

# Application to copy or transfer from one Medicare card to another (MS011)

## When to use this form

Use this form if you need to:

- **Transfer to a new Medicare card**

When a person transfers to a new Medicare card, they will no longer be on the previous Medicare card. For example, a child originally enrolled on their parent's Medicare card who is 15 years of age or over chooses to have their own card and no longer be on their parent's Medicare card.

- **Copy to a new Medicare card**

When a person is copied to a new Medicare card, they remain active on both their new and existing Medicare cards. For example, a child who attends boarding school can have a card of their own and still be listed on their parent's Medicare card.

- **Transfer to an existing Medicare card**

When a person transfers to an existing Medicare card, they will no longer be on the previous Medicare card and will become active on the card they transfer to. For example, a couple chooses to be enrolled on the same Medicare card.

- **Copy to an existing Medicare card**

When a person is copied to an existing Medicare card, they remain active on both Medicare cards. For example, a parent or a primary carer wants to have a child copied onto their Medicare card.

## Identification

**Person 1** must provide identification. If person 1 is a child under 15 years of age, a parent or guardian will need to provide identification. Appropriate identification could be the original or certified copies of a:

- birth certificate
- current Australian driver licence, and/or
- current passport.

## Additional documents

If you are not the parent of the child under 15 years of age, you will need to provide documents to confirm evidence of care (for example, a court order).

## My Health Record

If you are copying or transferring child(ren) who are registered for a My Health Record, you should check and update the Medicare consent settings for your child's My Health Record. This will let you know who can see your child's Medicare information. Go to [myhealthrecord.gov.au](http://myhealthrecord.gov.au) for more information.

## Bank account details

So we can make payments into your bank account, you will need to provide your bank account details. These details will be used for future electronic payments when you claim your Medicare benefit(s).

You must tell us immediately if you change your bank account details.

## Medicare Safety Net

If your circumstances change, you will need to update your Medicare Safety Net details. The Medicare Safety Net provides families and individuals with financial assistance for high out-of-pocket expenses for out-of-hospital Medicare Benefits Schedule services. For more information, go to [servicesaustralia.gov.au/safetynet](http://servicesaustralia.gov.au/safetynet)

## For more information

For more information about Medicare cards, go to [servicesaustralia.gov.au/medicarecard](http://servicesaustralia.gov.au/medicarecard) or call **132 011** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

## Filling in this form

You can complete this form on your computer, print and sign 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.

## Returning this form

Check that all required questions are answered and that the form is signed and dated.

Bring your completed form and original or certified documents to one of our Service Centres.

If you live in a remote area, you can send your application together with certified copies of documents and the reason for not being able to attend in person, to:

Services Australia  
Medicare  
GPO Box 9822  
in your capital city

## Details of people wanting to copy or transfer

### Person 1

1 I would like to:

**Tick one only**

- transfer to a new card   
copy to a new card   
transfer to an existing card   
copy to an existing card

2 Medicare card number person 1

-- Ref no.

3 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

4 Have you ever used or been known by any other name (for example, name at birth, name before marriage, previous married name, Aboriginal or skin name, alias, adoptive name, foster name)?

Other name

Type of name (for example, name before marriage)

5 Your date of birth

/  /

6 Your gender

- Male   
Female

7 Your permanent address

Postcode

8 Your postal address (If different to above)

Postcode

9 Daytime phone number

( )

Email

10 Read this before answering the following question.

This 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.

You can have this information removed from Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access Line on **1800 556 955** or by visiting one of our service centres.

Call charges may apply.

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

11 Read this before answering the following question.

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

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

Are you of Australian South Sea Islander descent?

No

Yes

12 Do you need a duplicate Medicare card?

A duplicate card is a copy of your Medicare card. If you have more than 1 person on your Medicare card you may find it useful to have a duplicate card.

No

Yes

13 Read this before answering the following question.

You only need to complete person 2 to person 4 details if there are more people on your Medicare card who are wanting to copy or transfer with you.

Does a second person need to copy or transfer?

No  **Go to 40**

Yes

### Person 2

14 I would like to:

**Tick one only**

- transfer to a new card   
copy to a new card   
transfer to an existing card   
copy to an existing card

15 Medicare card number person 2

-- Ref no.

16 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

17 Your date of birth  /  /

18 Your gender Male  Female

19 **Read** this before answering the following question.

This 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.

You can have this information removed from Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access Line on **1800 556 955** or by visiting one of our service centres.

Call charges may apply.

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

20 **Read** this before answering the following question.

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

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

Are you of Australian South Sea Islander descent?

No

Yes

21 Signature of person 2 if aged 15 years and over. If you are under 15 years of age, parent or guardian authorisation is required at question 51.

22 Does a third person need to copy or transfer?

No  **Go to 40**

Yes

### Person 3

23 I would like to:

**Tick one only**

transfer to a new card

copy to a new card

transfer to an existing card

copy to an existing card

24 Medicare card number person 3

-- Ref no. 

25 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

26 Your date of birth  /  /

27 Your gender Male  Female

28 **Read** this before answering the following question.

This 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.

You can have this information removed from Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access Line on **1800 556 955** or by visiting one of our service centres.

Call charges may apply.

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

29 **Read** this before answering the following question.

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

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

Are you of Australian South Sea Islander descent?

No

Yes



**47** Daytime phone number

( )

Email

**48** Read this before answering the following question.

This 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.

You can have this information removed from Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access Line on **1800 556 955** or by visiting one of our service centres.

Call charges may apply.

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

**49** Read this before answering the following question.

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

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

Are you of Australian South Sea Islander descent?


No

Yes

**50** I declare that:

- I have read and understood the Privacy notice contained in this form.

Signature of person on the existing Medicare card



Date

/ /

**Parent or guardian authorisation**

**51** Read this before answering the following question.

Only complete this question if you are copying or transferring a child **under 15 years of age**.

**To copy** a child under 15 years of age to a new or existing Medicare card, the signature of **at least one parent or guardian** is required.

Where it is not possible for a parent or guardian to authorise the copy of a child to another card, the primary carer must provide relationship documents or evidence that the child is in their care.

**To transfer** a child under 15 years of age to a new or existing Medicare card, the signature of both parents or guardians (if applicable) is required.

Are persons 1, 2, 3 or 4 under 15 years of age?

No

Yes  Your relationship to the child(ren) under 15 years of age (for example, grandparent)

**I declare that:**

- I have read and understood the Privacy notice contained in this form.

**I authorise:**

- the changes requested for the child(ren) listed on this form.

Full name of parent or guardian 1

Signature of parent or guardian 1



Date

/ /

Full name of parent or guardian 2

Signature of parent or guardian 2



Date

/ /

## Bank account details

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

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

### 52 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

## Consent to nominate bank account

### 53 Read this before answering the following question.

Only complete this question if other people listed on your Medicare card (**aged 14 years and over**) agree to use your bank account for their Medicare payments, where they are the claimant (the person who paid for the service).

Persons 14 years of age and over must sign and give their consent for payments to go into the nominated bank account.

#### I declare that:

- I have read and understood the Privacy notice contained in this form.

#### I authorise for:

- payments to be made into this account.

Full name of person 1

Signature of person 1

Date

Full name of person 2

Signature of person 2

Date

Full name of person 3

Signature of person 3

Date

## Privacy notice

**54** The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to 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/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration to confirm copy or transfer request

**55** This question is to be completed by person 1. If person 1 is a child **under 15 years of age**, a parent or guardian will need to sign the declaration on their behalf.

#### I declare that:

- I have read and understood the Privacy notice contained in this form.
- the information I have provided in this form is complete and correct.

#### I understand that:

- giving false or misleading information is a serious offence.

Full name of person 1

Signature of person 1

Date

#### OR

Full name of parent or guardian

Signature of parent or guardian

Date

#### Office use only

Type of identification and/or relationship documentation sighted (for example, driver's licence).

Comments

Operator number

Date

Branch