

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

## Purpose of this form

- Complete this form and lodge it with your health fund to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.
- 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 income tier they believe they are entitled to.

	Base Tier	Tier 1	Tier 2	Tier 3
<b>Singles</b>	\$90 000 or less	\$90 001 to \$105 000	\$105 001 to \$140 000	\$140 001 or more
<b>Family/ Couples*</b>	\$180 000 or less	\$180 001 to \$210 000	\$210 001 to \$280 000	\$280 001 or more

\* Income thresholds increase by \$1500 for every child after the first.

- If a policy holder claims an income tier 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 an income tier 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.

## For more information

For more information about the Australian Government Rebate on Private Health Insurance, go to our website [humanservices.gov.au/privatehealth](http://humanservices.gov.au/privatehealth)

If you need assistance completing this form, visit a Medicare Service Centre or call **132 011**.

**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 X

## 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 and signed form to your nominated health fund.

## Claimant's details

1 Name of private health fund

2 Health fund membership number

3 Are you covered by the policy?

No  Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.

Yes  Date premium reduction to commence

4 Medicare card number

Ref no.

Medicare card valid to:

5 Family name

Given name(s)

6 Permanent address

  

---

  

---

Postcode

7 Postal address (if different to above)

  

---

  

---

Postcode

8 Daytime phone number

9 Date of birth

10 Sex

- Male   
Female   
Other

## Details of people covered by the policy

11 Provide details of all people covered by the policy (do not include yourself)

### Person 1

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>
Sex	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>
Dependent child	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

### Person 2

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>
Sex	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>
Dependent child	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

### Person 3

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>
Sex	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>
Dependent child	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

### Person 4

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>
Sex	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>
Dependent child	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

### Person 5

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>
Sex	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>
Dependent child	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>



If there are more people covered by the policy, attach a separate sheet with details.

12 Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, **and**
- an Australian citizen, **or**
- a holder of a permanent resident visa, **or**
- a New Zealand citizen, **or**
- an applicant for a permanent resident visa.

No

Yes

13 Income tier (see table on page 1 for income tier details)

Base Tier

Tier 1

Tier 2

Tier 3

## Privacy notice

---

- 14** 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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Claimant's declaration

---

**15 I declare that:**

- the information I have provided in this form is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.

Claimant's signature



Date

/ /

Please check this box to indicate you have read and understood the declaration