

# 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	\$90 000 or less	\$90 001 to \$105 000	\$105 001 to \$140 000	\$140 001 or more
Family/Couples*	\$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.

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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):

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—

Family name:

Given name(s):

Permanent address:

Postcode:

Postal address:

(if different from above)

Postcode:

Telephone:

Mobile:

Date of Birth:

Sex:

Male

Female

Other

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## 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): \_\_\_\_\_

### 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): \_\_\_\_\_

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## 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): \_\_\_\_\_

## 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 notice

Your information may be provided to the Australian Government Department of Human Services. The Department of Human Services uses this information for administering the Australian Government Rebate on private health insurance as a reduced premium. The collection of this information is permitted by the *Privacy Act 1988*. The Department of Human Services may disclose this information to other Commonwealth departments or agencies, anyone who you have agreed to have your information or other parties where the release is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the Department of Human Services will manage your personal information, including its privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy).

## Applicant's declaration

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

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

Yes

Signature:

Type your full name here to sign electronically.

Date:

(dd/mm/yyyy)

I confirm that the typed signature above is mine.