



Application for a Medicare Entitlement Statement (MS015)

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print 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.

1 Is a tax agent completing this application on the applicant's behalf?

No ☐ **Go to 5**

Yes ☐

2 Does the applicant give permission for their tax agent to supply and receive information related to this application?

No ☐

Yes ☐

Tax agent's details

When sending documents by email, documents **must**:

- be in PDF format
- **not** be password protected, and
- **not** be larger than 10 megabytes

If you are sending applications for multiple applicants, a separate email **must** be sent for each applicant. If the applicant has multiple applications for different financial years, they can be sent in one email.

Questions 3 and 4 **must** be completed by the tax agent.

3 Name of company

Name of tax agent who is completing this application

Tax agent's daytime phone number (including area code)

4 Have you read and understood the Privacy notice at question 22?

No ☐

Yes ☐

Applicant's details

The applicant is the person who is **applying** for the Medicare Entitlement Statement.

5 Does the applicant have a current or expired Medicare card?

No ☐

Yes ☐ Provide the applicant's Medicare card number and reference number

Applicant's Medicare card number

Ref no.

6 Provide the applicant's name as it appears on their passport

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

7 Applicant's gender

Male ☐

Female ☐

8 Applicant's date of birth (DD MM YYYY)

9 Applicant's daytime phone number (including area code)

Applicant's email

10 Applicant's residential address in Australia

Postcode

11 What postal address would the applicant like all correspondence sent to?

Postcode

Country (if not Australia)



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