



# Application for a Medicare Entitlement Statement

## Purpose of this form

To apply for an exemption from the Medicare levy, the Australian Taxation Office requires you to acknowledge you have been issued with a Medicare Entitlement Statement when completing your income tax return.

The *Income Tax Assessment Act 1936* makes the Medicare levy payable by individuals residing in Australia who are eligible for Medicare. Persons who are **not eligible** for Medicare can apply for an exemption from the Medicare levy in their income tax return.

## Persons not eligible for Medicare

If you are not eligible to **enrol** in Medicare, you can apply for a Medicare Entitlement Statement if you are:

- a permanent resident of Australia, **and**
  - have been absent from Australia for 12 months or more.
  - have not returned to Australia to reside permanently.
- an Australian citizen who has been absent from Australia for more than 5 years.
- a New Zealand Citizen who travels frequently in and out of Australia and spends less than 6 months in a 12 month period in Australia.
- not an applicant for permanent residency.
- a person who:
  - does not meet the eligibility criteria under a Reciprocal Health Care Agreement. Countries include: Belgium, Finland, Italy, Malta, the Netherlands, Norway, Slovenia, Sweden, and the United Kingdom (including Northern Ireland).

A person is **not** eligible under a Reciprocal Health Care Agreement, if the following applies:

### Belgium

- before arriving in Australia you were not a resident of Belgium, **and**
- you are not insured in the Belgium health system, for example, you do not have a valid European Health Insurance card.

### Finland

- before arriving in Australia you were not a resident of Finland, **or**
- you entered Australia on a student visa.

### Italy

- before arriving in Australia you resided in Italy but you are not an Italian citizen, **or**
- you are an Italian citizen but are not eligible for services under the national health legislation of Italy, for example, you do not hold a valid European Health Insurance or Italian Health Insurance card.

### Malta

- before arriving in Australia you were a resident of Malta but you are not a Maltese citizen, **or**
- you are a citizen of Malta but did not reside in Malta before arriving in Australia, **or**
- you have entered Australia on a student visa.

### Netherlands

- before arriving in Australia you were not a resident of the Netherlands, **and**
- you do not have valid health insurance according to the Netherlands health insurance scheme, for example, you do not have a valid European Health Insurance card.

### Norway

- before arriving in Australia you were not a resident of Norway, **and**
- you do not hold a valid health insurance with the Norwegian health system, for example, you do not have a valid European Health Insurance card), **or**
- you entered Australia on a student visa.

### Slovenia

- before arriving in Australia you were not a resident of Slovenia, **and**
- you do not hold a valid health insurance with the Slovenian health system, for example, you do not hold a valid European Health Insurance card.

### Sweden

- before arriving in Australia you were not a resident of Sweden.

### United Kingdom (including Northern Ireland)

- before arriving in Australia you were not a resident of the United Kingdom.

Even if you are not eligible for Medicare, you may still not be eligible for an exemption if you maintain a dependant that is eligible for Medicare. The Australian Taxation Office make the determination on whether you are eligible for an exemption.

## How to apply

- A separate application form is required for each financial year. (A financial year runs from 1 July to 30 June.)
- When your application has been assessed and processed, you will receive a Medicare Entitlement Statement which will certify that you are not eligible for Medicare benefits for the specified period.
- You should not apply for a Medicare Entitlement Statement for the current financial year unless you are leaving Australia and will be submitting a final income tax return before the end of the financial year.
- If a tax agent prepares the application, the tax agent must complete the tax agent details in this application form.

## Documents required

The following documents **must** be submitted when lodging this form.

Failing to do so will result in a delay in the assessment of the application.

A certified copy of the photo page of the applicant's passport must be provided.

Documents that **may be** required:

- visa evidence – endorsed in passport/email or letter from the Department of Immigration and Border Protection.
- letter/email from the Department of Immigration and Border Protection confirming an application for permanent residency application has been lodged, refused or withdrawn.
- letter/email from the Migration Review Tribunal confirming an appeal has been lodged against a refused decision.
- copy of the applicant's European Health Insurance card or other evidence of Health insurance.

## Certified documents

### What is a certified document?

A certified copy is a copy of an original document that has been verified as being a true copy after the original document has been sighted by an authorised person.

### Who can certify documents?

A number of people can certify documents. Examples include:

- legal practitioners
- medical practitioners
- pharmacists
- police officers
- justice of the peace.

For a complete list of people who can certify documents, go to [ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorized-witnesses.aspx](http://ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorized-witnesses.aspx)

## For more information

For more information about the Medicare Entitlement Statement, go to [humanservices.gov.au/medicareentitlement](http://humanservices.gov.au/medicareentitlement)

## 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.
- For instructions on how to complete this form on screen, see 'Instruction' button on page 1.

## Returning your form

Check that all required questions are answered and that the form is signed and dated.

Scan and email your completed application form and other documents as a PDF to [MES@humanservices.gov.au](mailto:MES@humanservices.gov.au)

All documents sent by email:

- **must** be in PDF format, **and**
- **must not** be password protected.

If you are sending applications for multiple applicants, a separate email **must** be sent for each applicant.  
If the applicant has multiple applications for different claiming periods, they can be sent in one email.

We will send you an email to acknowledge receipt of your application.

or

Post to:

**Department of Human Services  
Medicare Entitlement Statement Unit  
GPO Box 9822  
ADELAIDE SA 5001**

# Application for a Medicare Entitlement Statement

**1** Is your tax agent completing this application on your behalf?  
 No  ► **Go to 5**  
 Yes

**2** Do you give permission for your tax agent to supply and receive information related to this application?  
 No   
 Yes

## Tax agent's details

When sending documents by email, documents:

- **must** be in PDF format, **and**
- **must not** be password protected.

If you are sending applications for multiple applicants, a separate email **must** be sent for each applicant. If the applicant has multiple applications for different claiming periods, they can be sent in one email.

Questions 3 and 4 **must** be completed by the tax agent.

**3** Name of company

Name of tax agent who is completing this application

Tax agent's daytime phone number

**4** Have you read and understood the Privacy notice contained in this form?  
 No   
 Yes

## Applicant's details

The applicant is the person who is **applying** for the Medicare Entitlement Statement.

**5** Does the applicant have a current or expired Medicare card?  
 No   
 Yes  ► Provide the applicant's Medicare card number and reference number

Applicant's Medicare card number  
  
 Ref no.

**6** Provide the applicant's name as it appears on their passport  
 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**7** Applicant's gender  
 Male   
 Female

**8** Applicant's date of birth  
 /  /

**9** Applicant's daytime phone number

Applicant's email  
  
 @

**10** Applicant's residential address in Australia  
  
 -----  
  
 -----  
  
 -----  
 Postcode

**11** This question **must** be completed if one of the following applies:  
 • applicant has left Australia permanently, **or**  
 • applicant is in Australia but their postal address is different to their residential address, **or**  
 • a tax agent is completing this application.

What postal address would the applicant like all correspondence sent to?

-----  
  
 -----  
  
 -----  
 Postcode   
 Country (if not Australia)

Correspondence related to this application will be forwarded to this address.

**12** Is the postal address provided in question 11 a tax agent's address?  
 No   
 Yes

## Eligibility for Medicare

**13** What was the applicant's country of residence for **6 months or more** before arriving in Australia?


**14** How long was the applicant residing in that country?  
(State total number of years and/or months in numerals e.g. 10)

Years  and/or months

**15** Does the applicant hold health or medical insurance in Belgium, Italy, the Netherlands, Norway or Slovenia (e.g. European Health Insurance card)?

No

Yes

 Attach certified copies of the medical insurance with this application.

**16** Is the applicant from Finland, Malta or Norway?

No

Yes  Did the applicant enter Australia on a student visa?

No  Yes


**17** Has the applicant lodged an application for permanent residency (other than a parent visa) with the Department of Immigration and Border Protection, this includes applications for Spouse Combined visas (subclass 820/801) and (subclass 309/100)?

No  **Go to 18**

Yes  Give details below

### Application 1

**A** Date application lodged

 Attach evidence (letter/email) from the Department of Immigration and Border Protection confirming the lodgment date.

**B** Is the application for permanent residency, that is being considered by the Department of Immigration and Border Protection, still ongoing?

No

Yes  **Go to 18**


**C** Indicate if the application for permanent residency was:

**Tick ONE only**

Approved  Date  **Go to 19**


Withdrawn  Date  **Go to 19**

Refused  Date  **Go to D**

 Attach evidence (letter/email) from the Department of Immigration and Border Protection confirming the permanent residency application was approved, withdrawn or refused.


**D** Has the applicant lodged an appeal against that decision?

No

Yes   Attach evidence that the applicant has lodged an appeal.

### Application 2 (if the applicant has lodged more than one Permanent residency application)

**A** Date application lodged

 Attach evidence (letter/email) from the Department of Immigration and Border Protection confirming the lodgment date.

**B** Is the application for permanent residency, that is being considered by the Department of Immigration and Border Protection, still ongoing?

No

Yes  **Go to 18**


**C** Indicate if the application for permanent residency was:

**Tick ONE only**

Approved  Date  **Go to 19**


Withdrawn  Date  **Go to 19**


Refused  Date  **Go to D**

 Attach evidence (letter/email) from the Department of Immigration and Border Protection confirming the permanent residency application was approved, withdrawn or refused.

**D** Has the applicant lodged an appeal against that decision?

No

Yes   Attach evidence that the applicant has lodged an appeal.

 If the applicant has lodged more than 2 applications for permanent residency, attach a separate sheet with details.

**18** Has the applicant lodged an application for permanent residency with the Department of Immigration and Border Protection under parent category (Aged parent or Contributory parent)?

No

Yes  Aged parent  **OR** Contributory parent

Date application lodged

### Claiming period

- 19**
- A separate application must be completed for each financial year.
  - We are **unable** to certify any period after the date this application is signed.
  - All periods **must** be in the same financial year.

Which financial year is the applicant applying for?

1 July 20 \_\_\_\_ to 30 June 20 \_\_\_\_

**20** Is the applicant leaving Australia permanently before the end of the current financial year?

No

Yes  Expected departure date

## Checklist

**21** Before submitting an application make sure that:

A separate application is lodged for each financial year (if applicable)

All questions in the form have been completed

The application form has been signed and dated

Which of the following documents are you providing with this application?

A certified copy of the photo page of the applicant's passport

A certified copy of evidence of a Health Insurance card or equivalent health/medical insurance card or letter showing expiry date (if you answered *Yes* at **question 15**)

A letter/email from the Department of Immigration and Border Protection confirming application for permanent residency lodgment date(s) (if you answered *Yes* at **question 17A**)

A copy of a letter/email from the Department of Immigration and Border Protection confirming the application for permanent residency has been either approved, withdrawn or refused (if you answered *No* at **question 17B**)

A copy of a letter/email from the Migration Review Tribunal confirming an appeal has been lodged (if you answered *Yes* at **question 17D**)

## Privacy notice

**22** 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 where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy)

## Declaration

**23** I declare that:

- I have attached all relevant evidence and forms.
- the information I have provided in this form is complete and correct.
- for the period(s) specified in question 19, I was a resident of Australia for taxation purposes, and at the same time I was **not eligible** for Medicare benefits, nor Medicare benefits under a Reciprocal Health Care Agreement.

**I understand that:**

- giving false or misleading information is a serious offence.
- information regarding this application is exchanged between the Australian Government Department of Human Services and the Australian Taxation Office.

Applicant's signature



Date

/ /