

Medicare Safety Net registration and amendment for couples and families (MS016)

When to use this form

Use this form if you want to register your family for the Medicare Safety Net or amend your existing registration.

If your circumstances have changed, you can use this form to remove yourself from an existing Medicare Safety Net family registration. You can't use this form to remove a partner.

You can also register or update your family's details by calling **132 011** either:

- Monday to Friday, 7 am to 10 pm
- Saturday and Sunday, 7 am to 7 pm

To speak to us in your language call **131 450**.

Medicare Safety Nets can help to lower your costs for out of hospital services. You are registered as an individual when 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.

Medicare Safety Net confirmation

When your family is close to reaching a Medicare Safety Net threshold, we will ask you to confirm who is in your registered Medicare Safety Net family. We will notify the nominated contact person for your family either by a myGov inbox message or by post.

If you are the contact person or their partner, you can confirm your family by going to your Medicare online account through myGov, or call us on 132 011.

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

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

Aboriginal and Torres Strait Islander Australian

The Aboriginal and Torres Strait Islander Australian question is voluntary and will not affect your registration.

Australian South Sea Islander

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

For more information

For more information about the Medicare Safety Net, go to servicesaustralia.gov.au/safetynet

You can view the Medicare Safety Net threshold and keep track of your current balance by going to your Medicare online account through myGov. For more information, go to servicesaustralia.gov.au/medicareonline

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.

Dependant details

16 Would you like to add or remove your dependants from your Medicare Safety Net family?

No **Go to 38**

Yes Complete your dependant's details below

Dependant 1

17 Would you like to add or remove a dependant?

Add

Remove

18 Medicare card number

Ref no.

19 Family name

First given name

20 Date of birth (DD MM YYYY)

21 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

22 Is this person of Australian South Sea Islander descent?

No

Yes

23 If dependant 1 is **15 years or older** they must complete this declaration.

Declaration of dependant 1

I declare that:

- I have read and understood the **Privacy notice** at question 38
- I consent to the collection of my information.

I have read, understood and agree to the above.

Your full name (dependant 1)

Date (DD MM YYYY) (you **must** date this declaration)

Dependant 2

24 Would you like to add or remove a dependant?

Add

Remove

25 Medicare card number

Ref no.

26 Family name

First given name

27 Date of birth (DD MM YYYY)

28 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

29 Is this person of Australian South Sea Islander descent?

No

Yes

30 If dependant 2 is **15 years or older** they must complete this declaration.

Declaration of dependant 2

I declare that:

- I have read and understood the **Privacy notice** at question 38
- I consent to the collection of my information.

I have read, understood and agree to the above.

Your full name (dependant 2)

Date (DD MM YYYY) (you **must** date this declaration)

Dependant 3

31 Would you like to add or remove a dependant?

Add

Remove

32 Medicare card number

Ref no.

33 Family name

First given name

34 Date of birth (DD MM YYYY)

35 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

36 Is this person of Australian South Sea Islander descent?

No

Yes

37 If dependant 3 is **15 years or older** they must complete this declaration.

Declaration of dependant 3

I declare that:

- I have read and understood the **Privacy notice** at question 38
- I consent to the collection of my information.

I have read, understood and agree to the above.

Your full name (dependant 3)

Date (DD MM YYYY) (you **must** date this declaration)



If more than 3 dependants details are required, provide a separate piece of paper with their details. For dependants 15 years or older, they must read the Privacy notice at question 38 and provide their declaration.

Privacy notice

38 The privacy and security of your personal information is important to Services Australia. Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing and processing your eligibility for Medicare Safety Net, in accordance with section 10AA of the *Health Insurance Act 1973*. 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

39 I declare that:

- I have read and understood the **Privacy notice**
- I consent to the collection of my information
- my partner and/or dependants 15 years or older have consented to the collection of their information
- the information I have provided in this form for myself and others is complete and correct.

I understand that:

- I must notify Services Australia of any change(s) to this information
- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Your full name

Date (DD MM YYYY) (you **must** date this declaration)

Returning this form

Check that all required questions are answered and that the relevant declarations are completed.

Return this form:

- **by post to**
Services Australia
Medicare
PO Box 7856
CANBERRA BC ACT 2610
- in person at one of our service centres.