Aboriginal and Torres Strait Islander Medicare enrolment and amendment form

Use this form to enrol to receive Medicare payments and services or to update your details.

Who needs to complete this form?
If you are an Aboriginal or Torres Strait Islander you can use this form to enrol for Medicare payments and services or to update your details.

Why do I need to enrol?
Being enrolled to receive Medicare payments and services helps you to access health services which include:
- pathology tests, such as blood tests
- visits to your general practitioner (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 their payments from us.

I am already enrolled. Why do I need to update my details?
Even if you are already enrolled to receive Medicare payments and services it is important to update your details if your circumstances change.
- It helps to ensure information and replacement cards go to the right address, and it avoids problems in getting tests, medicine and payments.

Why should I identify as Aboriginal and/or Torres Strait Islander?
We ask this question on the form to identify areas we could improve access to health programs and services. This information also helps us to improve benefits and payments.

Answering this question is voluntary.

You can have this information removed from your Medicare record at any time by speaking to us.

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 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 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
• 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, 3, 5 and 6
• registering for the Medicare Safety Net—fill sections 1, 6 and 7.

Where do I send the form?

Once you have completed the form, you can submit it to Medicare by:

• having your health service or health worker send the completed form to Medicare for you
• dropping the form off at a Medicare Service Centre
• sending the form to: Indigenous Access, GPO Box 9822 in your capital city. Make sure you include all requested documents 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 talk to staff at your health service, visit your local Medicare Service Centre or call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955*

Online: humanservices.gov.au/medicare
Email: medicare@humanservices.gov.au
Call 1800 556 955* (Aboriginal and Torres Strait Islander Access Line)

* Call charges may apply.
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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 (provide cardholder’s previous name here if notifying a name change)

Postal address

Residential address

Previous address (if known or notifying of a change of address)

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

For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes. This question is voluntary.

Medicare number (if known)

Ref no.

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! Have 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)

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 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  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 all information on this form (including any information provided in Section 7) is correct.

I understand it is an offence under the Health Insurance Act 1973 to make a false statement relating to Medicare benefits.

Cardholder’s signature

Date / /

Privacy notice: Centrelink, Medicare Australia, 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.
### 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 couple legally married and not separated with or without dependant children.
  - a couple in a de facto relationship with or without dependant children.
  - a single person with dependant children (a dependant 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 or declaration section.

<table>
<thead>
<tr>
<th>Spouse □</th>
<th>Dependent child □</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>Second name</td>
<td></td>
</tr>
<tr>
<td>Family name</td>
<td>Sex: Male □ Female □ Date of birth / /</td>
<td></td>
</tr>
<tr>
<td>Other names the person is or has been known by (indicate previous name here if notifying us of a name change)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) □ □ □ □ □ □ Ref no. □

Referee statement and declaration. **Only complete this section if you have no ID.**

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 the information on this form is correct.

Referee signature Date / /

| Phone number | Name of the organisation |

Spouse □ Dependent 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) □ □ □ □ □ □ Ref no. □

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 correct.

Referee signature Date / /

| Phone number | Name of the organisation |

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