



# Application to copy or transfer from one Medicare card to another

## Purpose of this form

Use this form if you need to do any of the following 4 actions:

- **Transfer to a new Medicare card**

When a person transfers to a new Medicare card, they are no longer on the previous Medicare card. For example, a child originally enrolled on their parent's Medicare card who is 15 years of age or over chooses to have their own card and no longer be on their parent's Medicare card.

- **Copy to a new Medicare card**

When a person is copied to a new Medicare card, they remain active on both their new and existing Medicare cards. For example, a child who attends boarding school can have a card of their own and still be listed on their parent's Medicare card.

- **Transfer to an existing Medicare card**

When a person transfers to an existing Medicare card, they are no longer on the previous Medicare card and become active on the card they transfer to. For example, a couple chooses to be enrolled on the same Medicare card.

- **Copy to an existing Medicare card**

When a person is copied to an existing Medicare card, they remain active on both Medicare cards. For example, a parent or a primary carer wants to have a child copied onto their Medicare card.

## Identification

**Person 1** must provide identification. If person 1 is a child under 15 years of age, a parent or guardian will need to provide identification. Appropriate identification could be the original or certified copies of a:

- birth certificate
- current Australian driver licence, **and/or**
- current passport.

## Additional documents

If you are not the parent of the child under 15 years of age, you will need to provide documents to confirm evidence of care (e.g. a court order).

## My Health Record

If you are copying or transferring child(ren) who are registered for a My Health Record, you should check and update the Medicare consent settings for your child's My Health Record. This will let you know who can see your child's Medicare information. Go to [myhealthrecord.gov.au](http://myhealthrecord.gov.au) for more information.

## Bank account details

To enable us to make payments into your bank account, you will need to provide your bank account details. These details will be used for future electronic payments when you claim your Medicare benefit(s).

You must tell us immediately if you change your bank account details.

## Medicare Safety Net

If your circumstances change, you will need to update your Medicare Safety Net details. The Medicare Safety Net provides families and individuals with financial assistance for high out-of-pocket expenses for out-of-hospital Medicare Benefits Schedule services. For more information, go to [humanservices.gov.au/safetynet](http://humanservices.gov.au/safetynet)

## For more information

For more information about Medicare, go to [humanservices.gov.au/medicarecard](http://humanservices.gov.au/medicarecard) or call **132 011** Monday to Friday, between 8.30 am to 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

## Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or X
- 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.

## Returning your form

Check that all required questions are answered and that the form is signed and dated.

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

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

**Department of Human Services  
Medicare  
GPO Box 9822  
in your capital city**

## Details of people wanting to copy or transfer

### Person 1

1 I would like to:

Tick ONE only

- transfer to a new card   
 copy to a new card   
 transfer to an existing card   
 copy to an existing card

2 Medicare card number person 1

--

Ref no.

3 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

4 Have you ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?

Other name

Type of name (e.g. maiden name)

5 Your date of birth

/  /

6 Your gender

- Male   
 Female

7 Your permanent address

-----  
 -----  
 Postcode

8 Your postal address (If different to above)

-----  
 -----  
 Postcode

9 Daytime phone number

(  )

Email

-----  
 @

## 10 Please read this before answering the following questions.

Questions 10 and 11 are optional 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 and Australian South Sea Islanders.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

You can have this information removed from your 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.

**Note:** Call charges may apply from mobile phones.

Are you of Aboriginal or Torres Strait Islander Australian origin? If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

11 Are you of Australian South Sea Islander origin?

No

Yes

12 Do you need a duplicate Medicare card?

A duplicate card is a copy of your Medicare card. If you have more than 1 person on your Medicare card you may find it useful to have a duplicate card.

No

Yes

13 Please read this before answering the following question.

You only need to complete person 2 to person 4 details if there are more people on your Medicare card who are wanting to copy or transfer with you.

Does a second person need to copy or transfer?

No  **Go to 40**

Yes

**Person 2**

**14** I would like to:

**Tick ONE only**

- transfer to a new card
- copy to a new card
- transfer to an existing card
- copy to an existing card

**15** Medicare card number person 2

-       -  Ref no.

**16** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**17** Your date of birth  /  /

**18** Your gender Male  Female

**19 Please read this before answering the following questions.**

Questions 19 and 20 are optional 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 and Australian South Sea Islanders.

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**Note:** Call charges may apply from mobile phones.

Are you of Aboriginal or Torres Strait Islander Australian origin? If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both 'Yes' boxes.

- No
- Yes – Aboriginal Australian
- Yes – Torres Strait Islander Australian

**20** Are you of Australian South Sea Islander origin?

- No
- Yes

**21** Signature of person 2 if aged 15 years and over. If you are under 15 years of age, parent or guardian authorisation is required at question 51.



**22** Does a third person need to copy or transfer?

- No  **Go to 40**
- Yes

**Person 3**

**23** I would like to:

**Tick ONE only**

- transfer to a new card
- copy to a new card
- transfer to an existing card
- copy to an existing card

**24** Medicare card number person 3

-      -  Ref no.

**25** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**26** Your date of birth  /  /

**27** Your gender Male  Female

**28 Please read this before answering the following questions.**

Questions 28 and 29 are optional 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 and Australian South Sea Islanders.

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You can have this information removed from your 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.

**Note:** Call charges may apply from mobile phones.

Are you of Aboriginal or Torres Strait Islander Australian origin? If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both 'Yes' boxes.

- No
- Yes – Aboriginal Australian
- Yes – Torres Strait Islander Australian

**29** Are you of Australian South Sea Islander origin?

- No
- Yes

**30** Signature of person 3 if aged 15 years and over. If you are under 15 years of age, parent or guardian authorisation is required at question 51.



**31** Does a fourth person need to copy or transfer?

- No  **Go to 40**
- Yes

**Person 4**

**32** I would like to:

**Tick ONE only**

- transfer to a new card
- copy to a new card
- transfer to an existing card
- copy to an existing card

**33** Medicare card number person 4

-         -  Ref no.

**34** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**35** Your date of birth  /  /

**36** Your gender Male  Female

**37** Please read this before answering the following questions.

Questions 37 and 38 are optional 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 and Australian South Sea Islanders. Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century. You can have this information removed from your 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. **Note:** Call charges may apply from mobile phones.


Are you of Aboriginal or Torres Strait Islander Australian origin? If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both 'Yes' boxes.

- No
- Yes – Aboriginal Australian
- Yes – Torres Strait Islander Australian

**38** Are you of Australian South Sea Islander origin?

- No
- Yes

**39** Signature of person 4 if aged 15 years and over. If you are under 15 years of age, parent or guardian authorisation is required at question 51.

 If more people need to be added, attach a separate sheet with their details and signatures.

**Existing Medicare card details**

**40** Are persons 1, 2, 3 or 4 copying or transferring to an existing Medicare card?

Provide details of the person on the existing Medicare card to which additional name(s) are to be added. This person must be aged 15 years and over.

- No  **Go to 51**
- Yes

**41** Medicare card number

-         -  Ref no.

**42** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**43** Your date of birth  /  /

**44** Your gender Male  Female

**45** Permanent address

-----  
 Postcode

**46** Postal address (if different to above)

-----  
 Postcode

**47** Daytime phone number

(  )

Email

-----  
@

**48 Please read this before answering the following questions.**

Questions 48 and 49 are optional 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 and Australian South Sea Islanders.

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You can have this information removed from your 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.

**Note:** Call charges may apply from mobile phones.

Are you of Aboriginal or Torres Strait Islander Australian origin?  
If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**49** Are you of Australian South Sea Islander origin?

No

Yes

**50 I declare that:**

- I have read and understood the Privacy notice contained in this form.

Signature of person on the existing Medicare card

Date

**Parent or guardian authorisation**

**51 Please read this before answering the following question.**

Only complete this question if you are copying or transferring a child **under 15 years of age**.

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

**To transfer** a child under 15 years of age to a new or existing Medicare card, the signature of both parents or guardians (if applicable) is required.

Are persons 1, 2, 3 or 4 under 15 years of age?

No

Yes  Your relationship to the child(ren) under 15 years of age (e.g. grandparent)

**I declare that:**

- I have read and understood the Privacy notice contained in this form.

**I authorise:**

- the changes requested for the child(ren) listed on this form.

Full name of parent or guardian 1

Signature of parent or guardian 1

Date

Full name of parent or guardian 2

Signature of parent or guardian 2

Date

## Bank account details

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

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

### 52 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

## Consent to nominate bank account

### 53 Please read this before answering the following question.

Only complete this question if other people listed on your Medicare card (**aged 14 years and over**) agree to use your bank account for their Medicare payments, where they are the claimant (the person who paid for the service).

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

#### I declare that:

- I have read and understood the Privacy notice contained in this form.

#### I authorise for:

- payments to be made into this account.

Full name of person 1

Signature of person 1

Date

Full name of person 2

Signature of person 2

Date

Full name of person 3

Signature of person 3

Date

## Privacy notice

**54** 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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Declaration to confirm copy or transfer request

**55** This question is to be completed by person 1. If person 1 is a child **under 15 years of age**, a parent or guardian will need to sign the declaration on their behalf.

#### I declare that:

- I have read and understood the Privacy notice contained in this form.
- the information I have provided in this form is complete and correct.

#### I understand that:

- giving false or misleading information is a serious offence.

Full name of person 1

Signature of person 1

Date

#### OR

Full name of parent or guardian

Signature of parent or guardian

Date

#### Office use only

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

Comments

Operator number

Date

Branch