



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

## 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.

	No change	Tier 1	Tier 2	Tier 3
<b>Singles</b>	under \$84 000	\$84 001 to \$97 000	\$97 001 to \$130 000	over \$130 001
<b>Family/ Couples*</b>	under \$168 000	\$168 001 to \$194 000	\$194 001 to \$260 000	over \$260 001
<b>Aged under 65</b>	30%	20%	10%	0%
<b>Aged 65–69</b>	35%	25%	15%	0%
<b>Aged 70+</b>	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

## Claimant's 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.

Yes  Date premium reduction to commence.

 /  / 

4 Medicare number

Medicare card valid to:

 / 

5 Family name

Given name(s)

6 Address

  
  
 Postcode

7 Postal address (if different to above)

  
  
 Postcode

8 Work phone number

 ( )

9 Date of birth

 /  / 

10 Sex

Male

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

Yes

### Person two

12 Family name

Given name(s)

Date of birth

Sex

Male

Female

Dependant child

No

Yes

### 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

Yes

### Person five

15 Family name

Given name(s)

Date of birth

Sex

Male

Female

Dependant child

No

Yes

**16** Are all the people on the 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)

No change

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

Date

## Privacy note

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](https://humanservices.gov.au/privacy) or requesting a copy of the full privacy policy at one of our Service Centres.