

## Medicare Card Information Form

IMAN Australian Health Plans (IMAN) membership

No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

If you, or a member of your family, are holders of a current Reciprocal or Interim Medicare Card, please provide details.

Please complete Medicare Card Information:

Medicare Card Type:  Reciprocal  Interim

My full name as it appears on my Medicare Card: \_\_\_\_\_

My residential address: \_\_\_\_\_  
\_\_\_\_\_

Medicare Card No: \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_ / \_\_\_

Please list all family members who are listed on this Medicare Card: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your spouse/partner is a holder of a different, current Reciprocal or Interim Medicare Card, please complete this section:**

Medicare Card Type:  Reciprocal  Interim

My spouse/partner's full name as it appears on their Medicare Card:  
\_\_\_\_\_

Medicare Card No: \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_ / \_\_\_

Please list all family members who are listed on this Medicare Card: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_