

Application for exemption from Lifetime Health Cover Loading



If you believe you might be eligible for an exemption from the Lifetime Health Cover loading, please complete the table below and provide the supporting documents needed so we can assess your application. If you are unsure if you are eligible for an exemption please email hello@hif.com.au or call us on **1300 134 060**.

Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Exemption information

Tick one	Your circumstances	Supporting document/s required
	<p>Previous health insurance cover I took out/had private hospital cover before 1 July after my 31st birthday or I have already served my 10-year LHC loading period</p> <p>Please note: If you have cancelled your hospital cover and used up all your 'permitted days without hospital cover' (1094 days of absence), LHC loading is to be applied (your previous loading back, plus 2% for each further year beyond the permitted periods without hospital cover).</p>	<p>Transfer Certificate from your previous health insurer/s. Contact your previous health insurer/s and request for a Transfer Certificate</p>
	<p>Australian citizen or permanent resident returning from overseas</p> <p>I was aged over 31 and overseas on 1 July 2000 and intend to join/have joined hospital cover since my return to Australia</p>	<p>International Movement Record. Contact the Department of Home Affairs on 131 881 or visit homeaffairs.gov.au to obtain Form 1359</p>
	<p>I turned 31 after 1 July 2000 and was overseas on 1 July following my 31st birthday and I intend to join/have joined hospital cover since my return to Australia</p>	<p>International Movement Record. Contact the Department of Home Affairs on 131 881 or visit homeaffairs.gov.au to obtain Form 1359</p>
	<p>I registered for Medicare (green/blue Medicare card) on or after 1 July 2009 and I was overseas on the first anniversary of my Medicare registration date. I intend/have joined hospital cover within a year of my return to Australia</p>	<p>International Movement Record and Medicare registration date letter from Medicare. Contact the Department of Home Affairs on 131 881 or visit homeaffairs.gov.au to obtain Form 1359. For the Medicare registration date letter, visit an Australian Medicare office or call 132 011</p>
	<p>Please note: A person is considered to have returned from overseas if they return and remain in Australia for a period of 90 consecutive days or more. From 1 July 2016, Norfolk Island is considered part of Australia rather than overseas</p>	

More options overleaf...

Tick one	Your circumstances	Supporting document/s required
	Veterans' Affairs Gold Card holder I hold or have held a Department of Veterans' Affairs Gold Card after 30 June 1999	Written evidence of the period of time you have held a Gold Card. Contact the Department of Veterans' Affairs on 1800 VETERAN (1800 838 372)
	Ex-Australian Defence Force personnel I am an ex-member of the Australian Defence Force	Discharge Certificate or a Certificate of Service Contact the Department of Defence on 1300 333 362
	New Australian migrants I intend to join/have joined hospital cover within a year of registering for full Medicare benefits (green/blue Medicare card) Please note: If you were over 31 and living on Norfolk Island on 1 July 2016, you need to have joined hospital cover by 1 July 2017 to avoid paying the Lifetime Health Cover loading	Medicare registration date letter from Medicare. Visit an Australian Medicare office or call 132 011
	Non-resident I am not eligible for full Medicare benefits (green/blue Medicare card)	If you are from a Reciprocal Healthcare Country. A copy of your yellow (Reciprocal) Medicare card If you are not from a Reciprocal Healthcare Country. A copy of the letter/email issued to you by the Department of Home Affairs.
	Other I don't think any of the above circumstances apply to me.	Documents to support your circumstance/s. This may include a Transfer Certificate from a previous health insurer, International Movement Record from DHA, and/or Medicare registration date letter from Medicare

Once you have completed the form, please email it and all of your supporting documents to us at hello@hif.com.au or mail to:

Health Insurance Fund of Australia
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.