

Notification of a deceased person

When to use this form

Complete this form to notify the Australian Government Department of Human Services of a deceased person. We will use this information to update our records.

It is an offence under the *Health Insurance Act 1973* to make a false or misleading statement relating to Medicare.

For more information

For more information about the Medicare program go to humanservices.gov.au/medicare or email medicare@humanservices.gov.au or call **132 011** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- 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

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

Department of Human Services
GPO Box 9822
in your capital city

or visit your local Medicare Service Centre.

Notifier's details

1 Medicare card number

- - Ref no.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

3 Relationship to deceased person

4 Daytime phone number

5 Email

@

6 Is the deceased person listed on your Medicare card?

No

Yes Go to 12

Cardholder details

7 Medicare card number

- - Ref no.

8 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

9 Relationship to deceased person

10 Daytime phone number

11 Email

@

12 Are there other people listed on the card?

No Go to 13

Yes Provide names of person(s) listed on the Medicare card.

1

2

3

4



Attach a separate sheet if there are more than 4 people listed on the card.

Deceased person's details

13 Medicare card number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Ref no.	<input type="text"/>
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14 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

15 Date of birth

16 Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

17 Date of death

Declaration

18 I declare that:

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

I understand that:

- giving false or misleading information is a serious offence.

Notifier's 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 or requesting a copy of the full privacy policy at one of our Service Centres.