

Some people can enrol online using their myGov account.
For more information go to 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 (MS004)** form.

Family and domestic violence

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8 am to 5 pm 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

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

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

Lifetime Health Cover

Lifetime Health Cover (LHC) loading is an extra cost for some people on top of the base cost of private health hospital cover.

If people do not pay for hospital cover before a certain date, they will have to pay a LHC loading. The longer they wait to buy hospital cover, the higher the LHC loading will be.

To avoid paying the LHC loading, you need to buy hospital cover:

- before 1 July after you are 31 years of age, and/or
- **within 12 months** from the date you registered with 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.

To find out more about LHC or to use the LHC calculators to see how much the loading might be, go to PrivateHealth.gov.au and search 'Lifetime Health Cover.'

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

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 IHI go to 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

Go to servicesaustralia.gov.au/enrolmedicare or call 132 011 Monday to Friday, 7 am to 10 pm and Saturday to Sunday, 7 am to 7 pm.

Information in your language

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, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

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 or 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.

Not all of the above information is required for each visitor to Australia. For more information, go to servicesaustralia.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 Mx 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

Non-binary

8 Postal address

Postcode

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

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)

 years months

18 Date of arrival in Australia (DD MM YYYY)

19 Do you have plans to reside in Australia permanently?

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

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**.

Payments cannot be made into 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 servicessaustralia.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 Mx 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

Non-binary

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

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

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**

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 servicesaustralia.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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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64 Mr Mrs Miss Ms Mx 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)

<input type="text"/>	<input type="text"/>	<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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67 Gender

Male

Female

Non-binary

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)

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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

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 servicessaustralia.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**

100 To be completed by additional person 4 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

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

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 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 or 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 Mx 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

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

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 Mx 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

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

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

No

This child will not get a record

Yes

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

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

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**
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 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

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

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

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

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

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**
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
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