



Application to copy or transfer from one Medicare card to another

Important information

Complete this form if you need to do any of the following:

Copy to a new Medicare card

For example: children who are cared for by a primary carer other than a parent or a child at a boarding school. The child can have a card of their own and still be listed on their parent's Medicare card.

Transfer to a new Medicare card

For example: child originally enrolled on their parent's Medicare card who is 15 years of age or over and chooses to have their own card.

Copy to an existing Medicare card

For example: A parent wishes to have their child copied to their Medicare card or, a primary carer (other than a parent) requests that a child is copied to their card.

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

Transfer to an existing Medicare card

For example: a couple chooses to be enrolled on the same card.

Identification

The applicant must provide identification. The following identification examples are considered appropriate:

- Birth certification
- Current Australian driver's licence
- Current passport

Assistance

If you need help completing this form call **132 011** (call charges may apply) or for more information go to www.medicareaustralia.gov.au > **For individuals and families > update your details and card > Medicare Copy/Transfer Application Form**

Lodgement

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

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

Medicare Australia
GPO Box 9822
in your capital city

Bank account details

To enable Medicare Australia to make payments into your bank account, please provide your bank account details. These details will be used for future electronic payments which is a faster and easier way to claim your Medicare rebate.

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

Aboriginal and Torres Strait Islander

The Aboriginal and Torres Strait Islander 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 Australia records at any time:

- by calling the Aboriginal and Torres Strait Islander Access and Employment line on **1800 556 955**, or
- by visiting your nearest Medicare office.

Print in **BLOCK LETTERS**

Tick where applicable

1 Would you like to:

copy to a new card

The person being copied to the new card is the 'applicant' except if they are a child under 15 years. In this case the parent or guardian becomes the applicant.

transfer to a new card

The person being transferred to the new card is the 'applicant' unless they are a child under 15 years. In this case the parent or guardian becomes the applicant.

copy to your existing card

The owner of the card that the person/child is being copied to, is the 'applicant'.

transfer to your existing card

The owner of the card the person is being transferred to is the 'applicant'.

If you are applying for a child under 15 years of age, **complete questions 2 to 32.**

Applicant's details

2 Medicare card number

- - Ref no.

3 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

4 Your sex

Male

Female

5 Date of birth

/ /

6 Permanent address

Postcode

Postal address (if different to above)

Postcode

7 Daytime phone number

() _____

Mobile phone number

Email

@

8 Are you Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

Details of person(s) to be copied or transferred

Person one

9 Medicare card number

____ - _____ - _____ Ref no. _____

If you are applying to copy or transfer from an existing card to a new card, write 'NEW CARD'.

10 Mr Mrs Miss Ms Other _____

Family name

First given name

Other given name(s)

11 Their sex

Male

Female

12 Date of birth

____ / ____ / ____

13 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

14 Signature of person over the age of 15 wishing to copy or transfer

Person two

15 Medicare card number

____ - _____ - _____ Ref no. _____

If you are applying to copy or transfer from an existing card to a new card, write 'NEW CARD'.

16 Mr Mrs Miss Ms Other _____

Family name

First given name

Other given name(s)

17 Their sex

Male

Female

18 Date of birth

____ / ____ / ____

19 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

20 Signature of person over the age of 15 wishing to copy or transfer

Person three

21 Medicare card number

____ - _____ - _____ Ref no. _____

If you are applying to copy or transfer from an existing card to a new card, write 'NEW CARD'.

22 Mr Mrs Miss Ms Other _____

Family name

First given name

Other given name(s)

23 Their sex

Male

Female

24 Date of birth

____ / ____ / ____

25 Is this person of Aboriginal or Torres Strait Islander origin*?

No

Yes - Aboriginal

Yes - Torres Strait Islander

26 Signature of person over the age of 15 wishing to copy or transfer

Person four

27 Medicare card number

- - Ref no.

If you are applying to copy or transfer from an existing card to a new card, write 'NEW CARD'.

28 Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

29 Their sex

Male

Female

30 Date of birth

/ /

31 Is this person of Aboriginal or Torres Strait Islander origin+?

No

Yes - Aboriginal

Yes - Torres Strait Islander

32 Signature of person over the age of 15 wishing to copy or transfer

Parent or guardian consent

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 applicant or primary carer must provide relationship documents or evidence that the child is in their care.

33 Applicant's relationship to the child(ren) under 15 years of age (e.g. grandparent).

I consent to:

the changes requested for the child(ren) listed in questions 9–32.

Full name of parent or guardian one

Signature of parent or guardian one

Date

Full name of parent or guardian two

Signature of parent or guardian two

Date

Bank account details

Payment cannot be made to credit card, loan or mortgage accounts.

34 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)

35 Provide names of people over 14 years of age on the Medicare card who will use the nominated bank account for their Electronic Funds transfer payments.

Consent

36 Persons 14 years and over must sign and give their consent for payments to go into the nominated bank account.

I authorise for:

- payments to be made into this account.

Full name of person one

Signature

Date

Full name of person two

Signature

Date

Full name of person three

Signature

Date

Full name of person four

Signature

Date

Declaration

37 I declare that:

- the information on this form is correct.

I authorise for:

- payments to be made into this account.

Applicant's full name

Applicant's signature

Date

Privacy note

The information provided on this form will be used to determine eligibility for Medicare benefits and to maintain a record of persons entitled to the government programs and payments administered by Medicare Australia. The collection of this information is authorised by the *Health Insurance Act 1973*. This information may be disclosed to the Department of Health and Ageing, Centrelink, Department of Veterans' Affairs, Department of Immigration and Citizenship or as authorised or required by law. The bank account details collected will be stored and used for any future payments to you from programs administered by Medicare Australia. The collection of the bank account details is authorised by the *Medicare Australia Act 1973*. Your bank account details will be disclosed to the relevant financial institution to facilitate payments to you and will not be disclosed to any other third party unless authorised or required by law.

Information concerning any identification number given to you by Medicare Australia and your eligibility for a benefit administered by Medicare Australia, may be provided to a person who renders a hospital, medical or pharmaceutical service, to a member of the staff of that person, or to a person nominated to administer your affairs.

Office use only

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

Comments

Operator number

Date

Branch