

Application to receive or change the Australian Government Rebate on Private Health Insurance as a reduced premium

Claimant's Details

Important Information

- Complete this form and lodge it with your health fund to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.
- Use block letters and black pen ONLY to complete this application.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.
- Policy holders must nominate the level of rebate they believe they are entitled to.

	Base Tier	Tier 1	Tier 2	Tier 3
Singles	under \$84,000	\$84,001 to \$97,000	\$97,001 to \$130,000	over \$130,001
Family/Couples*	under \$168,000	\$168,001 to \$194,000	\$194,001 to \$260,000	over \$260,001
Aged under 65	30%	20%	10%	0%
Aged 65-69	35%	25%	15%	0%
Aged 70+	40%	30%	20%	0%

- * Income thresholds increase by \$1500 for every child after the first
- If a policy holder claims a rebate level above their actual entitlement a recovery of monies will occur through the Australian Taxation Office (ATO) as a tax debt.
- If a policy holder claims a rebate level below their actual entitlement a refund will occur through the ATO as a tax credit.
- If at any stage you wish to stop receiving or wish to nominate a new income tier for the Australian Government Rebate on Private Health Insurance as a reduced premium, you must notify your health fund as soon as possible.

Assistance

If you need assistance in completing this form or require more information on Medicare eligibility visit any of our Service Centres or call **132 011. Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

Lodgement

Send completed and signed form to your nominated health fund.

Tick where applicable **☑**

Oil	amant 3 Details				
1	Name of Private Health Fund				
2	Membership Number				
3	Are you covered by this policy?				
No	Employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.				
Ye	Date premium reduction to commence				
	/ /				
4	Medicare Number				
Me	dicare card valid to:				
	/				
5	Family Name				
	Turniy Name				
	Given Name(s)				
	aven vanie(s)				
6	Address				
	Postcode				
7	Postal Address (if different from above)				
	Postcode				
8	Work Phone Number				
()				
9	Date of Birth				
	/ /				
10	Sex				
Ma	le Female				

Details of People Covered by Policy Note: Provide details of all people covered by the policy (do not include yourself). Attach a separate sheet(s) to identify additional people covered by the policy if there is insufficient space on this form. Person One 11 Family Name Given Name(s) Date of Birth Sex: Male Female Dependant Child: No **Person Two** 12 Family Name Given Name(s) Date of Birth Sex: Male Female Dependant Child: No **Person Three** 13 Family Name Given Name(s) Date of Birth Sex: Male Female Dependant Child: No Yes **Person Four** 14 Family Name Given Name(s) Date of Birth Sex: Male Female Dependant Child: No

Person Five
15 Family Name
Given Name(s)
Date of Birth
1 1
, ,
Sex: Male Female
Dependant Child: No Yes Yes
16 Are all of the people on this policy listed on a Medicare card or entitled to a Medicare card?
Note: You are entitled to a Medicare card if: you are a person who lives in Australia; and you are an Australian citizen; or a holder of a permanent resident visa; or a New Zealand citizen; or in some cases an applicant for a permanent resident visa.
No Yes
17 Level of rebate (see important information on page 1 for rebate level details)
Base Tier
Tier 1
Tier 2
Tier 3
Declaration
18 I declare that: • the information I have provided is correct I understand: • that there are penalties for giving false or misleading information
Signature Signat
∠ D
Date
/ /
Privacy Note
Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family

Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments.

Your information is used for the assessment and administration of payments and services and may also be used within Human Services, or disclosed to other parties or agencies, 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.