

# Application to copy or transfer from one Medicare card to another (MS011)

## Online account

If you are 15 years or older, the fastest and easiest way to get your own Medicare card or add someone to your card is online. You may be able to use your Medicare online account through myGov or the myGov app. For more information, go to [servicesaustralia.gov.au/medicarecard](https://servicesaustralia.gov.au/medicarecard)

## When to use this form

Use this form if you need to:

- **Transfer to a new Medicare card**
  - When a person transfers to a new Medicare card they will no longer be on the old Medicare card. If you are wanting to transfer onto a new card, fill out this form as person 1.
  - For example, a child (who is 15 years or older) enrolled on their parent's Medicare card wants to have their own card and to no longer be on their parent's card.
- **Copy to a new Medicare card**
  - When a person is copied to a new Medicare card they stay active on both Medicare cards.
  - For example, a child who attends boarding school can have a card of their own and still be on their parent's Medicare card.
- **Transfer to an existing Medicare card**
  - When a person transfers to an existing Medicare card they will no longer be on the old Medicare card.
  - 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 stay active on both Medicare cards.
  - For example, a parent or a primary carer wants to have a child copied onto their Medicare card.

## Family and domestic violence

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to a social worker. Otherwise, you can contact **1800RESPECT (1800 737 732)**, a 24 hour service. If you are in immediate danger, call **000**. For more information, go to [servicesaustralia.gov.au/domesticviolence](https://servicesaustralia.gov.au/domesticviolence)

## Important information

**Person 1** must provide **identification**. If person 1 is younger than 15 years, the requesting parent or guardian will need to provide their identification. One of the following must be provided:

- valid Australian passport
- Australian birth certificate (front and back)
- Australian citizenship certificate (front and back)
- current Australian driver licence (front and back)
- valid ImmiCard
- foreign passport with a valid Australian visa
- Certificate of Identity (issued by the Department of Foreign Affairs and Trade).

If the child younger than 15 years has not previously been enrolled with you on a Medicare card, you must provide proof of parental responsibility, for example, a birth certificate.

If you are not the parent or guardian of the child younger than 15 years, you will need to provide proof that the child is in your care, for example, a court order.

## My Health Record

If you are copying or transferring a child who is 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 [digitalhealth.gov.au](https://digitalhealth.gov.au) for more information.

## Bank account details

We pay Medicare benefits to you using Electronic Funds Transfer (EFT). To pay you, we need current bank details.

If we do not have bank details we will hold your Medicare benefit until you provide bank details to us.

For more information, go to [servicesaustralia.gov.au/getmedicarebenefits](https://servicesaustralia.gov.au/getmedicarebenefits)

## Aboriginal and Torres Strait Islander Australian

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

## Australian South Sea Islander

The Australian South Sea Islander question is voluntary and will not affect your application. If you answer the question, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

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



## Medicare Safety Nets

If you need to see a doctor or get tests regularly, you could end up with high medical costs. Medicare Safety Nets can help to lower your costs for out of hospital services.

If you are part of a family or couple, you can register as a family to combine your costs. This means you are likely to reach the threshold sooner. You need to register as a family even if all family members are on the same card.

**This form will not change your Medicare Safety Net family registration.**

You may need to let us know if your family circumstances have changed. For example, if you and your partner have separated or a dependent child enters or leaves your care. Call us on 132 011 or complete a **Medicare Safety Net registration and amendment for couples and families (MS016)** form.

For more information on the Medicare Safety Nets, go to [servicesaustralia.gov.au/safetynet](http://servicesaustralia.gov.au/safetynet)

## For more information

Go to [servicesaustralia.gov.au/medicarecard](http://servicesaustralia.gov.au/medicarecard) or call 132 011 Monday to Friday, 7 am to 10 pm and Saturday to Sunday, 7 am to 7 pm.

## Filling in this form

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

For help on how to fill in our forms, go to [servicesaustralia.gov.au/formhelp](http://servicesaustralia.gov.au/formhelp)

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.

## Details of people wanting to copy or transfer

**1** Read this before answering the following question.

**Person 1** must provide identification. For more information about identity requirements, refer to **Important information** on page 1.

### Person 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

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

Family name

First given name

Second given name

**4** Have you ever used or been known by another name?

No

Yes  Give details of your previous name

**5** Date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**6** Gender

- Male
- Female
- Non-binary



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**Person 3 – to be completed by person 3 if 15 years or older**

**22** I would like to: **Tick one only**

- transfer to a new card with person 1
- copy to a new card with person 1
- transfer to a new card
- copy to a new card
- transfer to an existing card
- copy to an existing card

**23** Medicare card number person 3

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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**24** Dr  Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

**25** Date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**26** Gender

- Male
- Female
- Non-binary

**27** 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

**28** Are you of Australian South Sea Islander descent?

- No
- Yes

**29 Declaration of person 3 if 15 years or older**

If younger than 15 years, parent or guardian authorisation is required at question 41.

**I declare that:**

- I have read and understood the **Privacy notice** at question 43 in this form
- 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:**

- Services Australia collecting my personal information in this form.

**I understand that:**

- I must notify Services Australia 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If more people need to be added, provide a separate sheet with their details.

**Existing Medicare card details**

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

If copying or transferring to an existing Medicare card, then the person on the existing Medicare card to which additional name(s) are to be added must complete questions 30 to 39. This person must be 15 years or older.

- No  **Go to 40**
- Yes

**31** Medicare card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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**32** Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

**33** Date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**34** Gender

- Male
- Female
- Non-binary

**35** Postal address

Postcode

**36** Contact phone number (including area code)

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Email

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**37** 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

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

No

Yes

**39** I declare that:

- I have read and understood the **Privacy notice** at question 43 in this form
- I am aware of my legal obligation to provide true and accurate information
- the information I have provided is complete and correct.

**I authorise:**

- the person(s) listed in this form to be included on my Medicare card.

**I understand that:**

- I must notify Services Australia of any change(s) to this information
- giving false or misleading information is a serious offence.

Declaration of person on the existing Medicare card

Your full name

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I have read, understood and agree to the above.

Date (DD MM YYYY)

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**Declaration of parent or guardian**

**40** Are persons 1, 2 or 3 younger than 15 years?

No  **Go to 42**

Yes  Your relationship to the child(ren) younger than 15 years (for example, grandparent)

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**41** Read this before completing this declaration.

Only complete this declaration if you are copying or transferring a child **younger than 15 years**.

If you are the parent or guardian and the child younger than 15 years has not previously been enrolled with you on a Medicare card, you **must** provide proof of parental responsibility or proof the child is in your care, for example, a birth certificate or a court order.

**To copy** a child younger than 15 years to a new or existing Medicare card, at least one parent or guardian must provide authorisation.

Where it is not possible for a parent or guardian to authorise, you must provide supporting documents that the child is in your care. For example, a court order.

**To transfer** a child younger than 15 years to a new or existing Medicare card, both parents or guardians (if applicable) must provide authorisation. If both parents or guardians cannot provide authorisation, supporting documents must be provided, for example, an Apprehended Violence Order or a parenting order issued by the Family Court.

Providing supporting documents is a requirement of the application process to make sure a full assessment can be made. This does not guarantee the child younger than 15 years will be copied or transferred. All applications are assessed and outcomes are determined according to Services Australia's policies.

**Parent or guardian declaration**

**I declare that:**

- I have read and understood the **Privacy notice** at question 43 in this form.

**I authorise:**

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

Full name of parent or guardian 1

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I have read, understood and agree to the above.

Date (DD MM YYYY)

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Full name of parent or guardian 2

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I have read, understood and agree to the above.

Date (DD MM YYYY)

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## Bank account details

All payments are made through EFT. Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits. We **cannot** record bank account details for children **younger than 14 years**.

Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

### 42 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

### 43 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration of person 1

### 44 Read this before completing this declaration.

**This declaration is to be completed by person 1.** If person 1 is a child **younger than 15 years**, the requesting parent, guardian or primary carer will need to complete the declaration on their behalf.

#### I declare that:

- I have read and understood the **Privacy notice**
- I am aware of my legal obligation to provide true and accurate information
- any additional person(s) 15 years or older, named at questions 15 and 24 (if applicable), has filled in their own personal details and consented to their declaration(s)
- the information I have provided is complete and correct.

#### I consent to:

- Services Australia validating identity documents I provide with the issuing authority.

#### I authorise for:

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

## Declaration of person 1 *continued*

### I understand that:

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

Full name of person 1

I have read, understood and agree to the above.

Date (DD MM YYYY)

or

Full name of parent, guardian or primary carer

I have read, understood and agree to the above.

Date (DD MM YYYY)

## Returning this form

Check that all required questions are answered and related declarations are completed.



Read the important information on **Medicare Safety Nets** on page 2.

Return this form and any supporting documents by:

- **email to [mes@servicesaustralia.gov.au](mailto:mes@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.  
Make sure your documents are:
  - in PDF, JPG, PNG, GIF or BMP format
  - not password protected, or in a WinZip or RAR file
  - no larger than 5 megabytes (MB) for each document
  - no larger than 10 MB in total for all the documents.To help us process your request, include **copy or transfer** in the email subject line.
- **post to**  
Services Australia  
Medicare  
PO Box 7856  
CANBERRA BC ACT 2610