

# Notes for Claim for persons granted a refugee or humanitarian visa

Family Tax Benefit, Parenting Payment, Age Pension, Youth Allowance (job seeker), JobSeeker Payment, Crisis Payment, Medicare enrolment, Medicare Safety Nets and Australian Immunisation Register

## When to use this form



Use this form to claim a payment and enrol in Medicare if you have recently arrived in Australia as a refugee or humanitarian entrant or you have been granted a permanent protection visa.

## Important information

You may need to provide identity documents. For a list of acceptable documents, go to [servicesaustralia.gov.au/identity](https://servicesaustralia.gov.au/identity)

You must provide **all** supporting documents at the same time you lodge this form. If you do not provide all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

Persons 14 years or older can nominate to have their Medicare payments paid into their own bank account. More information can be found at [servicesaustralia.gov.au/turning14](https://servicesaustralia.gov.au/turning14)

## Register for Medicare Safety Nets

Eligible members for a Medicare Safety Net family include dependants. A dependant is someone who the family supports financially and is a child younger than 16 or a full-time student aged between 16 and 25.

We will register your family for Medicare Safety Nets. Make sure you have selected who you want to add (eligible members) by ticking the Medicare Safety Nets box next to the name(s) listed at question 29.

## For more information

Go to [servicesaustralia.gov.au/refugees-and-asylum-seekers](https://servicesaustralia.gov.au/refugees-and-asylum-seekers)

Call us on **131 202**.



### Help in your language

To speak to us in your language, call **131 202**.

We can translate documents you need for your claim for free.

For help in your language about our payments and services, go to [servicesaustralia.gov.au/yourlanguage](https://servicesaustralia.gov.au/yourlanguage)



### Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to [servicesaustralia.gov.au](https://servicesaustralia.gov.au) and search 'other support and advice'.

# Claim for persons granted a refugee or humanitarian visa (SS415)

Family Tax Benefit, Parenting Payment, Age Pension, Youth Allowance (job seeker), JobSeeker Payment, Crisis Payment, Medicare enrolment, Medicare Safety Nets and Australian Immunisation Register

## Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign 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.

### You

**1** Humanitarian Settlement Program (HSP) / Case number

**2** Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No ☐ ► **Go to 5**

Yes ☐ ► Give details below

**3** What is your preferred spoken language?

**4** What is your preferred written language?

**5** Your Centrelink Customer Reference Number (if known)

**6** Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

### Your partner (if you have one)

**1** Humanitarian Settlement Program (HSP) / Case number

**2** Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No ☐ ► **Go to 5**

Yes ☐ ► Give details below

**3** What is your preferred spoken language?

**4** What is your preferred written language?

**5** Your Centrelink Customer Reference Number (if known)

**6** Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name



CLK0SS415 2502

## You

7 Your date of birth (DD MM YYYY)

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8 Have you been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- alias
- adoptive name
- foster name.

No ☐ Go to next question

Yes ☐ Give details below

Other name


Type of name (for example, name at birth)

--

If you have more than 1 other name, provide a separate piece of paper with details.

9 Your gender

Male ☐

Female ☐

Non-binary ☐

10 Your current address

Postcode

11 Your postal address (if different to above)

Postcode

12 Your contact details

Home phone number  
(including area code)

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Mobile phone number

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## Your partner (if you have one)

7 Your date of birth (DD MM YYYY)

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8 Have you been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- alias
- adoptive name
- foster name.

No ☐ Go to next question

Yes ☐ Give details below

Other name


Type of name (for example, name at birth)

--

If you have more than 1 other name, provide a separate piece of paper with details.

9 Your gender

Male ☐

Female ☐

Non-binary ☐

10 Your current address

Postcode

11 Your postal address (if different to above)

Postcode

12 Your contact details

Home phone number  
(including area code)

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Mobile phone number

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You

- 13 What is your country of birth?

- 14 What is your country of citizenship?

Date granted (DD MM YYYY)

<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
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- 15 Date of arrival in Australia (DD MM YYYY)

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- 16 What document did you travel to Australia on?

Passport or document reference number

Country of issue

- 17 Is Australia your permanent home now?

No ☐

Yes ☐

- 18 Read this before answering the following questions.

**Questions 18 and 19 only apply if you are claiming or getting a Centrelink payment and/or service. This does not apply to Medicare.**

Do you give permission for your partner to speak with us on your behalf?

You can change this at any time.

No ☐

Yes ☐

Not applicable ☐

- 19 Do you want to authorise a person or organisation to make enquiries, make changes, act and/or get payments on your behalf?

No ☐ *Go to next question*

Yes ☐ *Details below*



You need to fill in and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. You can also do this online. You and the person or organisation will need a Centrelink online account.

If you want more information or to download the form, go to **[servicesaustralia.gov.au/authorisedrepresentative](https://servicesaustralia.gov.au/authorisedrepresentative)**

**Office use only** – issue form (SS313) if required.

Your partner (if you have one)

- 13 What is your country of birth?

- 14 What is your country of citizenship?

Date granted (DD MM YYYY)

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- 15 Date of arrival in Australia (DD MM YYYY)

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- 16 What document did you travel to Australia on?

Passport or document reference number

Country of issue

- 17 Is Australia your permanent home now?

No ☐

Yes ☐

- 18 Read this before answering the following questions.

**Questions 18 and 19 only apply if you are claiming or getting a Centrelink payment and/or service. This does not apply to Medicare.**

Do you give permission for your partner to speak with us on your behalf?

You can change this at any time.

No ☐

Yes ☐

- 19 Do you want to authorise a person or organisation to make enquiries, make changes, act and/or get payments on your behalf?

No ☐ *Go to next question*

Yes ☐ *Details below*



You need to fill in and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. You can also do this online. You and the person or organisation will need a Centrelink online account.

If you want more information or to download the form, go to **[servicesaustralia.gov.au/authorisedrepresentative](https://servicesaustralia.gov.au/authorisedrepresentative)**

**Office use only** – issue form (SS313) if required.

- 20** Tick **one** of the boxes below to tell us about your relationship status right now.

For more information about relationship status, go to **servicesaustralia.gov.au/moc**

If you have ever been separated from your current partner, give the date that you most recently got back together with your partner.

This will update your Centrelink record only. If you need to call us to update your Medicare and/or Child Support record, go to **servicesaustralia.gov.au/phoneus**

**Married**

- ☐ Date married or last reconciled with your partner (DD MM YYYY)

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► **Go to 21**

**Registered relationship**

(your relationship is registered under Australian state or territory law)

- ☐ Date registered or last reconciled with your partner (DD MM YYYY)

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► **Go to 21**

**De facto**

(your relationship is similar to a married couple but you are not married or in a registered relationship)

- ☐ Date you started your relationship or last reconciled with your partner (DD MM YYYY)

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► **Go to 21**

**Separated**

(previously in a marriage, registered or de facto relationship)

- ☐ Date of last separation (DD MM YYYY)

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► **Go to 25**

**Divorced**

- ☐ Date of divorce (DD MM YYYY)

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► **Go to 25**

**Widowed**

(previously in a marriage, registered or de facto relationship)

- ☐ Date of partner's death (DD MM YYYY)

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► **Go to 25**

**Never married or lived with a partner** ☐ **Go to 25**

- 21** Is your partner living in Australia?

No ☐ **Go to 23**

**Office use only** – If No, consider payment at the single rate (s24 SS Act).

Yes ☐ **Go to next question**

- 22** Do you currently live in the same home as your partner?

No ☐ **Go to next question**

Yes ☐ **Go to 25**

- 23** Why are you not living with your partner?

Partner's illness ☐

Your illness ☐

Partner in prison ☐

Partner's employment ☐

Other ☐ **Give details below**


- 24** Period not living with your partner (DD MM YYYY)

From 

--	--	--

To 

--	--	--

or indefinite ☐

- 25** Do you pay for your accommodation?

No ☐ **Go to 29**

Yes ☐ **Go to next question**

- 26** Who do you pay?

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- 27** How much do you pay per week?

\$ 

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 per week

- 28** Does this include meals?

No ☐

Yes ☐

**29** Do you have children younger than 19 who are in your care in Australia?

Only the person claiming Family Tax Benefit should complete details of dependants (for example, children). If you have children in your care and live apart from the children's other parent, you may be eligible to apply for a child support assessment. Contact Child Support on **131 272**.

For more information about 'Register for Medicare Safety Nets', see page 1 of the **Notes**.

No ☐ **Go to 31**

Yes ☐ Give details below

**Child 1**

Name of child

Date of birth (DD MM YYYY)

Age Gender

Medicare card number for this child (if known)

Your relationship to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Nets ☐

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

*Continued*

**Child 2**

Name of child

Date of birth (DD MM YYYY)

Age Gender

Medicare card number for this child (if known)

Your relationship to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Nets ☐

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

**Child 3**

Name of child

Date of birth (DD MM YYYY)

Age Gender

Medicare card number for this child (if known)

Your relationship to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Nets ☐

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

Continued

### Child 4

Name of child

Date of birth (DD MM YYYY)

Age Gender

 Male ☐ Female ☐ Non-binary ☐

Medicare card number for this child (if known)

 Ref no. ☐

Your relationship to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Nets ☐

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

### Child 5

Name of child

Date of birth (DD MM YYYY)

Age Gender

 Male ☐ Female ☐ Non-binary ☐

Medicare card number for this child (if known)

 Ref no. ☐

Your relationship to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Nets ☐

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

Continued

### Child 6

Name of child

Date of birth (DD MM YYYY)

Age Gender

 Male ☐ Female ☐ Non-binary ☐

Medicare card number for this child (if known)

 Ref no. ☐

Your relationship to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Nets ☐

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

If you have more than 6 children in your care, provide a separate piece of paper with details.

30 Are any of these children orphans?

No ☐

Yes ☐ Office use only – consider issuing SC003.

**You**

**31** What is your estimated income for the current financial year?

**Include** income from outside Australia.  
If you estimate no income, write **\$0**.

\$

**32** How much cash do you have now?

\$

**33** Do you have any income or assets, like a house or land in and outside Australia?

**Include:**


- bank accounts
- term deposits
- accounts you hold in trust or under any other name
- money held in church or any other development funds and investments
- house or land in and outside Australia
- any other income or assets in or outside Australia that you have not already told us about.

No ☐ *Go to next question*

Yes ☐ **Office use only** – issue Mod(iA) or if Age Pension, issue SA369.

**34** Do you work in Australia?

No ☐ *Go to next question*

Yes ☐  Provide your latest payslip, previous year business tax return and profit and loss statement (if applicable).

**Office use only** – issue Mod(F), if in a business.

**35** Your tax file number (if known)

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**Your partner (if you have one)**

**31** What is your estimated income for the current financial year?

**Include** income from outside Australia.  
If you estimate no income, write **\$0**.

\$

**32** How much cash do you have now?

\$

**33** Do you have any income or assets, like a house or land in and outside Australia?

**Include:**


- bank accounts
- term deposits
- accounts you hold in trust or under any other name
- money held in church or any other development funds and investments
- house or land in and outside Australia
- any other income or assets in or outside Australia that you have not already told us about.

No ☐ *Go to next question*

Yes ☐ **Office use only** – issue Mod(iA) or if Age Pension, issue SA369.

**34** Do you work in Australia?

No ☐ *Go to next question*

Yes ☐  Provide your latest payslip, previous year business tax return and profit and loss statement (if applicable).

**Office use only** – issue Mod(F), if in a business.

**35** Your tax file number (if known)

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

If your only income for this financial year is the payment you are now claiming, you may not have to pay any tax.

However, you may have to pay tax if you get any other income this financial year, such as salary or wages.

If you think you will have to pay tax this year, you can ask us to deduct tax instalments from your taxable payment.

For more information on taxable payments, go to **[servicesaustralia.gov.au/taxable-centrelink-payments](https://servicesaustralia.gov.au/taxable-centrelink-payments)**

You can change or cancel your tax deduction at any time using your Centrelink online account.

If you are not sure how much tax to have taken out of your payment, contact the Australian Taxation Office.

Do you want tax taken out of your taxable payment?

**Office use only** – For job seekers, check Refugee activity test exemptions.

No ☐ Go to next question

Yes ☐ Give details below

**Tick one only**

A set amount (must be whole dollars) ☐ \$ .00 per fortnight

A percentage (%) of my payment ☐ % per fortnight

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

If your only income for this financial year is the payment you are now claiming, you may not have to pay any tax.

However, you may have to pay tax if you get any other income this financial year, such as salary or wages.

If you think you will have to pay tax this year, you can ask us to deduct tax instalments from your taxable payment.

For more information on taxable payments, go to **[servicesaustralia.gov.au/taxable-centrelink-payments](https://servicesaustralia.gov.au/taxable-centrelink-payments)**

You can change or cancel your tax deduction at any time using your Centrelink online account.

If you are not sure how much tax to have taken out of your payment, contact the Australian Taxation Office.

Do you want tax taken out of your taxable payment?

**Office use only** – For job seekers, check Refugee activity test exemptions.

No ☐ Go to next question

Yes ☐ Give details below

**Tick one only**

A set amount (must be whole dollars) ☐ \$ .00 per fortnight

A percentage (%) of my payment ☐ % per fortnight

## You

Information in this form will be used to work out if a person can get Medicare benefits.

**37** Do you want to enrol in Medicare or update your Medicare details?

No ☐ **Go to 42**

Yes ☐ **Go to next question**

**38** Have you previously been enrolled in Medicare?

No ☐ You will be listed as the contact for Medicare correspondence.

► **Go to next question**

Yes ☐ Medicare card number (if known)

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**39** Would you like to register for Medicare Safety Nets?

No ☐ **Go to next question**

Yes ☐ For more information about 'Register for Medicare Safety Nets', see page 1 of the **Notes**.

We will register your family for the Medicare Safety Nets. Make sure you have selected who you want to add (eligible members) by ticking the Medicare Safety Nets box next to the name(s) listed at question 29. If you have any other dependants not listed that you would like registered, complete a **Medicare Safety Net registration and amendment for couples and families (MS016)** form. If you do not have this form, go to **servicesaustralia.gov.au/forms**

► **Go to next question**

## Your partner (if you have one)

Information in this form will be used to work out if a person can get Medicare benefits.

**37** Do you want to enrol in Medicare or update your Medicare details?

No ☐ **Go to 42**

Yes ☐ **Go to next question**

**38** Have you previously been enrolled in Medicare?

No ☐ The information in this claim will be used to enrol you in Medicare.

You will be listed on a Medicare card with your partner and everyone included in this claim.

► **Go to next question**

Yes ☐ Medicare card number (if known)

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A new Medicare card will be issued to you only if there has been a change to your Medicare eligibility status. If you want to be included on your partner's Medicare card, you will need to complete an **Application to copy or transfer from one Medicare card to another (MS011)** form.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

► **Go to next question**

## You

- 40** Do you want to give permission to your Humanitarian Settlement Program provider to get your Medicare card number and other documents?

No ☐ Go to next question

Yes ☐ Give details below

Humanitarian Settlement Program provider

Name

Address

Postcode

Contact phone number (including area code)

Fax number (including area code)

- 41** Do you need a duplicate Medicare card?

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

No ☐

Yes ☐

## Your partner (if you have one)

- 40** Do you want to give permission to your Humanitarian Settlement Program provider to get your Medicare card number and other documents?

No ☐ Go to next question

Yes ☐ Give details below

Humanitarian Settlement Program provider

Name

Address

Postcode

Contact phone number (including area code)

Fax number (including area code)

**42 Payment details**

**Medicare payments only** – Persons 14 years or older that will be listed on your Medicare card must give their consent for Medicare payments to be made to either bank account A or B in at question 42 or question 43 or provide their own bank details at question 45. 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 **younger than 14**.

We **cannot use** an account used exclusively for funding from the National Disability Insurance Scheme.

**Centrelink payments**

What account do you want us to put your Centrelink payments into?

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Print each number clearly.

**A1** Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Name(s) on the account

**Medicare payments**

Do you want your Medicare payments put into the same account as above?

No ☐ **Go to next question**

Yes ☐ **Go to 44**

**43** What account do you want us to put your Medicare payments into?

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Print each number clearly.

**A2** Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Name(s) on the account

**42 Payment details****Centrelink payments**

What account do you want us to put your Centrelink payments into?

**Only give details if you are also claiming a payment on this form.**

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Print each number clearly.

**B1** Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Name(s) on the account

**Medicare payments**

Do you want your Medicare payments put into the same account as above?

No ☐ **Go to next question**

Yes ☐ **Go to 49**

**43** What account do you want us to put your Medicare payments into?

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Print each number clearly.

**B2** Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Name(s) on the account

## Additional person

### To be completed by additional person if 14 or older

Read this before answering the following questions.

If there is more than 1 additional person 14 or older, print or photocopy this page for each additional person before completing the following details.

- 44 Do you want your Medicare payments put into the nominated bank account at question 42 or question 43?

No ☐ Go to next question

Yes ☐ Go details below

I authorise for the payments to be put into the nominated bank account

A1 at question 42 ☐

B1 at question 42 ☐

A2 at question 43 ☐

B2 at question 43 ☐

Additional person full name

► Go to 46

- 45 Provide your bank account details

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Print each number clearly.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Name(s) on the account

☐ I authorise for payments to be put into the bank account nominated above.

Additional person full name

- 46 Are you 15 or older?

No ☐ You have completed all that is needed.

If there is more than 1 additional person 14 or older, and you did not print or photocopy this page, provide these details, for each additional person, on a separate piece of paper.

Yes ☐ Go to next question

## Privacy notice

### 47 You need to read this

#### Privacy and your personal information

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 additional person

- 48 If additional person is **15 or older** they must complete this declaration.

#### I declare that:

- I have read and understood the Privacy notice.
- 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 validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

#### I understand that:

- 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.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

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

Your signature

Date (DD MM YYYY)

If there is more than 1 additional person 14 or older, and you did not print or photocopy this page, provide these details, for each additional person, on a separate piece of paper.

You

49 You need to read this

**Privacy and your personal information**

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)

50 I declare that:

- the information I have provided in this form is complete and correct.
- any additional person aged 14 years or older, has reviewed their personal information provided.
- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.

**I consent to:**

- Services Australia validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

**I understand that:**

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- for the purposes of referral to an Employment Services Provider and administration reasons, Services Australia may disclose my information to the Australian Taxation Office, the Department of Education and Training and the Department of Jobs and Small Business.
- for the purposes of confirming my child's immunisation, Services Australia may use my Medicare card number to data match with the Australian Immunisation Register.
- 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.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

This information has been provided to establish my entitlement under the social security law, family assistance law and health insurance act.

Your signature



Date (DD MM YYYY)

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Make sure you complete the My Health Record section of this form, on the following pages.

Your partner (if you have one)

49 You need to read this

**Privacy and your personal information**

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)

50 I declare that:

- the information I have provided in this form is complete and correct.
- any additional person aged 14 years or older, has reviewed their personal information provided.
- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.

**I consent to:**

- Services Australia validating identity documents I provide with the issuing authority.
- Services Australia collecting my personal information in this form.

**I understand that:**

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- for the purposes of referral to an Employment Services Provider and administration reasons, Services Australia may disclose my information to the Australian Taxation Office, the Department of Education and Training and the Department of Jobs and Small Business.
- for the purposes of confirming my child's immunisation, Services Australia may use my Medicare card number to data match with the Australian Immunisation Register.
- 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.
- if I am enrolled in Medicare, I will be registered for the Medicare Safety Nets.
- Services Australia is collecting and using my healthcare identifier for purposes of establishing and maintaining an accurate record of healthcare identifiers.
- I must notify Services Australia of any change(s) to this information.
- giving false or misleading information is a serious offence.

This information has been provided to establish my entitlement under the social security law, family assistance law and health insurance act.

Your signature



Date (DD MM YYYY)

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Make sure you complete the My Health Record section of this form, on the following pages.



## My Health Record

A My Health Record is an online summary of an individual's health information. It can be accessed at any time by the individual and their healthcare providers.

You and any other person enrolling in Medicare on this form can get a My Health Record.

We cannot process the following My Health Record questions if you or the additional people have:

- an existing My Health Record
- cancelled a My Health Record
- opted out of getting a My Health Record.

For more information or to make changes to previous My Health Record preferences, go to **myhealthrecord.gov.au** or call the My Health Record System Operator on **1800 723 471**.

### You

**51** Are you enrolling yourself in Medicare on this form?

No ☐ **Go to 56**

Yes ☐ *Go to next question*

**52** Do you want a My Health Record?

No – **Do not** give me a My Health Record ☐

Yes – Give me a My Health Record ☐

**53** Are you using this form to enrol a dependent child(ren)  
(as given in question 29) in Medicare?

No ☐ **Go to 56**

Yes ☐ *Go to next question*

### Your partner (if you have one)

**51** Are you enrolling yourself in Medicare on this form?

No ☐ **Go to 56**

Yes ☐ *Go to next question*

**52** Do you want a My Health Record?

No – **Do not** give me a My Health Record ☐

Yes – Give me a My Health Record ☐

**▶ Go to 56**

**54 Read this before answering the following questions.**

You must have parental responsibility to complete questions for additional people younger than 14.

If the additional person is 14 or older, they must:

- answer the question relating to whether or not they want a My Health Record
- read the Privacy notice at question 56
- sign their declaration.

**1 Name of child (as given in question 29)**

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 or older.

No – **Do not** give this child a My Health Record ☐

Yes – Give this child a My Health Record ☐

**Child 1 declaration (if 14 or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 1 signature



Date (DD MM YYYY)

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*Continued*

**2 Name of child (as given in question 29)**

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 or older.

No – **Do not** give this child a My Health Record ☐

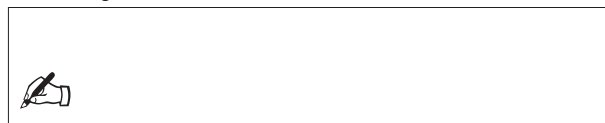
Yes – Give this child a My Health Record ☐

**Child 2 declaration (if 14 or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 2 signature



Date (DD MM YYYY)

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**3 Name of child (as given in question 29)**

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 or older.

No – **Do not** give this child a My Health Record ☐

Yes – Give this child a My Health Record ☐

**Child 3 declaration (if 14 or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 3 signature



Date (DD MM YYYY)

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Continued

**4** Name of child (as given in question 29)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 or older.

No – **Do not** give this child a My Health Record ☐

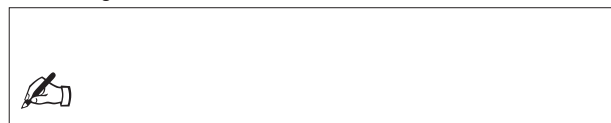
Yes – Give this child a My Health Record ☐

**Child 4 declaration (if 14 or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 4 signature



Date (DD MM YYYY)

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**5** Name of child (as given in question 29)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 or older.

No – **Do not** give this child a My Health Record ☐

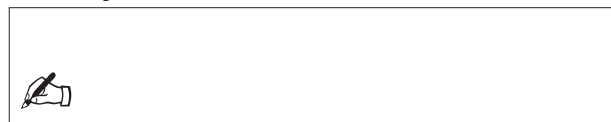
Yes – Give this child a My Health Record ☐

**Child 5 declaration (if 14 or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 5 signature



Date (DD MM YYYY)

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Continued

**6** Name of child (as given in question 29)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 or older.

No – **Do not** give this child a My Health Record ☐

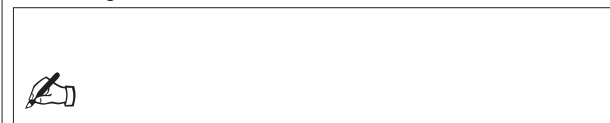
Yes – Give this child a My Health Record ☐

**Child 6 declaration (if 14 or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 6 signature



Date (DD MM YYYY)

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**55** Do you have more than 6 children enrolling?

No ☐ **Go to 56**

Yes ☐



Provide a separate piece of paper with My Health Record details, as asked in question 54, for each additional child.

**Go to 56**

## 56 Privacy notice

The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, including the *My Health Records Act 2012* and *Privacy Act 1988*.

For more information, see the My Health Record System Operator's privacy policy at [myhealthrecord.gov.au/privacy](https://myhealthrecord.gov.au/privacy)

## 57 Declaration

### I declare that:

- I have parental responsibility for the additional people under 14 years of age that I have completed My Health Record questions for.
- I have read and understood the privacy information.
- the information I have provided in this part is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

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Your partner's signature (if applicable)



Date (DD MM YYYY)

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## Checklist

Which of the following documents or forms are you providing with this form?

Where you are asked to provide documents, provide original documents.

If you are not sure, check the question to see if you should provide the documents.

Tick all that apply			
	Issued	Provided	Consider/ Checked
<b>Customer to complete</b>			
Identity documents – provide photo identification For a full list of acceptable identity documents, go to <a href="https://servicesaustralia.gov.au/identity">servicesaustralia.gov.au/identity</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Staff to complete</b>			
If answered Yes at <b>question 19</b> Issue – <b>Authorising a person or organisation to enquire or act on your behalf (SS313)</b> form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered No at <b>question 21</b> Consider – Payment at single rate (s24 SS Act)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered Yes at <b>question 29</b> Consider – Child Support Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered Yes at <b>question 30</b> Consider – Double Orphan Pension, and Issue – <b>Claim for Double Orphan Pension (SC003)</b> form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered Yes at <b>question 33</b> Issue – <b>Income and assets (Mod(iA))</b> or if Age Pension <b>SA369</b> form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered Yes at <b>question 34</b> and in a business Issue – <b>Business details (Mod(F))</b> form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered Yes at <b>question 36</b> Consider – For job seekers, check refugee activity test exemptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered at <b>question 39</b> Check – Medicare eligibility start date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'You' answered Yes at <b>question 38 or 39</b> May need to issue – <b>Medicare Safety Net registration and amendment for couples and families (MS016)</b> form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Your partner' answered Yes at <b>question 38</b> Issue – <b>Application to copy or transfer from one Medicare card to another (MS011)</b> form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered Yes at <b>question 41</b> Consider – to issue duplicate Medicare card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered at <b>question 45</b> Check – Consent by persons <b>15</b> years or older listed on the Medicare card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider – alternative Identity Assessments using Identity Confirmation Dashboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider – verified all information provided, form signed/declaration ticked, date entered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider – payment by real-time gross settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Returning this form

Return this completed form:

- by email to **ARRIVALS.NATIONAL@servicesaustralia.gov.au**  
(staff to return by email)
- in person at one of our service centres.