

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 (who is 15 years of age or over) originally enrolled on their parent's Medicare card 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 under 15 years of age, a parent or guardian will need to provide their identification. 1 of the following must be provided:

- current Australian passport
- birth certificate
- current Australian driver licence.

If you are not the parent or guardian 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 www.myhealthrecord.gov.au for more information.

Bank account details

So we can make payments into your bank account, you will need to provide your current bank account details. These details will be used for 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 may 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 servicessaustralia.gov.au/safetynet

Aboriginal and Torres Strait Islander Australian

The Aboriginal and Torres Strait Islander Australian question is voluntary. We use this information to improve government health programs and outcomes for Indigenous people. You can have this information removed from your Medicare records at any time by:

- calling the Indigenous Access Line on **1800 556 955** Monday to Friday, 8:30 am to 5 pm, local time.
Call charges may apply.

Australian South Sea Islander

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century. The Australian South Sea Islander descent questions are also voluntary.

For more information

Go to servicessaustralia.gov.au/enrolmedicare 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.

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?

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 Contact phone number

()

Email

10 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 Are you of Australian South Sea Islander descent?

No

Yes

12 Do you need a duplicate Medicare card?

A duplicate card means you will get 2 Medicare cards. 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 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 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 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 Are you of Australian South Sea Islander descent?

No

Yes

30 Signature of person 3 if aged 15 years and over. If you are under 15 years of age, parent or guardian authorisation is required at question 51.



31 Does a fourth person need to copy or transfer?

No **Go to 40**

Yes

Person 4

32 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

33 Medicare card number person 4

-- Ref no.

34 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

35 Your date of birth / /

36 Your gender Male Female

37 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

38 Are you of Australian South Sea Islander descent?

No

Yes

39 Signature of person 4 if aged 15 years and over. If you are under 15 years of age, parent or guardian authorisation is required at question 51.



If more people need to be added, provide a separate sheet with their details and signatures.

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 in this form (**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 at question 54 in this form.

I authorise for:

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

Full name of person 2

Signature of person 2

Date

Full name of person 3

Signature of person 3

Date

Full name of person 4

Signature of person 4

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

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.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided is complete and correct.

I consent to:

- the agency validating identity documents I provide with the issuing agency.

I authorise for:

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

I understand that:

- I must notify Medicare of any change(s) to this information.
- identification documents provided to Services Australia will be checked with the issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
- 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

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.
- by post to:**
Services Australia
Medicare
PO Box 7856
CANBERRA BC ACT 2610