

# Application to copy or transfer from one Medicare card to another

## When to use this form

Use this form if you need to do any of the following 4 actions:

- **Transfer to a new Medicare card**

When a person transfers to a new Medicare card, they are no longer on the previous Medicare card. For example: a child originally enrolled on their parent's Medicare card who is 15 years of age or over 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 are no longer on the previous Medicare card and 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 wishes to have a child copied onto their Medicare card.

## Identification

**Person 1** must provide identification. If person 1 is a child under 15 years of age, a parent or guardian will need to provide identification. Appropriate identification could be original or certified copies of a:

- birth certificate
- current Australian driver's licence, and/or
- current passport.

## Additional documents

If you are not the parent of the child under 15 years of age, you will need to provide documents to confirm evidence of care, for example: a court order.

## Bank account details

To enable us to make payments into your bank account, you will need to provide your bank account details. These details will be used for future electronic payments when you claim your Medicare benefit(s).

We must be notified immediately of any changes to your bank account details.

## Medicare Safety Net

If your circumstances change, you will 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 about the Medicare Safety Net go to [humanservices.gov.au/safetynet](http://humanservices.gov.au/safetynet) or call **132 011**.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

## For more information

For more information about Medicare or assistance completing this form go to [humanservices.gov.au/medicare](http://humanservices.gov.au/medicare) > **Payments & services > Medicare card** or call **132 011**.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

## 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.

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Bring your completed form and original or certified documents to your nearest Medicare Service Centre.

If you live in an area remote from a Medicare Service Centre, you can send your application together with certified copies of documents and the reason for not being able to attend in person, to:

**Department of Human Services**

**GPO Box 9822**

in your capital city

## Details of people wishing 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 Your Medicare card number

-  -  Ref no.

3 Please read this before answering the following question.

Medicare benefits tax statements contain information about medical services and expenses based on Medicare claims processed by us within the financial year. This information is linked to your Medicare card number. At the end of the financial year you may wish to request another tax statement based on your new Medicare card number.

Would you like to receive a current Medicare benefit tax statement?

No

Yes

4 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

5 Have you ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)

Other name

Type of name (e.g. maiden name)

6 Your sex

Male

Female

7 Date of birth

8 Address

  
  
 Postcode

Postal address (if different to above)

  
  
 Postcode

9 Daytime phone number

Email

  
@

10 Please read this before answering the following questions.

Questions 10 and 11 are optional and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

You can have this information removed from your Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.  
**Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No

Yes – Aboriginal

Yes – Torres Strait Islander

11 Are you of Australian South Sea Islander origin?

No

Yes

12 Do you need a duplicate Medicare card?

No

Yes

A duplicate card is a copy of your Medicare card. If you have more than one person on your Medicare card, you may find it useful to have a duplicate card.

**Note:** You only need to complete person 2 to person 4 details if there are more people on your Medicare card who are wishing to copy or transfer with you.

13 Does a second person need to copy or transfer?

No  **Go to 43**

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 Your Medicare card number

-  -  Ref no.

16 Please read this before answering the following questions.

Medicare benefits tax statements contain information about medical services and expenses based on Medicare claims processed by us within the financial year. This information is linked to your Medicare card number. At the end of the financial year you may wish to request another tax statement based on your new Medicare card number.

Would you like to receive a current Medicare benefit tax statement?

- No   
Yes

17 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

18 Your sex

- Male  Female

19 Date of birth

20 Please read this before answering the following questions.

Questions 20 and 21 are optional and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

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- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.  
**Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

- No   
Yes – Aboriginal   
Yes – Torres Strait Islander

21 Are you of Australian South Sea Islander origin?

- No   
Yes

22 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 52.



23 Does a third person need to copy or transfer?

- No  **Go to 43**  
Yes

## Person 3

24 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

25 Your Medicare card number

-  -  Ref no.

26 Please read this before answering the following questions.

Medicare benefits tax statements contain information about medical services and expenses based on Medicare claims processed by us within the financial year. This information is linked to your Medicare card number. At the end of the financial year you may wish to request another tax statement based on your new Medicare card number.

Would you like to receive a current Medicare benefit tax statement?

- No   
Yes

27 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

28 Your sex

- Male  Female

29 Date of birth

**30 Please read this before answering the following questions.**

Questions 30 and 31 are optional and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

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You can have this information removed from your Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.  
**Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

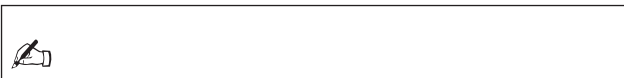
Are you of Aboriginal or Torres Strait Islander origin?  
If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

- No   
Yes – Aboriginal   
Yes – Torres Strait Islander

**31** Are you of Australian South Sea Islander origin?

- No   
Yes

**32** 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 52.



**33** Does a fourth person need to copy or transfer?

- No  **Go to 43**  
Yes

**Person 4**

**34** 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

**35** Your Medicare card number

-  -  Ref no.

**36 Please read this before answering the following questions.**

Medicare benefits tax statements contain information about medical services and expenses based on Medicare claims processed by us within the financial year. This information is linked to your Medicare card number. At the end of the financial year you may wish to request another tax statement based on your new Medicare card number.

Would you like to receive a current Medicare benefit tax statement?

- No   
Yes

**37** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

**38** Your sex

- Male  Female

**39** Date of birth

**40 Please read this before answering the following questions.**

Questions 40 and 41 are optional and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

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You can have this information removed from your Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.  
**Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

- No   
Yes – Aboriginal   
Yes – Torres Strait Islander

**41** Are you of Australian South Sea Islander origin?

- No   
Yes

**42** 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 52.





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

**Existing Medicare card details**

**43** Are persons 1, 2, 3 or 4 copying or transferring to an existing Medicare card?

- No  **Go to 52**  
Yes

Provide details of the person on the existing Medicare card to which additional name(s) are to be added. This person must be aged 15 years and over.

**44** Medicare card number

-  -  Ref no.

45 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

46 Your sex

Male  Female

47 Date of birth

48 Address

---

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 Postcode

Postal address (if different to above)

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---

 Postcode

Daytime phone number

Email

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@

49 Please read this before answering the following questions.

Questions 49 and 50 are optional and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Australian South Sea Islanders are the descendents of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

You can have this information removed from your Medicare records at any time by:

- calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**.  
**Note:** Call charges apply from mobile phones, or
- visiting your nearest Medicare Service Centre.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No

Yes – Aboriginal

Yes – Torres Strait Islander

50 Are you of Australian South Sea Islander origin?

No

Yes

51 Signature of person on the existing Medicare card

Date

## Parent or guardian authorisation

52 Please read this before answering the following question.

Only complete this question if you are copying or transferring a child under 15 years of age.

**To copy** a child under 15 years of age to a new or existing Medicare card, the signature of **at least one parent or guardian** is required.

Where it is not possible for a parent or guardian to authorise the copy of a child to another card the primary carer must provide relationship documents or evidence that the child is in their care.

**To transfer** a child under 15 years of age to a new or existing Medicare card, the signature of both parents or guardians (if applicable) is required.

Are persons 1, 2, 3 or 4 under 15 years of age?

No

Yes  Your relationship to the child(ren) under 15 years of age (e.g. grandparent).

I authorise:

- the changes requested for the child(ren) listed on this form.

Full name of parent or guardian 1

Signature of parent or guardian 1

Date

Full name of parent or guardian 2

Signature of parent or guardian 2

Date

## Bank account details

53 Please read this before answering the following question.

Medicare benefits cannot be paid via Electronic Funds Transfer (EFT) if the nominated account has restrictions on EFT deposits, is a credit card, or an overseas account.

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

Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

## Consent to nominate bank account

### 54 Please read this before answering the following questions.

Only complete this section if other people listed on your Medicare card (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)

Full name of person 1

Signature of person 1

Date

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

## 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:**

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

**I understand that:**

- giving false or misleading information is a serious offense.

Person 1 name

Person 1 signature

Date

OR

Parent or guardian name

Parent or guardian signature

Date

## Privacy notice

Centrelink, Medicare, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each services' legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth departments, other persons, bodies or agencies **ONLY** where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website **humanservices.gov.au/privacy** or requesting a copy of the full privacy policy at one of our Service Centres.

## Office use only

Type of identification and/or relationship documentation sighted (e.g. driver's licence).

Comments

Operator number

Date

Branch