

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



Purpose of this form

- Complete this form 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.

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.

Are you covered by the policy?

Yes 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.

Are all people on the policy eligible for Medicare?

Yes No

Income tier

Policy holders must nominate the income tier they believe they are entitled to.

	Base Tier	Tier 1	Tier 2	Tier 3
Singles	\$101,000 or less	\$101,001 to \$118,000	\$118,001 to \$158,000	\$158,001 or more
Family/Couples*	\$202,000 or less	\$202,001 to \$236,000	\$236,001 to \$316,000	\$316,001 or more

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

Information correct as at 16 June 2025

Need help? Call us on **1300 134 060** email hello@hif.com.au

Health Insurance Fund of Australia Ltd (HIF) ACN 128 302 161 | An Australian public company limited by guarantee. | A registered private health insurer.

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Applicant's details

Member number:

Date premium reduction to commence (this is the date we would apply changes to your membership):

(dd/mm/yyyy)

What colour is your Medicare card?

Green

Yellow

Blue

Medicare card number

—

Reference number

—

Valid to (dd/mm/yyyy):

Family name:

Given name(s):

Permanent address:

Postcode:

Postal address:

(if different from above)

Postcode:

Telephone:

Mobile:

Date of Birth:

Sex:

Male

Female

Other

Details of people covered by the policy

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

Person 1

Family name:

Given name(s):

Date of Birth:

Sex:

Male

Female

Other

Dependent child:

Yes

No

What colour is their Medicare card?

Green

Yellow

Blue

Medicare card number

—

Reference number

—

Valid to (dd/mm/yyyy):

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Person 2

Family name: _____ Given name(s): _____
Date of Birth: _____ Sex: Male Female Other
Dependent child: Yes No

What colour is their Medicare card?

Green Yellow Blue

Medicare card number _____ **Reference number** _____ **Valid to (dd/mm/yyyy):** _____

Person 3

Family name: _____ Given name(s): _____
Date of Birth: _____ Sex: Male Female Other
Dependent child: Yes No

What colour is their Medicare card?

Green Yellow Blue

Medicare card number _____ **Reference number** _____ **Valid to (dd/mm/yyyy):** _____

Person 4

Family name: _____ Given name(s): _____
Date of Birth: _____ Sex: Male Female Other
Dependent child: Yes No

What colour is their Medicare card?

Green Yellow Blue

Medicare card number _____ **Reference number** _____ **Valid to (dd/mm/yyyy):** _____

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Person 5

Family name: _____ Given name(s): _____
Date of Birth: _____ Sex: Male Female Other
Dependent child: Yes No

What colour is their Medicare card?

Green Yellow Blue

Medicare card number _____ Reference number _____ Valid to (dd/mm/yyyy): _____

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

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy.

Applicant's declaration

Do you declare that the information that you have provided is complete and correct? Yes

Do you understand that giving false or misleading information is a serious offence? Yes

Signature: _____ Date: _____
Type your full name here to sign electronically. (dd/mm/yyyy)

I confirm that the typed signature above is mine.

Once you have completed the form, please email it to us at rebate@hif.com.au or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847

Privacy Collection Statement

At HIF we comply with the *Privacy Act 1988* to ensure that your personal (including sensitive) information is protected. HIF collects your personal (including sensitive) information to provide you with private health insurance services. If you choose not to share this information with us, we may not be able to provide you with such services. To perform private health insurance services, such as paying benefits, HIF may disclose your personal information to persons or organisations within Australia.

HIF collects, uses, and discloses your personal information in accordance with our Privacy Policy and the Private Health Insurance Collection Statement at hif.com.au/privacy which explains how HIF handles your personal information. This includes information on acknowledgement and consent, how we may collect, use and share your personal information, how to access your personal information and correct it when it is wrong, and how to make a privacy related complaint and how we will respond to it.

If you would like a copy of our Privacy Policy, need more information, or have a privacy concern, you can call **1300 134 060**, email privacyofficer@hif.com.au, or mail HIF's Privacy Officer at GPO Box X2221, Perth WA 6847.