Who needs to complete this form?
If you are an Aboriginal or Torres Strait Islander Australian and cannot provide standard identification documents you can use this form to enrol for Medicare payments and services or to update your details.

Why do I need to enrol?
Enrolling for Medicare payments and services helps you access health services which include:
• pathology tests, such as blood tests
• visits to your doctor
• medicine from the chemist
• your child’s immunisation records
• some specialist services and hospital treatments, even when travelling or moving away.

It also makes it easier for the health service to receive payments from us.

Why do I need to update my details?
It is important to update your details if you are adding someone else to your card or if you change your name or address.

This way, information and replacement cards go to the right address. It also avoids problems when making appointments, and receiving medicines and payments.

Why should I identify as an Aboriginal or Torres Strait Islander person?
We ask this question to help Close the Gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. We use the data to measure the effectiveness of health services in meeting the needs of Aboriginal and Torres Strait Islander peoples. We also use this information for further policy development, planning and improvement in service delivery.

Answering this question is voluntary and we will keep this information private.

You can have this information removed from your Medicare record at any time.

What’s different about this form?
If you don’t have identification, you can 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 the form call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955*.
What sections do I need to complete?

If you are enrolling in Medicare for the first time
• Fill in sections 1, 2, 3, 4, 6 and 7 (if there are other people to be included on the card).

If you are already enrolled and:
• providing Aboriginal or Torres Strait Islander descent details—fill in sections 1, 3, and 7 (for other people on the card)
• adding a child or another person to your Medicare card—fill in sections 1, 3, 4, 6 and 7
• asking for an extra Medicare card—fill in sections 1, 4 and 6
• changing your address details—fill in sections 1 and 6
• changing your name on your Medicare card—fill in sections 1, 2, 3 and 6 (and 7 if required)
• asking for a replacement Medicare card—fill in sections 1, 2, 3, 4, 6 and 7
• registering for the Medicare Safety Net—fill sections 1, 6 and 7.

Where do I send the form?
Once you have filled in the form, you can send it to Medicare by:
• giving it to your health service or health worker
• taking the form to a service centre
• sending the form to: Indigenous Access, GPO Box 9822 in your capital city. Make sure you include all the documents asked for with your form
• faxing the form. Call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955* for your local fax number.

For more information
To find out more about Medicare payments and services:
• go to humanservices.gov.au/medicare
• Email medicare@humanservices.gov.au
• talk to staff at your health service
• visit your local service centre, or
• call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955*.

* Call charges may apply.
Aboriginal and Torres Strait Islander Medicare enrolment and amendment form

This form has been specifically designed for, and can only be used by, Aboriginal or Torres Strait Islander Australians who can not provide standard identification documents. If normal proof of identity documents are available such as birth certificate or extract, driver licence, current passport, Australian Armed Services papers, marriage certificate or legal documents, then use the standard Medicare enrolment application form (MS004) available at humanservices.gov.au/forms

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Applicant/cardholder details (please fill out every time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Mr ☐ Mrs ☐ Ms ☐ Other ☐ First name</td>
<td></td>
</tr>
<tr>
<td>Second name ☐ Family name</td>
<td></td>
</tr>
<tr>
<td>Other names you are or have been known by (provide previous name here if notifying us of a name change)</td>
<td></td>
</tr>
<tr>
<td>Provide current/new address</td>
<td></td>
</tr>
<tr>
<td>Permanent address</td>
<td></td>
</tr>
<tr>
<td>Postal address (if different to above)</td>
<td></td>
</tr>
<tr>
<td>Provide previous address, if known (or if you are telling us about a change of address)</td>
<td></td>
</tr>
<tr>
<td>Daytime phone number (     ) Gender: Male ☐ Female ☐ Date of birth / /</td>
<td></td>
</tr>
<tr>
<td>If you are of both Aboriginal and Torres Strait Islander descent, tick both ‘Yes’ boxes. This question is voluntary.</td>
<td></td>
</tr>
<tr>
<td>Are you of Aboriginal or Torres Strait Islander descent? Yes–Aboriginal ☐ Yes–Torres Strait Islander ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Medicare card number (if known) ☐ Ref no. ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2</th>
<th>Proving your identity (when enrolling, making a change or requesting a replacement card)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the following people can act as a referee to prove your identity:</td>
<td></td>
</tr>
<tr>
<td>• community elder • medical/health service manager/nurse • school principal • any permanent Commonwealth employee with 5 or more years of continuous service • council chairperson • minister of religion • welfare organisation worker. No ID—no worries!</td>
<td></td>
</tr>
<tr>
<td>I (full name of referee) am providing this reference because the applicant cannot provide the ID. I have known the applicant personally for year(s) month(s)</td>
<td></td>
</tr>
<tr>
<td>OR I can confirm their identity from the following information:</td>
<td></td>
</tr>
<tr>
<td>Medical records ☐ School records ☐ Church records ☐ Other ☐ Give details</td>
<td></td>
</tr>
<tr>
<td>I declare the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence and that I may be contacted to confirm my statement.</td>
<td></td>
</tr>
<tr>
<td>Referee signature Date / /</td>
<td></td>
</tr>
<tr>
<td>Daytime phone number (     ) Name of the organisation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3</th>
<th>Are there details of other people to include or change on the card?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ Give details in Section 7 No ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 4</th>
<th>Duplicate card (available if there is more than one person on the card)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want to have a second copy of your card? Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 5</th>
<th>Replacement card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was your card? Lost ☐ Stolen ☐ Damaged/destroyed ☐ Expired ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 6</th>
<th>Declaration (Please fill out every time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I declare the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence.</td>
<td></td>
</tr>
<tr>
<td>Applicant/cardholder's signature Date / /</td>
<td></td>
</tr>
</tbody>
</table>

Privacy notice: Your personal information is protected by law (including the Privacy Act 1988) and is collected by the Australian Government Department of Human Services for administering payments and services. This information is required to assist with 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
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 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 couple legally married and 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 (a dependent child is someone under 16 years of age or a full-time student under 25 years of age 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! have one of the people mentioned in Section 2 to fill in the referee statement and declaration section below.

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 couple legally married and 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 (a dependent child is someone under 16 years of age or a full-time student under 25 years of age 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! have one of the people mentioned in Section 2 to fill in the referee statement and declaration section below.

Partner ☐  Dependent child ☐  Other ☐  Give details

First name
Second name

Family name
Gender:  Male ☐  Female ☐  Date of birth / /

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

For persons of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.

Is this person of Aboriginal or Torres Strait Islander descent?  Yes—Aboriginal ☐  Yes—Torres Strait Islander ☐  No ☐

Medicare card number (if already enrolled and known for the Medicare Safety Net)
Ref no.

Referee statement and declaration. Give us this information only if this person cannot provide ID.

I (full name of referee) am providing this reference because the above mentioned person cannot provide ID. I have known this person personally for year(s) month(s)

OR I can confirm their identity from the following information:
Medical records ☐  School records ☐  Church records ☐  Other ☐  Give details

I declare the information I have provided in this form is complete and correct.
I understand that giving false or misleading information is a serious offence.

Referee signature
Date / /

Daytime phone number (     ) Name of the organisation

Partner ☐  Dependent child ☐  Other ☐  Give details

First name
Second name

Family name
Gender:  Male ☐  Female ☐  Date of birth / /

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

For persons of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.

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Medicare card number (if already enrolled and known for the Medicare Safety Net)
Ref no.

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Referee signature
Date / /

Daytime phone number (     ) Name of the organisation