Australian Government
Services Australia

medicare

Medicare Safety Net registration and amendment for couples and families (MS016)

When to use this form

Use 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 **servicesaustralia.gov.au/safetynet**
If you need assistance completing this form, call **132 011** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

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

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.

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.

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

Ref no.

3 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

4 Permanent address

Postcode

5 Postal address (if different to above)

Postcode

6 Daytime phone number (including area code)

Email

7 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 ☐

8 Remove me from my current Medicare Safety Net registration ☐

MCA0MS016 2205

Partner details

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

No ☐ ***Go to 13***

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.

10 Medicare card number

☐☐☐☐ ☐☐☐☐☐ ☐ Ref no. ☐

11 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

12 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 ☐

Dependant details

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

No ☐ ***Go to 29***

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 2 family Medicare Safety Nets.

Dependant 1

14 Indicate if you would like to add or remove a dependant:

Add ☐

Remove ☐

15 Medicare card number

☐☐☐☐ ☐☐☐☐☐ ☐ Ref no. ☐

16 Family name

First given name

Second given name

17 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 ☐

18 If **removing** a dependant, indicate the date your dependant left the family or you stopped supporting them? (DD MM YYYY)

☐☐ ☐☐ ☐☐☐☐

Dependant 2

19 Indicate if you would like to add or remove a dependant:

Add ☐

Remove ☐

20 Medicare card number

☐☐☐☐ ☐☐☐☐☐ ☐ Ref no. ☐

21 Family name

First given name

Second given name

22 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 ☐

23 If **removing** a dependant, indicate the date your dependant left the family or you stopped supporting them? (DD MM YYYY)

☐☐ ☐☐ ☐☐☐☐

Dependant 3

24 Indicate if you would like to add or remove a dependant:

Add ☐

Remove ☐

25 Medicare card number

☐☐☐☐ ☐☐☐☐☐ ☐ Ref no. ☐

26 Family name

First given name

Second given name

27 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 ☐

28 If **removing** a dependant, indicate the date your dependant left the family or you stopped supporting them? (DD MM YYYY)

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

Bank account details

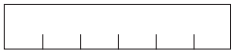
All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

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.

29 Name of bank, building society or credit union

Branch number (BSB)



Account number (this may not be the card number)

Account held in the name(s) of

Consent to nominate bank account

30 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 person who paid for the service.

Full name of dependent person 1

Medicare card reference number ☐

☐ I have read, understood and agree to the above.

Date (DD MM YYYY)

Full name of dependent person 2

Medicare card reference number ☐

☐ I have read, understood and agree to the above.

Date (DD MM YYYY)

Full name of dependent person 3

Medicare card reference number ☐

☐ I have read, understood and agree to the above.

Date (DD MM YYYY)

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

Privacy notice

31 The privacy and security of your personal information is important to Services Australia, 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

32 **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 full name

☐ I have read, understood and agree to the above.

Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents:

- **by post** to
  Services Australia
  Medicare
  PO Box 7856
  CANBERRA BC ACT 2610
- in person at one of our service centres.

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