

# Medicare Safety Net Registration and Amendment for Couples and Families

## When to use 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.

**Note:** 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](http://humanservices.gov.au/safetynet), or if you need help completing this form call **132 011** or visit your local Medicare Service Centre.

**Note:** 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](http://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(s)

Send the completed form(s) to:

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

or visit your local Medicare Service Centre.

## 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 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:** Calls from mobile phones may be charged at a higher rate.
- visiting your nearest Medicare Service Centre.

1 Do you want to:

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

## Your details

**Note:** 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

-  -  Ref no.

3 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

4 Postal address

-----  
  
-----  
Postcode

5 Daytime phone number

(  )

Email

-----  
@

6 Are you of Aboriginal or Torres Strait Island origin?

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

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**

**Note:** 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 Medicare 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

Other given name(s)

11 Is this person of Aboriginal or Torres Strait Island origin?

No

Yes – Aboriginal

Yes – Torres Strait Islander

## 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**

**Note:** 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

Other given name(s)

16 Is this person of Aboriginal or Torres Strait Island origin?

No

Yes – Aboriginal

Yes – Torres Strait Islander

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

Other given name(s)

21 Is this person of Aboriginal or Torres Strait Island origin?

No

Yes – Aboriginal

Yes – Torres Strait Islander

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

Other given name(s)

26 Is this person of Aboriginal or Torres Strait Island origin?

No

Yes – Aboriginal

Yes – Torres Strait Islander

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

28

Medicare benefits cannot be paid via Electronic Funds Transfer (EFT) if the nominated account has restrictions on EFT deposits, is a credit card, or an overseas account.

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

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) 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.

## Declaration

30 I declare that:

- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Your signature

Date

## Privacy notice

Centrelink, Medicare, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each services' legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth Departments, other persons, bodies or agencies ONLY where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or requesting a copy of the full privacy policy at one of our Service Centres.