



Purpose of 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 hospital medical costs. It is available to individuals as well as families. Individuals are automatically registered but couples and families must register. If you are registered as a family, we combine your medical costs so that you are more likely to reach the thresholds sooner.

For Medicare Safety Net purposes, a family consists of:

- a married couple 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.

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

For more information about the Medicare Safety Net, go to humanservices.gov.au/safetynet

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 per cent 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 the Department of Human Services as proof of your Medicare registration date and give this to your private health insurer to demonstrate your exemption from the loading.

For more information go to privatehealth.gov.au

My Health Record

A My Health Record is an online summary of your key healthcare information. Individuals listed on this form may get a My Health Record when enrolled in Medicare, unless we are told they do not want one. Questions relating to My Health Record are outlined in Part D of this form.

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

Aboriginal and Torres Strait Islander Australian

The Aboriginal and Torres Strait Islander Australian question is voluntary. This information will be used 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, between 8.30 am and 5.00 pm local time.
Note: Call charges may apply.
- visiting one of our service centres.

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 questions are also voluntary.

For more information

Go to humanservices.gov.au/medicarecard or call us on **132 011**. To speak to us in languages other than English, call **131 202**.

Note: Call charges may apply.

Filling in this form

- **Please use black or blue pen.**
- Print in BLOCK LETTERS.
- 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.

Type of enrolment

1 What are you using this form for?

Enrolling in Medicare for the first time

(for persons aged 12 months and older and newborn children born overseas)

Go to Part A Question 2

Re-enrolling in Medicare or extending Medicare eligibility

(e.g. 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

Please ensure the My Health Record questions are 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



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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:

Australian citizen



For each person provide:

- a birth certificate or Australian passport, **and**
- 2 documents confirming you are living in Australia (see the list of residency documents below).

Note: If you are enrolling as a family, 2 residency documents are required per family.

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

New Zealand citizen residing in Australia



For each person provide:

- a New Zealand passport, **and**
- 2 documents confirming you are living in Australia (see the list of residency documents below).

Note: If you are enrolling as a family, 2 residency documents are required per family.

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

Permanent resident (but not an Australian citizen)



For each person provide:

- a current passport or ImmiCard, **and**
- confirmation of permanent residency from the Department of Home Affairs.

Have applied for permanent residency/permanent protection visa



For each person provide:

- a current passport or immicard, **and**
- confirmation that an application for permanent residency has been lodged with the Department of Home Affairs (including 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 humanservices.gov.au/enrolmedicare

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



For each person provide:

- a current passport or travel document
- a current visa
- evidence of all Australian arrival and departure dates (may be required)
- proof of overseas health insurance (may be required), **and**
- documents to confirm your country of residence (may be required).

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

3 Re-enrolling in Medicare or extending Medicare eligibility

Documents required:

Returning to reside in Australia permanently

This may be applicable to:

- Australian citizens returning to reside in Australia after a period of 5 years or more, **or**
- New Zealand citizens or permanent residents returning to reside in Australia after a period of 12 months or more.



For each person provide:

- a current passport, **and**
- 2 residency documents confirming you are living in Australia (see the list of residency documents below). **Note:** 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
- 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, and/or
- 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, and/or
- 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

5 Have you ever used or been known by another name?

No

Yes Give details of your previous name

6 Date of birth

7 Gender

Male

Female

8 Postal address

Postcode

9 Contact phone number

10 If you:

• are enrolling in Medicare for the first time **Go to 11**

• 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**
(e.g. 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?
If you are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

12 Are you of Australian South Sea Islander descent?

No

Yes

13 Have you previously lived overseas?

No **Go to 18**

Yes **Go to next question**

14 Previous country of residence (e.g. before arriving in Australia)

15 How long were you residing in that country (state the total number of years and/or months)

years months

16 Date of arrival in Australia

17 Do you have plans to reside in Australia permanently?

No Planned date of departure (if known)

Yes

18 Do you require a Lifetime Health Cover letter?
(For more information, see page 1 of this form.)

No

Yes

Bank account details

19 All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated bank account has restrictions on EFT deposits.

Do NOT include an account used exclusively for funding from the National Disability Insurance Scheme.

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

Name of bank, building society or credit union
(Australian financial institutions only)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Obligations

20 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 the assessment and administration of payments and services. This information is required to process 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

21 Declaration

I declare that:

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

I authorise for:

- payments to be made into the bank account nominated in this application at question 19.

I understand that:

- I must notify the Australian Government Department of Human Services of any change(s) to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Your full name

Your signature

Date

What to do now

22 Are there other people to be enrolled on your Medicare card?

No **Go to Part D** and answer the My Health Record questions before returning this form.

Yes **Go to Part B**

Note: If one or more of the other people enrolling have a different immigration type/status to you, they cannot be listed on the same Medicare card. They will need to complete a separate enrolment form.

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

Additional person 1

23 Has additional person 1 previously been enrolled in Medicare?

No

Yes Previous Medicare card number (if known)

| | | | | | | | | | | | | | | | | | | | |
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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?

No

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, please 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 (e.g. 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

 / /

35 Does this person have plans to reside in Australia permanently?

No Planned date of departure (if known)

 / /

Yes

36 Does this person require a Lifetime Health Cover letter? (Refer to information on page 1 of this form)

No

Yes

37 To be completed by additional person if 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)

Branch number (BSB)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Account number (this may not be the card number)

Account held in the name(s) of

| |
|-------|
| |
| ----- |
| |

Additional person 1 signature

Date

 / /

▶▶ If more than one additional person **go to 38**, if not **go to 83**

Additional person 2

38 Has additional person 2 previously been enrolled in Medicare?

No

Yes Previous Medicare card number (if known)

| | | | | | | | | | | | | | | | | | | | |
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39 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

40 Has this person ever used or been known by another name?

No

Yes Give details of their previous name

| |
|-------|
| |
| ----- |
| |

41 Date of birth

42 Gender

Male

Female

43 Contact phone number

44 Is this person of Aboriginal or Torres Strait Islander Australian descent?

If they are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

45 Is this person of Australian South Sea Islander descent?

No

Yes

46 Has this person previously lived overseas?

No **Go to 51**

Yes **Go to next question**

47 Previous country of residence (e.g. before arriving in Australia)

48 How long was this person residing in that country (state total number of years and/or months)

 years months

49 Date of arrival in Australia

50 Does this person have plans to reside in Australia permanently?

No Planned date of departure (if known)

Yes

51 Does this person require a Lifetime Health Cover letter?
(Refer to information on page 1 of this form)

No

Yes

52 To be completed by additional person if 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)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Additional person 2 signature

Date

▶▶ If more than two additional people **go to 53**, if not **go to 83**

Additional person 3

53 Has additional person 3 previously been enrolled in Medicare?

No

Yes Previous Medicare card number (if known)

54 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

55 Has this person ever used or been known by another name?

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 descent?
If they are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

60 Is this person of Australian South Sea Islander descent?

No

Yes

61 Has this person previously lived overseas?

No **Go to 66**

Yes **Go to next question**

62 Previous country of residence (e.g. before arriving in Australia)

63 How long was this person residing in that country (state total number of years and/or months)

 years months

64 Date of arrival in Australia

 / /

65 Does this person have plans to reside in Australia permanently?

No Planned date of departure (if known)

 / /

Yes

66 Does this person require a Lifetime Health Cover letter?
(Refer to information on page 1 of this form)

No

Yes

67 To be completed by additional person if 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)

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Additional person 3 signature

Date

 / /

▶▶ If more than three additional people **go to 68**, if not **go to 83**

Additional person 4

68 Has additional person 4 previously been enrolled in Medicare?

No

Yes Previous Medicare card number (if known)

69 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

70 Has this person ever used or been known by another name?

No

Yes Give details of their previous name

71 Date of birth

 / /

72 Gender

Male

Female

73 Contact phone number

74 Is this person of Aboriginal or Torres Strait Islander Australian descent?

If they are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

75 Is this person of Australian South Sea Islander descent?

No

Yes

76 Has this person previously lived overseas?

No **Go to 81**

Yes **Go to next question**

77 Previous country of residence (e.g. before arriving in Australia)

78 How long was this person residing in that country (state total number of years and/or months)

 years months

79 Date of arrival in Australia

 / /

80 Does this person have plans to reside in Australia permanently?

No Planned date of departure (if known)

/ /

Yes

81 Does this person require a Lifetime Health Cover letter?
(Refer to information on page 1 of this form)

No

Yes

82 To be completed by additional person if 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)

Branch number (BSB)

| | | | | |

Account number (this may not be the card number)

Account held in the name(s) of

Additional person 4 signature



Date

/ /

If more than four additional people, complete Part B on another Medicare enrolment form.

83 Would you like a duplicate card?
(Only one duplicate card can be issued)

No

Yes

Obligations

84 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 the assessment and administration of payments and services. This information is required to process 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

85 Declaration of additional people

If additional person 1, 2, 3 or 4 are 15 years of age or over, they must sign this form.

I declare that:


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

I understand that:

- I must notify the Australian Government Department of Human Services of any change(s) to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Additional person 1 full name

Additional person 1 signature



Date

/ /

Additional person 2 full name

Additional person 2 signature



Date

/ /

Additional person 3 full name

Additional person 3 signature



Date

/ /

Additional person 4 full name

Additional person 4 signature



Date

/ /

Go to Part D and answer the My Health Record questions before returning this form.



Part C – Enrolling a newborn child

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

Only complete **Part C** if your newborn child was born in Australia. If your newborn child was born overseas, complete **Part A and then Part B**.

86 You need to provide one of the following documents (original or certified) to confirm your relationship with the newborn child:



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

Your details

87 Your Medicare card number

____-____-____

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

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

____-____-____

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?

No

Yes Give details of your partner’s previous name

101 Your partner’s date of birth

____/____/____

102 Your partner’s relationship to this child

Birth mother

Biological father

Other Give details

Child details

If you are enrolling more than one newborn child (i.e. multiple births), complete and attach 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, please 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 Your newborn child will get a My Health Record after being enrolled in Medicare, unless you tell us you do not want one created.

Tick this box if you **do NOT** want a My Health Record for your newborn child

Obligations

109 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 the assessment and administration of payments and services. This information is required to process 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

The My Health Record System Operator will collect personal information in this form from the department 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 myhealthrecord.gov.au/privacy

110 Declaration

I declare that:

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

I understand that:

- 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 enrolments ONLY

Return **Part C** with certified or original documents to your local service centre or post certified copies to:

**Department of Human Services
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. For more information, go to myhealthrecord.gov.au

You and any additional people listed in this form will get a My Health Record, unless we are told not to create one.

Medicare contact person (you)

111 Are you using this form to enrol yourself in Medicare?

- No **Go to 114**
Yes **Go to next question**

112 Do you have a My Health Record?

- No **Go to next question**
Yes If you need to make changes to your record, go to myhealthrecord.gov.au
Go to 114

113 Do you want a My Health Record?

- No – **DO NOT** give me a My Health Record
Yes – Give me a My Health Record

114 Are you using this form to enrol additional people in Medicare?

- No **Go to 142**
Yes **Go to Additional people below**

Additional people

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

If the additional person is 18 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 142, and
- sign the form in the corresponding signature block.

If the additional person is your dependent child aged 14 to 17 years, you should ask them if they want a My Health Record before answering any of the questions.

Additional person 1

115 Name (as stated in Part B of this form)

Family name

First given name

Second given name

116 Does this person have a My Health Record?

- No **Go to next question**
Yes If this person needs to make changes to their record, they need to go to myhealthrecord.gov.au
Go to 121

117 Is this person 18 years of age or older?

- No **Go to next question**
Yes **Go to 119**

118 Do you have parental responsibility for this person?

- No This person will not get a record
Go to 121
Yes **Go to next question**

119 Do you want us to give this person a My Health Record?

Note: This question must be completed by the additional person if they are 18 years of age or older.

- No – **DO NOT** give this person a My Health Record
Yes – Give this person a My Health Record

120 Additional person 1 (if 18 years of age or older)

I declare that:

- I have read the Privacy notice at question 142.

Additional person 1 signature

Date

121 Are there other additional people listed in Part B of this form?

- No **Go to 142**
Yes **Go to next question**

Additional person 2

122 Name (as stated in Part B of this form)

Family name

First given name

Second given name

123 Does this person have a My Health Record?

No *Go to next question*

Yes If this person needs to make changes to their record, they need to go to **myhealthrecord.gov.au**
Go to 128

124 Is this person 18 years of age or older?

No *Go to next question*

Yes **Go to 126**

125 Do you have parental responsibility for this person?

No This person will not get a record
Go to 128

Yes *Go to next question*

126 Do you want us to give this person a My Health Record?

Note: This question must be completed by the additional person if they are 18 years of age or older.

No – **DO NOT** give this person a My Health Record

Yes – Give this person a My Health Record

127 Additional person 2 (if 18 years of age or older)

I declare that:

- I have read the Privacy notice at question 142.

Additional person 2 signature

Date

128 Are there other additional people listed in Part B of this form?

No **Go to 142**

Yes *Go to next question*

Additional person 3

129 Name (as stated in Part B of this form)

Family name

First given name

Second given name

130 Does this person have a My Health Record?

No *Go to next question*

Yes If this person needs to make changes to their record, they need to go to **myhealthrecord.gov.au**
Go to 135

131 Is this person 18 years of age or older?

No *Go to next question*

Yes **Go to 133**

132 Do you have parental responsibility for this person?

No This person will not get a record
Go to 135

Yes *Go to next question*

133 Do you want us to give this person a My Health Record?

Note: This question must be completed by the additional person if they are 18 years of age or older.

No – **DO NOT** give this person a My Health Record

Yes – Give this person a My Health Record

134 Additional person 3 (if 18 years of age or older)

I declare that:

- I have read the Privacy notice at question 142.

Additional person 3 signature

Date

135 Are there other additional people listed in Part B of this form?

No **Go to 142**

Yes *Go to next question*

Additional person 4

136 Name (as stated in Part B of this form)

Family name

First given name

Second given name

137 Does this person have a My Health Record?

No *Go to next question*

Yes If this person needs to make changes to their record, they need to go to **myhealthrecord.gov.au**
Go to 142

138 Is this person 18 years of age or older?

No *Go to next question*

Yes **Go to 140**

139 Do you have parental responsibility for this person?

No This person will not get a record
Go to 142

Yes *Go to next question*

140 Do you want us to give this person a My Health Record?

Note: This question must be completed by the additional person if they are 18 years of age or older.

No – **DO NOT** give this person a My Health Record

Yes – Give this person a My Health Record

141 Additional person 4 (if 18 years of age or older)

I declare that:

- I have read the Privacy notice at question 142.

Additional person 4 signature

Date

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

Obligations

142 Privacy notice

The My Health Record System Operator will collect personal information in this form from the Department of Human Services 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 **myhealthrecord.gov.au/privacy**

143 Declaration

I declare that:

- the information I have provided in PART D is complete and correct
- I have read and understood the privacy information.

I understand that:

- giving false or misleading information is a serious offence.

Your signature

Date

Returning your form

Return your completed form **in person** to your local Medicare service centre. All people 15 years of age or over, who are being enrolled using this form, **must** come with you.

You also need to bring:

- any original or certified documents you have been asked to provide, **and**
- photo identification, for example a passport.

If you live in a remote area or there is a medical reason why you are unable to return this form in person, you can return this form by post, together with certified copies of documents and the reason you are unable to attend in person, to:

Department of Human Services

Medicare

PO Box 7856

Canberra BC ACT 2610