

medicare

Medicare enrolment form (MS004)

When to use 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 pocket medical costs for out of hospital services. It is available to individuals and families. Individuals are automatically registered but couples and families must register. If you are registered as a family, we combine your medical costs so you are more likely to reach the threshold amounts sooner.

For Medicare Safety Net purposes, a family is any of these:

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

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

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

Lifetime Health Cover

Lifetime Health Cover (LHC) is designed to encourage people to take out private hospital cover earlier in life.

If someone does not take out and maintain private hospital cover from the year they turn 31, they will pay a 2% LHC loading on top of their premium for every year they are aged over 30. Hospital cover must be purchased by 1 July following a person's 31st birthday to avoid paying a LHC loading.

Newly arrived migrants and applicants for permanent residency aged 31 or over will not have to pay a LHC loading if private hospital cover is purchased within 12 months of being enrolled in Medicare.

If this applies to you, you will need to obtain a LHC letter from Medicare as proof of your Medicare registration and give this to your private health insurer to demonstrate your exemption from the loading.

For more information, go to www.privatehealth.gov.au

My Health Record

A My Health Record is an online summary of an individual's health information. Individuals listed on this form can get a My Health Record when enrolled in Medicare. Questions relating to My Health Record are outlined in Part C (Enrolling a newborn child) and Part D (My Health Record) of this form.

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

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 guestions are also voluntary.

For more information

Go to servicesaustralia.gov.au/enrolmedicare or call 132 011 Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time. To speak to us in your language call 131 450. 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.

Type of enrolment

ı	wnat a	are yo	u usıng	this	torm	tor?
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Enrolling in Medicare for the first time (for persons aged 12 months and older and newborn children born overseas)

Go to Part A **Ouestion 2**

Re-enrolling in Medicare or extending Medicare eligibility

(for example, resident returning to Australia, Interim or Reciprocal Medicare card holders)

Go to Part A **Question 3**

Enrolling a newborn child

(for children aged up to their 1st birthday who are born in Australia)

Go to Part C

Registering for a My Health Record

The My Health Record questions must be completed for persons listed in Part A and Part B of this form. Note: If you are using this form to enrol a newborn child, you do

not need to complete **Part D**. Go to Part D





Part A – Enrolling in Medicare for the first time, re-enrolling in Medicare or extending Medicare eligibility

2 Enrolling in Medicare for the first time

Documents required for each person:

Australian citizen



- Australian passport, or
- birth certificate and either a current Australian driver licence, student card or proof of age card, and
- 2 residency documents (see page 3).
 If you are enrolling as a family, 2 residency documents are required per family.

For more information, go to servicesaustralia.gov.au/enrolmedicare

Child born overseas to an Australian citizen



For each child provide:

- a birth certificate and Australian passport, or
- a birth certificate, foreign passport, and Australian citizenship certificate.

If you have been living overseas more than 5 years, you will also need to provide:

- 2 residency documents (see page 3), or
- a statutory declaration saying the family has returned to live in Australia.

For more information, go to servicesaustralia.gov.au/enrolmedicare

New Zealand citizen residing in Australia



- a New Zealand passport and
- 2 residency documents (see page 3).
 If you are enrolling as a family, 2 residency documents are required per family.

For more information, go to servicesaustralia.gov.au/enrolmedicare

Permanent resident (but not an Australian citizen)



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

Have applied for permanent residency/permanent protection visa



- a current passport or Immicard, and
- proof that an application for permanent residency has been lodged with the Department of Home Affairs (and information about the category of visa that has been applied for), 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

servicesaustralia.gov.au/enrolmedicare

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



- a current passport or travel document,
- a current visa.
- evidence of all Australian arrival and departure dates,
- proof of overseas health insurance,
- documents to prove your country of residence.

Not all of the above information is required for each visitor to Australia. For more information, go to **servicesaustralia.gov.au/rhca**

Other visa holders - covered by Ministerial Order



- current passport or travel document or ImmiCard, and
- proof of a valid visa from the Department of Home Affairs.

Re-enrolling in Medicare or extending Medicare eligibility Documents required:

Returning to reside in Australia permanently
For example:

- Australian citizens returning to live in Australia after more than 5 years
- New Zealand citizens or permanent residents returning to live in Australia after 12 months or more.



For each person provide:

- a current passport, and
- 2 residency documents (see page 3).
 If you are enrolling as a family, 2 residency documents are required per family.

Extend my Medicare eligibility

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



For each person provide:

- a current passport or ImmiCard, and
- a current visa, and
- evidence from the Department of Home Affairs that you have applied for another visa (if relevant).

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

Residency documents

Documents from another country

- sale of property (sale agreement)
- cessation of lease agreement for rental property
- termination of employment (acceptance of resignation by employer)
- transit document for household goods and/or furniture
- closure of bank accounts
- cancellation of health, property or contents insurance.

Documents from Australia

- purchase of property agreement and gas or electricity accounts in same name
- lease agreement for rental of property and gas or electricity accounts in same name
- evidence of employment
- evidence of children at school or university
- private health insurance in Australia
- opening of bank accounts
- property or contents insurance.

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 **4** Mr Mrs Miss Ms Other Family name First given name Second given name Have you ever used or been known by another name? No Yes Give details of your previous name Date of birth 7 Gender Male Female Postal address Postcode Contact phone number **10** If you: are enrolling in Medicare for the first time are re-enrolling in Medicare or wanting to extend your Medicare eligibility Your previous Medicare card number (if known) Go to 11 only want to enrol a dependant in Medicare (for example, a newborn child born overseas or a child aged 12 months or over).

Your current Medicare card number

Go to 19

11	Are you of Aboriginal or Torres Strait Islander Australian descent?	Privacy notice
	If you are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.	20 The privacy and accurity of your percent information is
	·	20 The privacy and security of your personal information is important to us, and is protected by law. We need to collect thi
	No L	information so we can process and manage your applications
	Yes – Aboriginal Australian	and payments, and provide services to you. We only share you
	Yes – Torres Strait Islander Australian	information with other parties where you have agreed, or when
12	Are you of Australian South Sea Islander descent?	the law allows or requires it. For more information, go to
12		servicesaustralia.gov.au/privacy
	No 🗀	,
	Yes L	Declaration
13	Have you previously lived overseas?	- Decidiation
	No Go to 18	21 declare that:
	Yes Go to next question	I have read and understood the Privacy notice.
	·	·
14	Previous country of residence before arriving in Australia	I am aware of my legal obligation to provide true and accurate information.
		accurate information.
		the information I have provided in this form is complete are
15	How long were you residing in that country?	correct.
	(state the total number of years and/or months)	I consent to:
	years months	 the agency validating identity documents I provide with th
		issuing agency.
16	Date of arrival in Australia	I authorise for:
	/ /	 payments to be made into the bank account I nominated i
4-		this form.
17	Do you have plans to reside in Australia permanently?	I understand that:
	No Planned date of departure (if known)	 identification documents provided to Services Australia w
		be checked with the issuing agency to confirm validity. The
		documents are subject to agency compliance and audit
	Yes L	processes.
18	Do you require a Lifetime Health Cover letter?	 I must notify Medicare of any change(s) to this informatio
	(For more information, see page 1 of this form)	
	No 🗆	 giving false or misleading information is a serious offence
		Your full name
	Yes L	
_		Value alima akura
Bai	nk account details	Your signature
40		
19	All payments are made through Electronic Funds Transfer	
	(EFT). Payments cannot be made via EFT if the nominated	Data
	bank account has restrictions on EFT deposits.	Date
	Do not include an account used exclusively for funding from	
	the National Disability Insurance Scheme.	
	We cannot record bank account details for children under	What to do now
	14 years of age.	
	Name of bank, building society or credit union	22 Are there other people to be enrolled on your Medicare card?
	(Australian financial institutions only)	No Go to Part D and answer the My Health Record
		questions before returning this form.
		Yes Go to Part B
	Branch number (BSB)	
		If one or more of the other people enrolling have a
	Account comban this case 11. II	different immigration type/status to you, they cannot be listed on the same Medicare card. They
	Account number (this may not be the card number)	
		will need to complete a separate enrolment form.
	Account held in the name(s) of	
	Account ficia in the hame(s) of	

Part B – Other people to be enrolled or re-enrolled in Medicare, or have their Medicare eligibility extended

Ada	litional person 1		
23	Has additional person 1 previously been enrolled in Medicare?		
	No Previous Medicare card number (if known) Ref no.		
24	Mr Mrs Miss Ms Other Family name		
	First given name		
	Second given name		
25	Has this person ever used or been known by another name?		
	Yes Give details of their previous name		
26	Date of birth		
27	Gender Male		
	Female		
28	Contact phone number		
29	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		
30	Is this person of Australian South Sea Islander descent? No Yes		
31	Has this person previously lived overseas?		
	No Go to 36		
	Yes Go to next question		
32	Previous country of residence before arriving in Australia		
33	How long was this person residing in that country? (state total number of years and/or months)		
	years months		
34	Date of arrival in Australia		
-			

	Does this person have plans to reside in			
	No Planned date of departure (if	known)		
	/ /			
	Yes			
36	Does this person require a Lifetime Hea (For more information, see page 1 of thi No Yes			
37	To be completed by additional person it	f 14 years of age or over		
	Do you authorise payments to be made in the nominated bank account at question 19? No Provide bank account details below Yes Name of bank, building society or credit union			
	(Australian financial institutions only)	dillott		
	Branch number (BSB) Account number (this may not be the ca	rd number)		
	Account held in the name(s) of			
	Additional person 1 signature			
	<i>A</i>	Date		
>>	If more than one additional person, go t	o 38, if not go to 83		
Ada	ditional person 2			
,,,,,,				
38	-	enrolled in Medicare?		
38	Has additional person 2 previously been	enrolled in Medicare?		
38	Has additional person 2 previously been	per (if known)		
	Has additional person 2 previously been No Previous Medicare card numl	per (if known) Ref no.		
38	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Mrs Miss Ms	per (if known) Ref no.		
	Has additional person 2 previously been No Previous Medicare card numl	per (if known) Ref no.		
	Has additional person 2 previously been No Previous Medicare card number of Mrs Mrs Miss Ms Family name	per (if known) Ref no.		
	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Mrs Miss Ms	per (if known) Ref no.		
	Has additional person 2 previously been No Yes Previous Medicare card number Mr Mrs Miss Ms Family name First given name	per (if known) Ref no.		
	Has additional person 2 previously been No Previous Medicare card number of Mrs Mrs Miss Ms Family name	per (if known) Ref no.		
	Has additional person 2 previously been No Yes Previous Medicare card number Mr Mrs Miss Ms Family name First given name	per (if known) Ref no.		
	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Miss Ms Family name First given name Second given name Has this person ever used or been known	oer (if known) Ref no. Other		
39	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Miss Ms Family name First given name Second given name Has this person ever used or been know No Ms	oer (if known) Ref no. Other on by another name?		
39	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Miss Ms Family name First given name Second given name Has this person ever used or been known	oer (if known) Ref no. Other on by another name?		
39	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Miss Ms Family name First given name Second given name Has this person ever used or been know No Ms	oer (if known) Ref no. Other on by another name?		
39	Has additional person 2 previously been No Yes Previous Medicare card number Mrs Miss Ms Family name First given name Second given name Has this person ever used or been know No Ms	oer (if known) Ref no. Other on by another name?		

41	Date of birth	52 To be completed by additional person if 14 years of age or o	ove
		Do you authorise payments to be made in the nominated bar account at question 19?	ηk
42	Gender Male	No Provide bank account details below Yes	
40	Female L	Name of bank, building society or credit union (Australian financial institutions only)	
43	Contact phone number		
44	Is this person of Aboriginal or Torres Strait Islander Australian	Durant work or (DOD)	_
	descent? If they are of both Aboriginal and Torres Strait Islander Australian	Branch number (BSB)	
	descent, tick both 'Yes' boxes.		
	No	Account number (this may not be the card number)	
	Yes – Torres Strait Islander Australian	Account held in the name(s) of	
45	Is this person of Australian South Sea Islander descent?		
	No 🗔		
	Yes L	Additional person 2 signature	
46	Has this person previously lived overseas?	Date	
	No Go to 51	L D / /	
	Yes Go to next question	If more than 2 additional people, go to 53, if not go to 83	
47	Previous country of residence before arriving in Australia		
		Additional person 3	
48	How long was this person residing in that country? (state total number of years and/or months)	53 Has additional person 3 previously been enrolled in Medicare No	∍?
	years months	Yes Previous Medicare card number (if known)	_
49	Date of arrival in Australia	Ref no.	
70	/ /	54 Mr Mrs Miss Ms Other	
		Family name	
50	Does this person have plans to reside in Australia permanently?	Turning riumo	
	No Planned date of departure (if known)	First sives near	
	1 1	First given name	
	Yes		
51	Does this person require a Lifetime Health Cover letter?	Second given name	
	(For more information, see page 1 of this form)		
	No 🗀	55 Has this person ever used or been known by another name?	
	Yes L	No 🖳	
		Yes Give details of their previous name	
		56 Date of birth	
		57 Gender	
		Male — Female —	
		58 Contact phone number	

59	Is this person of Aboriginal or Torres Strait Islander Australian	Add	litional person 4
	descent? If they are of both Aboriginal and Torres Strait Islander Australian	68	Has additional person 4 previously been enrolled in Medicare?
	descent, tick both 'Yes' boxes.		Yes Previous Medicare card number (if known)
	No 🗔		res Previous Medicale Cald Humber (II Known)
	Yes – Aboriginal Australian UYes – Torres Strait Islander Australian UYes – Torres Strait Islander Australian UY		Ref no.
60	Is this person of Australian South Sea Islander descent?	69	Mr Mrs Miss Ms Other Family name
	No U		Tamily name
61	Has this person previously lived overseas?		First given name
UI			
	No		Coord siver name
	Yes Go to next question		Second given name
62	Previous country of residence before arriving in Australia		
		70	Has this person ever used or been known by another name?
63	How long was this person residing in that country?		No 🗔
	(state total number of years and/or months)		Yes Give details of their previous name
	years months		
64	Date of arrival in Australia		
٠.	/ /	71	Date of birth
		l ''	/ /
65	Does this person have plans to reside in Australia permanently?		1 1
	No Planned date of departure (if known)	72	Gender
			Male
	Yes		Female
66	Does this person require a Lifetime Health Cover letter?	73	Contact phone number
00	(For more information, see page 1 of this form)	74	Is this person of Aboriginal or Torres Strait Islander Australian
	No 🗆		descent?
	Yes		If they are of both Aboriginal and Torres Strait Islander Australian
67	To be completed by additional person if 14 years of age or over		descent, tick both 'Yes' boxes.
	Do you authorise payments to be made in the nominated bank		Yes – Aboriginal Australian
	account at question 19?		Yes – Torres Strait Islander Australian
	No Provide bank account details below	75	
	Yes 🗔	/5	Is this person of Australian South Sea Islander descent?
	Name of bank, building society or credit union		Yes
	(Australian financial institutions only)	76	
		10	Has this person previously lived overseas?
	Branch number (BSB)		No Go to 81
			Yes Go to next question
	Account number (this may not be the card number)	"	Previous country of residence before arriving in Australia
	Account held in the name(s) of	78	How long was this person residing in that country?
	, ,		(state total number of years and/or months)
			years months
	Additional person 3 signature	79	Date of arrival in Australia
	Date		/ /
44	If we are them 0 additional wavels we to 00 ''.		
>>	If more than 3 additional people, go to 68 , if not go to 83		

80	Does this person have plans to reside in Australia permanently?	Declaration of additional people
	No Planned date of departure (if known)	If additional person 1, 2, 3 or 4 are 15 years of age or over, they must sign this form.
	Yes	85 I declare that:
81	Does this person require a Lifetime Health Cover letter?	I have read and understood the Privacy notice.
	(For more information, see page 1 of this form) No	 I am aware of my legal obligation to provide true and accurate information.
82	Yes To be completed by additional person if 14 years of age or over	 the information I have provided in this form is complete and correct.
	Do you authorise payments to be made in the nominated bank account at question 19? No Provide bank account details below	 I consent to: the agency validating identity documents I provide with the issuing agency.
	Yes	I understand that:
	Name of bank, building society or credit union (Australian financial institutions only)	 identification documents provided to Services Australia will be checked with issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
	Branch number (BSB)	I must notify Medicare of any change(s) to this information.
		giving false or misleading information is a serious offence.
	Account number (this may not be the card number)	Additional person 1 full name
	Account held in the name(s) of	Additional person 1 signature
		Date / /
	Additional person 4 signature	Additional person 2 full name
	Date	
		Additional person 2 signature
lf r	more than 4 additional people, complete Part B on another	Date
Me	edicare enrolment form.	
83	Would you like a duplicate card? (Only one duplicate card can be issued)	Additional person 3 full name
	No	Additional person 3 signature Date
Pri	vacy notice	
Ω/Ι	The privacy and security of your personal information is	Additional person 4 full name
U -1	important to us, and is protected by law. We need to collect this information so we can process and manage your applications	Additional person 4 signature
	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	Date / /
	servicesaustralia.gov.au/privacy	Go to Part D and answer the My Health Record questions



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Part C - Enrolling a newborn child

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

You can enrol a newborn child born in Australia using Medicare online accounts. For help setting up online access, go to servicesaustralia.gov.au/selfservice or complete Part C.

If your newborn child was born overseas, complete Part~A and then Part~B.

86 You need to provide **one** of the following documents to confirm your relationship with the newborn child:



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

Your	uv	LUI	·

87	Your Medicare card number
	Ref no.
88	Mr Mrs Miss Ms Other
	Family name
	First given name
	Second given name
89	Have you ever used or been known by another name? No Yes Give details of your previous name
90	Your date of birth / /
91	Your relationship to this child
	Birth mother
	Biological father
	Other Give details
00	
92	Postal address
	Postcode

93	Contact phone number
94	Do you have a partner?
	No Go to 103 Yes
95	Is your partner listed on your Medicare card?
	No • Go to 97
	Yes Go to next question
96	Would you like a duplicate card? (Only one duplicate card can be issued)
	No Go to 103
	Yes Go to 103
97	Does your partner want the newborn child to be added to their Medicare card?
	No Go to 103
	Yes Both signatures are required at question 110 Go to next question
98	Your partner's Medicare card number
	Ref no.
99	Your partner's name
	Mr Mrs Miss Ms Other
	Family name
	First given name
	Second given name
100	Has your partner ever used or been known by another name?
	Yes Give details of your partner's previous name
101	Your partner's date of birth / /
	Your partner's relationship to this child
102	Birth mother
	Biological father
	Other Give details

Child details

If you are enrolling more than one newborn child (such as multiple births), complete and return a separate **Part C** for each child.

103	Child's name
	Family name
	First given name
	Second given name
104	Child's date of birth //
105	Child's sex
	Male
	Female
106	Is your child 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
107	Is your child of Australian South Sea Islander descent?
	No 🗆
	Yes
108	Read this before answering the question.
	You must have parental responsibility for this child to make
	decisions about My Health Record. You can request or
	cancel a My Health Record at any time. For more
	information, go to www.myhealthrecord.gov.au
	Do you want us to give your newborn child a My Health
	Record?
	No L This child will not get a record
	Go to next question
	Yes Go to next question

Privacy notice

109 The privacy and security of your personal information is important to us, 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

The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, including the *My Health Records Act 2012* and *Privacy Act 1988*.

For more information, see the My Health Record System Operator's privacy policy at

www.myhealthrecord.gov.au/privacy

Declaration

110 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 in this form is complete and correct.

I consent to:

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

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.

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.

For newborn child enrolments only

Return **Part C** 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





Part D - My Health Record

A My Health Record is an online summary of an individual's health information. It can be accessed at any time by the individual and their healthcare providers.

You and any other person enrolling in Medicare on this form can get a My Health Record.

We cannot process the following My Health Record questions if you or the additional people have:

- · an existing My Health Record
- cancelled a My Health Record
- opted out of getting a My Health Record.

For more information or to make changes to previous My Health Record preferences, go to **www.myhealthrecord.gov.au** or call the My Health Record System Operator on **1800 723 471**.

Yes Go to Additional people below
No
Are you using this form to enrol additional people in Medicare?
Yes – Give me a My Health Record
No – Do not give me a My Health Record
Do you want a My Health Record?
Yes Go to next question
No Go to 113
Are you using this form to enrol yourself in Medicare?

Read this information before completing the questions for the additional people listed in Part B of this form

You must have parental responsibility to complete questions for additional people under 14 years of age.

If the additional person is 14 years of age or older, they must:

- answer the question relating to whether or not they want a My Health Record
- read the Privacy notice at question 129
- sign their declaration.

Additional person 1

114	Name (as stated in Part B of this form) Family name
	First given name
	Second given name
115	Do you want us to give this person a My Health Record?
	This question must be completed by the additional person if they are 14 years of age or older.
	No – Do not give this person a My Health Record
	Yes – Give this person a My Health Record
116	Additional person 1 declaration (if 14 years of age or older)
	I declare that:
	 the information I have provided at question 115 is complete and correct.
	I have read the Privacy notice at question 129.
	Additional person 1 signature
	Date
	/ /
117	Are there other additional people listed in Part B of this form?
	No Go to 129
	Yes Go to next question

Additional per	rson 2	Addi	tional person 3
118 Name (as Family na	stated in Part B of this form) me	122	Name (as stated in Part B of this form) Family name
First giver	n name		First given name
Second gi	iven name		Second given name
119 Do you wa	ant us to give this person a My Health Record?	123	Do you want us to give this person a My Health Record?
	stion must be completed by the additional person if 14 years of age or older.		This question must be completed by the additional person they are 14 years of age or older.
	No – Do not give this person a My Health Record Yes – Give this person a My Health Record		No – Do not give this person a My Health Record Yes – Give this person a My Health Record
120 Additiona older)	al person 2 declaration (if 14 years of age or	124	Additional person 3 declaration (if 14 years of age or older)
I declare	that:		I declare that:
	nformation I have provided at question 119 is plete and correct.		 the information I have provided at question 123 is complete and correct.
	e read the Privacy notice at question 129. I person 2 signature		• I have read the Privacy notice at question 129. Additional person 3 signature
			₽ D
Date			Date
/	/		/ /
121 Are there	other additional people listed in Part B of this form? Go to 129	125	Are there other additional people listed in Part B of this form No Go to 129
Yes 🕞	Go to next question		Yes Go to next question

Additional person 4 126 Name (as stated in Part B of this form) Family name First given name Second given name 127 Do you want us to give this person a My Health Record? This question must be completed by the additional person if they are 14 years of age or older. No – **Do not** give this person a My Health Record Yes – Give this person a My Health Record 128 Additional person 4 declaration (if 14 years of age or older) I declare that: the information I have provided at question 127 is complete and correct.

If more than 4 additional people, complete Part D on another Medicare enrolment form.

I have read the Privacy notice at question 129.

Additional person 4 signature

Date

Privacy notice

129 The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, including the My Health Records Act 2012 and Privacy Act 1988.

For more information, see the My Health Record System Operator's privacy policy at

www.myhealthrecord.gov.au/privacy

Declaration

130 I declare that:

- I have parental responsibility for the additional people under 14 years of age that I have completed My Health Record questions for.
- 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 in this form is complete and correct.

I consent to:

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

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. Your signature

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