



Aboriginal and Torres Strait Islander Medicare enrolment and amendment form

Are your details up-to-date with Medicare?

Not enrolled?

Being enrolled in Medicare helps you get access to health services, including:

- pathology tests like blood tests
- medicine from the chemist
- your child's immunisation records
- some specialist services and hospital treatment even when travelling or moving away.

It also makes it easier for the health service to get the payment it should receive from Medicare.

Already enrolled?

Even if you are already enrolled in Medicare it is important to check that your details are up-to-date.

- It helps make sure information and replacement cards go to the right place.
- It helps avoid problems in getting tests, medicine and payments.
- Information about Aboriginal and Torres Strait Islander origin can now also be provided to Medicare.

Why should people identify as Aboriginal and/or Torres Strait Islander?

Answering the question is voluntary. It is asked on all Medicare enrolment forms. The information is aimed at improving access to health programs and our services. It will also help to improve benefits and payments such as the Medicare Enhanced Primary Care items.

You can have this information removed from your Medicare record at any time by calling the Aboriginal and Torres Strait Islander Access Line on **1800 556 955**** or by visiting your local Medicare office.

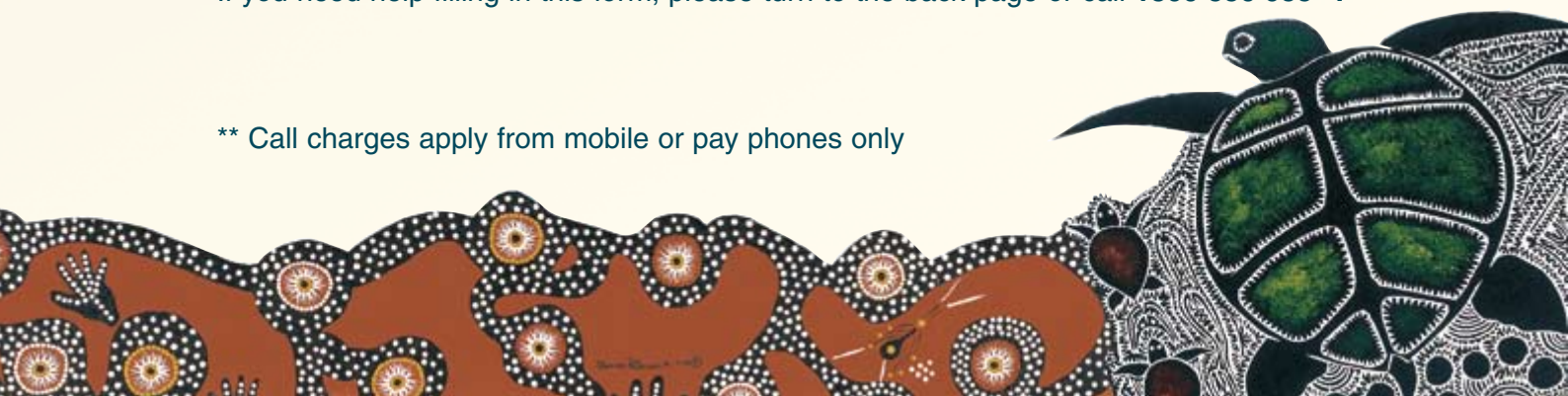
What's different about this form?

No ID—no worries. Just get an approved referee to fill in and sign the referee statement and declaration section.

Need help with the form?

If you need help filling in this form, please turn to the back page or call **1800 556 955****.

** Call charges apply from mobile or pay phones only



This form can be used for many things

Enrolling in Medicare

Fill in sections 1, 2, 3, 4, 6 and 7 (if there are other people to be included on the card).

Already enrolled

- Providing Aboriginal and/or Torres Strait Islander origin details
Fill in sections 1, 3, and 7 (for other people on the card)
- Adding another person, for example a child, to your Medicare card
Fill in sections 1, 3, 4, 6 and 7
- Requesting a duplicate (extra) Medicare card
Fill in sections 1, 4 and 6
- Changing your address details
Fill in sections 1 and 6—or call **1800 556 955****
- Changing your name on your Medicare card
Fill in sections 1, 2, 3 and 6 (and 7 if required)
- Requesting a replacement Medicare card
Fill in sections 1, 2, 5 and 6
- Registering for the Medicare Safety Net
Fill sections 1, 6 and 7.

Providing the form to Medicare

- Your health service or health worker can send the completed form to Medicare for you.
- You can drop it off at any Medicare office.
- Post it to **Medicare Aboriginal and Torres Strait Islander Access, GPO Box 9822, in your capital city**—if you are using a certified copy of ID, please include it with the form or have the referee statement and declaration section completed.
- If you want to fax the form, please call the Aboriginal and Torres Strait Islander Access Line on **1800 556 955**** for your local fax number.

For more information or help

- Talk to your local health worker.
- Call the Aboriginal and Torres Strait Islander Access Line on **1800 556 955****.
- Visit your local Medicare office or our website **www.medicareaustralia.gov.au**

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Aboriginal and Torres Strait Islander Medicare enrolment and amendment form

New enrolment (Sections 1, 2, 3, 4, 6 and 7 if required) Volunteer Indigenous details (Sections 1, 3, and 7)
Adding someone (Sections 1, 3, 4, 6 and 7) Duplicate card (Sections 1, 4 and 6)
Changing name (Sections 1, 2, 3, 6 and 7 if required) Replacement card (Sections 1, 2, 5 and 6)
Changing address (Sections 1 and 6) Safety net (Sections 1, 6 and 7)

Section 1 Applicant/cardholder details (please fill out every time)

Title: Mr Mrs Ms Other First name

Second name Family name

Other names you are or have been known by (please provide cardholder's previous name here if notifying us of a name change)

Current address (please provide new address here if notifying us of a change of address)

Mailing address

Residential address

Previous address (if notifying us of a change of address and if known)

Daytime phone no. () Sex: Male Female Date of birth / /

Are you of Aboriginal or Torres Strait Islander origin?† Yes—Aboriginal Yes—Torres Strait Islander No

Medicare number (if known, for example, requesting a change or duplicate/replacement card)

† For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. Responding to this question is voluntary.

Section 2 Proof of identity (when enrolling, making a change or requesting a replacement card)

You can use one of the following forms of identification (ID) (or a certified photocopy if you are mailing the form):

• driver's licence • birth certificate or extract • current passport • Australian Armed Services papers • marriage certificate • legal document.

A certified copy means one of the following people has signed and written 'this is a true copy of the original document':

• community elder • medical/health service manager/nurse • school principal • any permanent Commonwealth employee with five or more years of continuous service • council chairperson • minister of religion • welfare organisation worker.

No ID—no worries! Just get the following details filled out and signed by one of the people listed above.

I (full name of referee) am providing this reference

because the applicant cannot provide the ID listed above. I have known the applicant personally for year(s) month(s)

OR I can confirm their identity from the following information:

Medical records School records Church records Other (please specify)

I understand it is an offence under the *Health Insurance Act 1973* to make false or misleading statements relating to Medicare benefits. I declare that to the best of my knowledge and belief, all information on this form is true and correct.

Referee signature Date / /

Phone number () Name of the organisation

Section 3 Are there details of other people to include or change on the card?

Yes —(please provide details in Section 7) No

Section 4 Duplicate card (available if there is more than one person on the card)

Do you wish to have a second copy of your card? Yes No

Section 5 Replacement card

Was your card? Lost Stolen Damaged/destroyed Expired

Section 6 Declaration (Please fill out every time)

I declare that to the best of my knowledge and belief, all information on this form (including any information provided in Section 7) is true and correct.

Cardholder's signature Date / /

Note: It is an offence under the *Health Insurance Act 1973* to make a false statement relating to Medicare benefits.

Privacy note: The information you provide on this form will be used to determine eligibility for Medicare benefits and to maintain a record of entitled persons for government programs administered by Medicare Australia. Collection of this information is authorised by law and may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Veterans' Affairs, Department of Immigration and Citizenship and Centrelink. Information concerning any identification number given to you by Medicare Australia and your eligibility for any benefit administered by Medicare Australia may be provided to a person who renders a hospital service, medical or pharmaceutical service, to a member of staff of that person, or to a person nominated to administer your affairs.

Section 7 Details of other people to be included or changed on the card

If there is not enough space to include everyone to be listed on the card, get another copy of this section or photocopy it and attach it to this form. You can also just write the required details on a piece of paper and attach it.

- New enrolment—list all other people to be on the card
- Adding a new person only
- Changing the name of a person on the card
- Medicare Safety Net registration

- A spouse is a person legally married and not separated, or a man and a woman in a de facto relationship.
- A dependant is a child under 16 years or a full time student under 25 years whom you support.

Please provide ID (as described in Section 2) for each person being enrolled, added to the card or having their details changed.

No ID—no worries! Just get one of the people mentioned in Section 2 to fill in the referee statement or declaration section.

Spouse Dependant child Other (please specify)

First name Second name

Family name Sex: Male Female Date of birth / /

Other names the person is or has been known by (please indicate the person's previous name here if notifying us of a name change)

Is this person of Aboriginal or Torres Strait Islander origin?† Yes -Aboriginal Yes -Torres Strait Islander No

† For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. Responding to this question is voluntary.

Medicare number (if already enrolled and known for the Medicare Safety Net)

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Referee statement and declaration. **Only have this section completed if no ID is available.**

I (full name of referee) am providing this reference

because the above mentioned person cannot provide ID. I have known the applicant personally for year(s) month(s)

OR I can confirm their identity from the following information:

Medical records School records Church records Other (please specify)

I understand it is an offence under the *Health Insurance Act 1973* to make false or misleading statements relating to Medicare benefits. I declare that to the best of my knowledge and belief, all information on this form is true and correct.

Referee signature Date / /

Phone number () Name of the organisation

Spouse Dependant child Other (please specify)

First name Second name

Family name Sex: Male Female Date of birth / /

Other names the person is or has been known by (please indicate the person's previous name here if notifying us of a name change)

Is this person of Aboriginal or Torres Strait Islander origin?† Yes—Aboriginal Yes—Torres Strait Islander No

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Referee signature Date / /

Phone number () Name of the organisation

To fax—cut along the dotted line. Please fax both pages at once.