lower your costs for out of hospital services.

You can choose to register as a family to combine your costs. This means you are likely to reach the Medicare Safety Net threshold sooner.

For Medicare Safety Net purposes, a family is any of these:

- a married couple, not separated, with or without dependants
- a couple in a de facto relationship, with or without dependants
- a single person with dependants

A dependant is someone the family supports financially and is a child under 16 years or a fulltime student between 16 and 25 years.

To find out how to register, go to [servicesaustralia.gov.au/safetynet](https://servicesaustralia.gov.au/safetynet)

**Go to Part D and answer the My Health Record questions before returning this form.**



## Part C – Enrolling a newborn child

A child is considered to be a 'newborn' up until the day of their 1st birthday.

You can enrol a newborn child born in Australia using Medicare online accounts. For help setting up online access, go to [servicesaustralia.gov.au/selfservice](http://servicesaustralia.gov.au/selfservice) or complete **Part C**.

If your newborn child was born overseas, complete **Part A** and then **Part B**.

**102** You need to provide **one** of the following documents to confirm your relationship with the newborn child:



- a birth certificate, or
- the back page of the **Newborn Child Declaration (FA081)** form issued by the hospital or birthing centre, or
- doctor/midwife's declaration of birth, or
- court order or other legal documentation.

### Your details

**103** Your Medicare card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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**104** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**105** Have you ever used or been known by another name?

No

Yes  Give details of your previous name

**106** Your date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**107** Your relationship to this child

Birth mother

Biological father

Other  Give details

**108** Postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

**109** Contact phone number (including area code)

Email

**110** Do you need an interpreter?

No

Yes  What is your preferred spoken language

Secondary language (if applicable)

**111** Do you have a partner?

No  **Go to 121**

Yes

**112** Is your partner listed on your Medicare card?

No  **Go to 114**

Yes  **Go to next question**

**113** Do you need a duplicate card?

(Only one duplicate card can be issued)

No  **Go to 121**

Yes  **Go to 121**

**114** Does your partner want the newborn child to be added to their Medicare card?

No  **Go to 121**

Yes  You and your partner are both required to complete question 129

**Go to next question**

**115** Your partner's Medicare card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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**116** Your partner's name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**117** Has your partner ever used or been known by another name?

No

Yes  Give details of your partner's previous name

**118** Your partner's date of birth (DD MM YYYY)

**119** Your partner's relationship to this child

Birth mother

Biological father

Other  Give details

**120** Do you want your partner added to your Medicare Safety Net family registration?

No

Yes  Your partner's Medicare Card Number

Ref no.

**121** Do you want your newborn child added to your Medicare Safety Net family registration?

No

Yes

If you want to add anyone else to your Medicare Safety Net family registration, call us on 132 011 or complete the **Medicare Safety Net registration and amendment for couples and families (MS016)** form. To download the form, go to [servicesaustralia.gov.au/ms016](http://servicesaustralia.gov.au/ms016)

## Child details

If you are enrolling more than one newborn child (such as multiple births), complete and return a separate **Part C** for each child.

**122** Child's name

Family name

First given name

Second given name

**123** Child's date of birth (DD MM YYYY)

**124** Child's sex

Male

Female

**125** Is your child of Aboriginal or Torres Strait Islander Australian descent?

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

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**126** Is your child of Australian South Sea Islander descent?

No

Yes

**127** Read this before answering the question.

You must have parental responsibility for this child to make decisions about My Health Record. You can request or cancel a My Health Record at any time. For more information, go to [digitalhealth.gov.au](http://digitalhealth.gov.au)

Do you want us to give your newborn child a My Health Record?

No

This child will not get a record

▶ *Go to next question*

Yes  *Go to next question*

## Privacy notice

**128** The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

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 [digitalhealth.gov.au/privacy](https://digitalhealth.gov.au/privacy)

## Declaration

### 129 I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

### I consent to:

- Services Australia validating identity documents I provide with the issuing authority.

### I understand that:

- I must notify Services Australia of any change(s) to this information.
- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

Partner's full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

**You do not need to answer any more questions.  
This form can be returned.**

## For newborn child enrolments only

Return **Part C** and any supporting documents by:

- **email to [MES@servicesaustralia.gov.au](mailto:MES@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.

Make sure your documents are:

- in PDF, JPG, PNG, GIF or BMP format
- not password protected, or in a WinZip or RAR file
- no larger than 5MB for each document
- no larger than 10MB in total for all the documents.

To help us process your request, include **Enrolment** in the email subject line.

- post to  
Services Australia  
Medicare  
PO Box 7856  
CANBERRA BC ACT 2610



## Part D – My Health Record

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 additional 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 [digitalhealth.gov.au](http://digitalhealth.gov.au) or call the My Health Record System Operator on **1800 723 471**.

### Medicare contact person (you)

**130** Are you using this form to enrol yourself in Medicare?

No  **Go to 132**

Yes  **Go to next question**

**131** Do you want a My Health Record?

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

Yes – Give me a My Health Record

**132** Are you using this form to enrol additional people in Medicare?

No  **Go to 148**

Yes  **Go to Additional people below**

### Additional people

#### Read this information before completing the questions for the additional people listed in Part B of this form

You must have parental responsibility to complete questions for additional people under 14 years old.

If the additional person is 14 years or older, they must:

- answer the question relating to whether or not they want a My Health Record
- read the Privacy notice at question 148
- complete their declaration.

### Additional person 1

**133** Name (as stated in **Part B** of this form)

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years or older.

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

Yes – Give this person a My Health Record

**135** Additional person 1 declaration (if 14 years or older)

I declare that:

- the information I have provided at question 134 is complete and correct.
- I have read the Privacy notice at question 148.

Additional person 1 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

**136** Are there other additional people listed in **Part B** of this form?

No  **Go to 148**

Yes  **Go to next question**

**Additional person 2**

**137** Name (as stated in **Part B** of this form)

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years or older.

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

Yes – Give this person a My Health Record

**139 Additional person 2 declaration (if 14 years or older)**

**I declare that:**

- the information I have provided at question 138 is complete and correct.
- I have read the Privacy notice at question 148.

Additional person 2 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

**140** Are there other additional people listed in **Part B** of this form?

No  **Go to 148**

Yes  *Go to next question*

**Additional person 3**

**141** Name (as stated in **Part B** of this form)

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years or older.

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

Yes – Give this person a My Health Record

**143 Additional person 3 declaration (if 14 years or older)**

**I declare that:**

- the information I have provided at question 142 is complete and correct.
- I have read the Privacy notice at question 148.

Additional person 3 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

**144** Are there other additional people listed in **Part B** of this form?

No  **Go to 148**

Yes  *Go to next question*



## Additional person 4

### 145 Name (as stated in Part B of this form)

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years or older.

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

Yes – Give this person a My Health Record

### 147 Additional person 4 declaration (if 14 years or older)

**I declare that:**

- the information I have provided at question 146 is complete and correct.
- I have read the Privacy notice at question 148.

Additional person 4 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

If more than 4 additional people, complete **Part D** on another Medicare enrolment form.

## Privacy notice

**148** 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 [digitalhealth.gov.au/privacy](http://digitalhealth.gov.au/privacy)

## Declaration

### 149 I declare that:

- I have parental responsibility for the additional people under 14 years old that I have completed My Health Record questions for.
- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

**I consent to:**

- Services Australia validating identity documents I provide with the issuing authority.

**I understand that:**

- I must notify Services Australia of any change(s) to this information.
- identification documents provided to Services Australia will be checked with the issuing authority to confirm validity. The documents are subject to Services Australia's compliance and audit processes.
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

## Returning this form

Return this form and any supporting documents by:

- **email to [MES@servicesaustralia.gov.au](mailto:MES@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.

Make sure your documents are:

- in PDF, JPG, PNG, GIF or BMP format
- not password protected, or in a WinZip or RAR file
- no larger than 5MB for each document
- no larger than 10MB in total for all the documents.

To help us process your request, include **Enrolment** in the email subject line.

- post to  
Services Australia  
Medicare  
PO Box 7856  
CANBERRA BC ACT 2610