

When to use 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 pocket medical costs for out of hospital services. It is available to individuals and families. Individuals are automatically registered but couples and families must register. If you are registered as a family, we combine your medical costs so you are more likely to reach the threshold amounts sooner.

For Medicare Safety Net purposes, a family is any of these:

- a married couple not separated, with or without dependants
- a couple in a de facto relationship, with or without dependants
- a single person with dependants.

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

For more information about registering for the Medicare Safety Net, go to servicesaustralia.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% 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 Medicare as proof of your Medicare registration and give this to your private health insurer to demonstrate your exemption from the loading.

For more information, go to www.privatehealth.gov.au

My Health Record

A My Health Record is an online summary of an individual's health information. Individuals listed on this form can get a My Health Record when enrolled in Medicare. Questions relating to My Health Record are outlined in **Part C** (Enrolling a newborn child) and **Part D** (My Health Record) of this form.

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

Aboriginal and Torres Strait Islander Australian

The Aboriginal and Torres Strait Islander Australian question is voluntary and will not affect your application. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

You can have this information removed from Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access Line on **1800 556 955** or by visiting one of our service centres.

Call charges may apply.

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

For more information about Medicare enrolments, go to servicesaustralia.gov.au/enrolmedicare or call **132 011** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time. To speak to us in your language call **131 450**.

Call charges may apply.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

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

(for example, 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

The My Health Record questions must be 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**

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 for each person:

Australian citizen



- Australian passport, or
- birth certificate and either a current Australian driver licence, student card or proof of age card, and
- 2 residency documents (see page 3). If you are enrolling as a family, 2 residency documents are required per family.

For more information, go to

servicesaustralia.gov.au/enrolmedicare

Child born overseas to an Australian citizen



For each child provide:

- a birth certificate and Australian passport, or
- a birth certificate, foreign passport, and Australian citizenship certificate.

If you have been living overseas more than 5 years, you will also need to provide:

- 2 residency documents (see page 3), or
- a statutory declaration saying the family has returned to live in Australia.

For more information, go to

servicesaustralia.gov.au/enrolmedicare

New Zealand citizen residing in Australia



- a New Zealand passport and
- 2 residency documents (see page 3). If you are enrolling as a family, 2 residency documents are required per family.

For more information, go to

servicesaustralia.gov.au/enrolmedicare

Permanent resident (but not an Australian citizen)



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

Have applied for permanent residency/permanent protection visa



- a current passport or ImmiCard, and
- proof that an application for permanent residency has been lodged with the Department of Home Affairs (and 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

servicesaustralia.gov.au/enrolmedicare

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



- a current passport or travel document,
- a current visa,
- evidence of all Australian arrival and departure dates,
- proof of overseas health insurance,
- documents to prove your country of residence.

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

Other visa holders – covered by Ministerial Order



- current passport or travel document or ImmiCard, and
- proof of a valid visa from the Department of Home Affairs.



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3 Re-enrolling in Medicare or extending Medicare eligibility

Documents required:

Returning to reside in Australia permanently

For example:

- Australian citizens returning to live in Australia after more than 5 years
- New Zealand citizens or permanent residents returning to live in Australia after 12 months or more.



For each person provide:

- a current passport, and
- 2 residency documents (see page 3).
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, and
- 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

Residency documents can be made up of 2 documents from Australia or 1 document from Australia and 1 from where the person last lived. Documents must be dated within the last 6 months.

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
- 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
- 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 (DD MM YYYY)

7 Gender

Male

Female

8 Postal address

Postcode

9 Contact phone number (including area code)

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)

Ref no.

Go to 11

- **only** want to enrol a dependant in Medicare (for example, a newborn child born overseas or a child aged 12 months or over).

Your current Medicare card number

Ref no.

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, 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 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 (DD MM YYYY)

17 Do you have plans to reside in Australia permanently?

No Planned date of departure (if known) (DD MM YYYY)

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 account has restrictions on EFT deposits.

Payments cannot be made to 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

Privacy notice

20 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

21 I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

I consent to:

- the agency validating identity documents I provide with the issuing agency.

I authorise for:

- payments to be made into the bank account I nominated in this form.

I understand that:

- identification documents provided to Services Australia will be checked with the issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
- I must notify Medicare of any change(s) to this information
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

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**

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)

		Ref no.	
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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 (DD MM YYYY)

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27 Gender

Male

Female

28 Contact phone number (including area code)

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

If they are of both Aboriginal and Torres Strait Islander Australian descent, 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 before arriving in Australia

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

	years	months
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34 Date of arrival in Australia (DD MM YYYY)

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

No Planned date of departure (if known) (DD MM YYYY)

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Yes

36 Does this person require a Lifetime Health Cover letter?

(For more information, see 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

I declare that the bank account details I have provided are correct.

Additional person 1 full name

▶▶ 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)

		Ref no.	
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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

Text box for previous name details

41 Date of birth (DD MM YYYY)

DD MM YYYY date input boxes

42 Gender

Male

Female

43 Contact phone number (including area code)

Phone number input box

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

If they are of both Aboriginal and Torres Strait Islander Australian descent, 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 before arriving in Australia

Country of residence input box

48 How long was this person residing in that country?

(state total number of years and/or months)

years months input boxes

49 Date of arrival in Australia (DD MM YYYY)

DD MM YYYY date input boxes

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

No Planned date of departure (if known) (DD MM YYYY)

Planned date of departure input boxes

Yes

51 Does this person require a Lifetime Health Cover letter?

(For more information, see 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)

Bank name input box

Branch number (BSB)

Branch number input box

Account number (this may not be the card number)

Account number input box

Account held in the name(s) of

Account name input box

I declare that the bank account details I have provided are correct.

Additional person 2 full name

Additional person 2 name input box

➤ If more than 2 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)

Medicare card number and Ref no. input boxes

54 Mr Mrs Miss Ms Other

Family name

Family name input box

First given name

First given name input box

Second given name

Second given name input box

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

No

Yes Give details of their previous name

Text box for previous name details

56 Date of birth (DD MM YYYY)

DD MM YYYY date input boxes

57 Gender

Male

Female

58 Contact phone number (including area code)

Phone number input box

59 Is this person of Aboriginal or Torres Strait Islander Australian descent?
If they are of both Aboriginal and Torres Strait Islander Australian descent, 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 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 (DD MM YYYY)

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

No Planned date of departure (if known) (DD MM YYYY)

Yes

66 Does this person require a Lifetime Health Cover letter?
(For more information, see 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

I declare that the bank account details I have provided are correct.

Additional person 3 full name

▶▶ If more than 3 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)

 Ref no.

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 (DD MM YYYY)

72 Gender

Male

Female

73 Contact phone number (including area code)

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

If they are of both Aboriginal and Torres Strait Islander Australian descent, 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 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 (DD MM YYYY)

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

No Planned date of departure (if known) (DD MM YYYY)

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Yes

81 Does this person require a Lifetime Health Cover letter?

(For more information, see 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

I declare that the bank account details I have provided are correct.

Additional person 4 full name

If more than 4 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

Privacy notice

84 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration of additional people

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

85 I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

I consent to:

- the agency validating identity documents I provide with the issuing agency.

I understand that:

- identification documents provided to Services Australia will be checked with issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
- I must notify Medicare of any change(s) to this information.
- giving false or misleading information is a serious offence.

Additional person 1 full name

I have read, understood and agree to the above.

Additional person 2 full name

I have read, understood and agree to the above.

Additional person 3 full name

I have read, understood and agree to the above.

Additional person 4 full name

I have read, understood and agree to the above.

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

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 (such as multiple births), complete and return 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 (DD MM YYYY)

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, 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 Read this before answering the question.

You must have parental responsibility for this child to make decisions about My Health Record. You can request or cancel a My Health Record at any time. For more information, go to www.myhealthrecord.gov.au

Do you want us to give your newborn child a My Health Record?

No

This child will not get a record

▶ Go to next question

Yes Go to next question

Privacy notice

109 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

The My Health Record System Operator will collect personal information in this form from Services Australia 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

www.myhealthrecord.gov.au/privacy

Declaration

110 I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

I consent to:

- the agency validating identity documents I provide with the issuing agency.

I understand that:

- I must notify Medicare of any change(s) to this information.
- identification documents provided to Services Australia will be checked with the issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

Partner's full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

You do not need to answer any more questions. This form can be returned.

For newborn child enrolments only

Return **Part C** and any supporting documents by:

- **email to MES@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- post to
Services Australia
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.

You and any other person enrolling in Medicare on this form can get a My Health Record.

We cannot process the following My Health Record questions if you or the additional people have:

- an existing My Health Record
- cancelled a My Health Record
- opted out of getting a My Health Record.

For more information or to make changes to previous My Health Record preferences, go to www.myhealthrecord.gov.au or call the My Health Record System Operator on **1800 723 471**.

Medicare contact person (you)

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

No **Go to 113**

Yes **Go to next question**

112 Do you want a My Health Record?

No – **Do not** give me a My Health Record

Yes – Give me a My Health Record

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

No **Go to 129**

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

You must have parental responsibility to complete questions for additional people under 14 years of age.

If the additional person is 14 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 129
- complete their declaration.

Additional person 1

114 Name (as stated in **Part B** of this form)

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years of age or older.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

116 Additional person 1 declaration (if 14 years of age or older)

I declare that:

- the information I have provided at question 115 is complete and correct.
- I have read the Privacy notice at question 129.

Additional person 1 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

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

No **Go to 129**

Yes **Go to next question**

Additional person 2

118 Name (as stated in **Part B** of this form)

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 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 2 declaration (if 14 years of age or older)

I declare that:

- the information I have provided at question 119 is complete and correct.
- I have read the Privacy notice at question 129.

Additional person 2 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

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

No **Go to 129**

Yes **Go to next question**

Additional person 3

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

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years of age or older.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

124 Additional person 3 declaration (if 14 years of age or older)

I declare that:

- the information I have provided at question 123 is complete and correct.
- I have read the Privacy notice at question 129.

Additional person 3 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

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

No **Go to 129**

Yes **Go to next question**

Additional person 4

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

Family name

First given name

Second given name

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

This question must be completed by the additional person if they are 14 years of age or older.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

128 Additional person 4 declaration (if 14 years of age or older)

I declare that:

- the information I have provided at question 127 is complete and correct.
- I have read the Privacy notice at question 129.

Additional person 4 full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If more than 4 additional people, complete **Part D** on another Medicare enrolment form.

Privacy notice

129 The My Health Record System Operator will collect personal information in this form from Services Australia 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

www.myhealthrecord.gov.au/privacy

Declaration

130 I declare that:

- I have parental responsibility for the additional people under 14 years of age that I have completed My Health Record questions for.
- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- the information I have provided in this form is complete and correct.

I consent to:

- the agency validating identity documents I provide with the issuing agency.

I understand that:

- I must notify Medicare of any change(s) to this information.
- identification documents provided to Services Australia will be checked with the issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Returning this form

Return this form and any supporting documents by:

- email to MES@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
To help us process your request, include **Enrolment** in the email subject line.
- post to
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