



Medicare Safety Net Registration and Amendment for Couples and Families

Purpose of this form

Complete this form if you want to register or amend your family's details for the Medicare Safety Net.

The Medicare Safety Net helps people with high medical costs. It is available to individuals as well as families. Individuals are automatically registered but couples and families must register.

The Medicare Safety Net recognises a partner as being a person legally married and not separated, or a couple in a de facto partnership with or without dependent children.

If you are registered as a family for Medicare Safety Net purposes, you will be asked to confirm who is in your Medicare Safety Net family each year before any Medicare Safety Net benefits can be paid.

For more information

For more information about the Medicare Safety Net, go to our website humanservices.gov.au/safetynet If you need assistance completing this form, call **132 011** Monday to Friday, between 9.00am and 5.00 pm, Australian Eastern Standard Time or visit one of our Service Centres.

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

You may view the Medicare Safety Net threshold and keep track of your current balance through Medicare Online Services. For more information, go to our website humanservices.gov.au/online

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 you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form(s) to:

Department of Human Services
GPO Box 9822
in your capital city

or

Visit one of our Service Centres.

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 apply from mobile phones.
- visiting one of our Service Centres.

1 Do you want to:

- register for a new family Medicare Safety Net
- amend an existing family Medicare Safety Net

Your details

For new family Medicare Safety Net registrations, this will be the person we contact about your family's Medicare Safety Net.

2 Medicare card number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Ref no. <input type="text"/>
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3 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

4 Postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

5 Daytime phone number

()

Email

6 Are you of Aboriginal or Torres Strait Islander Australian origin?

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

7 Remove me from my current Medicare Safety Net registration

Partner details

8 Would you like to add a partner to your family Medicare Safety Net?

No **Go to 12**

Yes **Complete your partner's details below**

You **cannot** remove your partner from the family Medicare Safety Net without their consent. Your partner may remove themselves from their current Medicare Safety Net registration by completing this form, by calling **132 011** or visiting their local Service Centre. You may register a new family Medicare Safety Net.

9 Medicare card number

-- Ref no.

10 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

11 Is this person of Aboriginal or Torres Strait Islander Australian origin?

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

Dependant details

12 Would you like to add or remove any dependants to your family Medicare Safety Net?

No **Go to 28**

Yes **Complete your dependant's details below**

A dependant is a child under 16 years of age or a full time student under 25 years of age whom you support.

A dependant can be registered on two family Medicare Safety Nets.

Dependant 1

13 Indicate if you would like to:

Add

Remove

14 Medicare card number

-- Ref no.

15 Family name

First given name

Second given name

16 Is this person of Aboriginal or Torres Strait Islander Australian origin?

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

17 If **removing** a dependant, indicate the date your dependant left the family or you stopped supporting them?

/ /

Dependant 2

18 Indicate if you would like to:

Add

Remove

19 Medicare card number

-- Ref no.

20 Family name

First given name

Second given name

21 Is this person of Aboriginal or Torres Strait Islander Australian origin?

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

22 If **removing** a dependant, indicate the date your dependant left the family or you stopped supporting them?

/ /

Dependant 3

23 Indicate if you would like to:

Add

Remove

24 Medicare card number

-- Ref no.

25 Family name

First given name

Second given name

26 Is this person of Aboriginal or Torres Strait Islander Australian origin?

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

27 If **removing** a dependant, indicate the date your dependant left the family or you stopped supporting them?

/ /



If more than 3 dependants details are required, attach a separate sheet with details.

Bank account details

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

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

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

28 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

29 Only complete this section 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).

Full name of person 1

Medicare card reference number

Signature of person 1

Date

/ /

Full name of person 2

Medicare card reference number

Signature of person 2

Date

/ /

Full name of person 3

Medicare card reference number

Signature of person 3

Date

/ /



If there are more than 3 other people, attach a separate sheet with their details and signatures.

Privacy notice

30 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 or by requesting a copy from the department.

Declaration

31 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 signature

Date

/ /