



## Purpose of 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.

## Medicare Safety Net

The Medicare Safety Net helps people with high out of hospital medical costs. It is available to individuals as well as families. Individuals are automatically registered but couples and families must register.

For Medicare Safety Net purposes, a family consists of:

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

**Note:** A dependant is someone who the family supports financially and is a child under 16 years of age or a full time student between 16 and 25 years of age.

For more information about the Medicare Safety Net, go to [humanservices.gov.au/safetynet](http://humanservices.gov.au/safetynet)

## Aboriginal and Torres Strait Islander Australian

The Aboriginal and Torres Strait Islander Australian question is voluntary. This information will be used 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, between 8.30 am and 5.00 pm local time.

**Note:** Call charges may apply.

- visiting one of our service centres.

## 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.

## Returning your form

Return your completed form **in person** to your local service centre. All people 15 years of age or over, who are being enrolled using this form, **must** come with you.

You also need to bring:

- any original or certified documents you have been asked to provide, **and**
- photo identification, for example a passport or an Australian driver licence.

If you live in a remote area or there is a medical reason why you are unable to return this form in person, you can return this form by post, together with certified copies of documents and the reason you are unable to attend in person, to:

**Department of Human Services  
Medicare  
PO Box 7856  
Canberra BC ACT 2610**

## For more information

Go to [humanservices.gov.au/medicarecard](http://humanservices.gov.au/medicarecard)

To speak to us in languages other than English, call **131 202**.

**Note:** Call charges may apply.

## Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or X
- Where you see a box like this ☐ **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

## Type of enrolment

**1** What are you using this form for?

**Tick ONE only**

**Enrolling in Medicare for the first time**  
(for persons aged 12 months and older and newborn children born overseas) ☐ **Go to Part A**

**Re-enrolling in Medicare**  
(e.g. resident returning to Australia) ☐ **Go to Part B**

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

## Part A – Enrolling in Medicare for the first time

### 2 Documents required:

☐ **Australian citizen**



For each person provide:

- a birth certificate or Australian passport (Australian citizens only), **and**
- 2 documents confirming you are living in Australia. For a list of residency documents, go to [humanservices.gov.au/enrolmedicare](https://humanservices.gov.au/enrolmedicare)

☐ **New Zealand citizen residing in Australia**



For each person provide:

- a New Zealand passport, **and**
- 2 documents confirming you are living in Australia. For a list of residency documents, go to [humanservices.gov.au/enrolmedicare](https://humanservices.gov.au/enrolmedicare)

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



For each person provide:

- a current passport or Immicard, **and**
- confirmation of permanent residency from the Department of Home Affairs.

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



For each person provide:

- a current passport or immicard, **and**
- confirmation that an application for permanent residency has been lodged with the Department of Home Affairs, **and**
- a valid visa.

If your visa does not allow you to work in Australia, you must prove you have a relationship with your: parent, spouse, de facto, or your child who is an Australian citizen, permanent resident or a New Zealand citizen living in Australia.

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

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



For each person provide:

- a current passport or travel document
- a current visa
- evidence of all Australian arrival and departure dates (may be required)
- proof of overseas health insurance (may be required), **and**
- documents to confirm your country of residence (may be required).

Not all of the above information is required for each visitor to Australia. For more information, go to [humanservices.gov.au/rhca](https://humanservices.gov.au/rhca)

## 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

3 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of your previous name

5 Date of birth

6 Gender

Male ☐

Female ☐

7 Residential address

Postcode

Postal address (If different to above)

Postcode

8 Contact phone number

9 Are you of Aboriginal or Torres Strait Islander Australian descent?  
If you are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

10 Are you of Australian South Sea Islander descent?

No ☐

Yes ☐

11 Have you previously lived overseas?

No ☐ **Go to 15**

Yes ☐ **Go to 12**

12 Previous country of residence (e.g. before arriving in Australia)

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

years	months
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14 Date of arrival in Australia

/	/
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## Bank account details

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

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

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

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

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s) of


## Privacy notice

16 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy**

## Declaration

17 I declare that:

- the information I have provided in this form is complete and correct.

I authorise for:

- payments to be made into the bank account nominated in this application at question 15.

I understand that:

- I must notify the Australian Government Department of Human Services of any change(s) to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Your full name

Your signature


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Date

/	/
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## What to do now

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

No ☐ You do not need to complete any more questions.

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

**Go to Part C**

**19** Documents required:

This may be applicable to:

- Australian citizens returning to reside in Australia after a period of 5 years or more, **or**
- New Zealand citizens or permanent residents returning to reside in Australia after a period of 12 months or more.



- a current passport
- evidence of all Australian arrival and departure dates, **and**
- 2 residency documents (if enrolling as a family, 2 residency documents per family are required).

For a list of residency documents, go to [humanservices.gov.au/enrolmedicare](https://humanservices.gov.au/enrolmedicare)

This is applicable to Interim Medicare card or Reciprocal Medicare card holders who wish to apply for an extension.



- current passport or ImmiCard, **and**
- current visa.

If you have lodged an appeal against a refused visa decision, you need to provide a letter or email from the Administrative Appeals Tribunal.

**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).**

**20** Previous Medicare card number (if known)

**21** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

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First given name

\_\_\_\_\_

Second given name

\_\_\_\_\_

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

No ☐

Yes ☐ Give details of your previous name

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**23** Date of birth

	/	/
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## 24 Gender

Male ☐Female ☐

## 25 Residential address

Postcode	

Postal address (If different to above)

Postcode	

**26** Previous residential address

Postcode

**27** Contact phone number

**28** Are you of Aboriginal or Torres Strait Islander Australian descent?  
If you are of both Aboriginal and Torres Strait Islander Australian descent, please 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** Have you previously lived overseas?

No ☐ **Go to 34**

Yes ☐ **Go to 31**

**31** Previous country of residence (e.g. before arriving in Australia)

**32** How long were you residing in that country (state total number of years and/or months)

years	months
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**33** Date of arrival in Australia

/	/
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### Bank account details

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

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

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

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

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s) of


### Privacy notice

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You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy)

### Declaration

**36** I declare that:

- the information I have provided in this form is complete and correct.

**I authorise for:**

- payments to be made into the bank account nominated in this application at question 34.

**I understand that:**

- I must notify the Australian Government Department of Human Services of any change(s) to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Your full name

Your signature


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Date

/	/
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### What to do now

**37** Are there other people to be re-enrolled on your Medicare card?

No ☐ You do not need to complete any more questions.

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

**Go to Part C**

## Part C – Additional people to be included on your Medicare card

### Additional person 1

**38** Has additional person 1 previously been enrolled in Medicare?

No ☐

Yes ☐ Previous Medicare card number (if known)

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**39** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of their previous name

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**41** Date of birth

	/		/		
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**42** Gender

Male ☐

Female ☐

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

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

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

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

No ☐

Yes ☐

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

No ☐ **Go to 49**

Yes ☐ **Go to 46**

**46** Previous country of residence (e.g. before arriving in Australia)

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

	years		months
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**48** Date of arrival in Australia

	/		/		
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To be completed by additional person if 14 years of age or over

**49** Do you authorise payments to be made in the nominated bank account at question 15 or 34?

No ☐ Provide bank account details below

Yes ☐

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

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s) of

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Additional person 1 signature

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Date

	/		/		
--	---	--	---	--	--

► If more than one additional person **go to 50**, if not **go to 86**

### Additional person 2

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

No ☐

Yes ☐ Previous Medicare card number (if known)

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**51** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of their previous name

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**53** Date of birth

	/		/		
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**54** Gender

Male ☐

Female ☐

- 55** Is this person of Aboriginal or Torres Strait Islander Australian descent?  
If they are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

- 56** Is this person of Australian South Sea Islander descent?

No ☐

Yes ☐

- 57** Has this person previously lived overseas?

No ☐ **Go to 61**

Yes ☐ **Go to 58**

- 58** Previous country of residence (e.g. before arriving in Australia)

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

 years  months

- 60** Date of arrival in Australia

 /  / 

**To be completed by additional person if 14 years of age or over**

- 61** Do you authorise payments to be made in the nominated bank account at question 15 or 34?

No ☐ Provide bank account details below

Yes ☐

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

  

Additional person 2 signature

Date

 /  / 

- If more than two additional people **go to 62**, if not **go to 86**

### Additional person 3

- 62** Has additional person 3 previously been enrolled in Medicare?

No ☐

Yes ☐ Previous Medicare card number (if known)

           

- 63** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of their previous name

  

- 65** Date of birth

 /  / 

- 66** Gender

Male ☐

Female ☐

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

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

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

- 68** Is this person of Australian South Sea Islander descent?

No ☐

Yes ☐

- 69** Has this person previously lived overseas?

No ☐ **Go to 73**

Yes ☐ **Go to 70**

- 70** Previous country of residence (e.g. before arriving in Australia)

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

 years  months

- 72** Date of arrival in Australia

 /  /

**73** To be completed by additional person if 14 years of age or over  
Do you authorise payments to be made in the nominated bank account at question 15 or 34?

No ☐ Provide bank account details below  
Yes ☐

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

Additional person 3 signature

Date

►► If more than three additional people **go to 74**, if not **go to 86**

#### Additional person 4

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

No ☐

Yes ☐ Previous Medicare card number (if known)

**75** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of their previous name

**77** Date of birth

**78** Gender

Male ☐

Female ☐

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

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

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

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

No ☐

Yes ☐

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

No ☐ **Go to 85**

Yes ☐ **Go to 82**

**82** Previous country of residence (e.g. before arriving in Australia)

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

**84** Date of arrival in Australia

To be completed by additional person if 14 years of age or over

**85** Do you authorise payments to be made in the nominated bank account at question 15 or 34?

No ☐ Provide bank account details below

Yes ☐

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

Additional person 4 signature

Date

If more than four additional people, complete Part C on another Medicare enrolment form.



- 86** Would you like a duplicate card?  
(Only one duplicate card can be issued)

No ☐

Yes ☐

## Privacy notice

- 87** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy)

## Declaration of additional people

If additional person 1, 2, 3 or 4 are 15 years of age or over, they must sign this form.

### 88 I declare that:

- the information I have provided in this form is complete and correct.

### I understand that:

- I must notify the Australian Government Department of Human Services of any change(s) to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Additional person 1 full name

Additional person 1 signature

Date

Additional person 2 full name

Additional person 2 signature

Date

Additional person 3 full name

Additional person 3 signature

Date

Additional person 4 full name

Additional person 4 signature

Date

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

**This page has been left blank intentionally.**



# Medicare enrolment form

## Part D – Enrolling a newborn child

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

Only complete **Part D** if your newborn child was born in Australia.  
If your newborn child was born overseas, complete **Part A**.

**89** You need to provide one of the following documents (original or certified) to confirm your relationship with the newborn child:



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

### For newborn enrolments ONLY

Return **Part D** with certified or original documents to your local service centre or post certified copies to:

**Department of Human Services  
Medicare  
PO Box 7856  
Canberra BC ACT 2610**

### Your details

**90** Your Medicare card number

**91** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of your previous name

**93** Your date of birth

**94** Your relationship to this child

Birth mother ☐

Biological father ☐

Other ☐ Give details

**95** Residential address

  
  

Postcode

Postal address (If different to above)

  
  

Postcode

**96** Contact phone number

**97** Do you have a partner?

No ☐ **Go to 104**

Yes ☐

**98** Your partner's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

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

No ☐

Yes ☐ Give details of your partner's previous name

**100** Your partner's date of birth



MCAOMS004 1802

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

Birth mother ☐

Biological father ☐

Other ☐ Give details

**102** Your partner's Medicare card number (if different to yours)

--

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

No ☐

Yes ☐ Both signatures are required at question 112

**Child details**

If you are enrolling more than one newborn child (i.e. multiple births), complete and attach a separate **Part D** for each child.

**104** Child's name

Family name

First given name

Second given name

**105** Child's date of birth

 /  / 

**106** Child's gender

Male ☐

Female ☐

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

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

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

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

No ☐

Yes ☐

**109** Do you want to register your child for My Health Record?

For more information about My Health Record, go to **myhealthrecord.gov.au**

No ☐ **Go to 111**

Yes ☐

**110** Do you consent to Medicare information being included in your child's My Health Record?

No ☐ **Go to 111**

Yes ☐ Select from the options below

**Tick ALL that apply**

Details of all claims covered under the Pharmaceutical Benefits Scheme ☐

Details of all claims covered under the Medicare Benefits Schedule ☐

Details of your child's immunisation ☐

**Privacy notice**

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You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy**

**Declaration**

**112** I declare that:

- the information I have provided in this form is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.

Your full name

Your signature

Date

 /  / 

Partner's full name

Partner's signature

Date

 /  / 

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