

Application to receive the Federal Government Rebate on private health insurance as a reduced premium

Please read the instructions overleaf before completing this form.

1 Applicant's details

Title	Full name	Membership number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postal address		Residential address (if different)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Contact phone number/s		Date of birth
<input style="width: 100%;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

2 *Important: if your Medicare card is out of date, you cannot proceed with this application until you have obtained a new card from Medicare.*

Your Medicare card no.

 Valid to

Your name *exactly* as it appears on your Medicare card

Are you covered by the membership? Yes No *> You may register for this scheme even if the membership is only for your dependent child and you are the parent of that child.*

Date premium reduction to commence
 /

 /

3 All people covered by the membership (excluding you)

Note: attach a separate sheet if there is not enough space on this form.

Member	Given names	Family name	Date of birth	Sex	Dependent child
1.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Are all the persons on the membership listed on a Medicare card or entitled to a Medicare card? Yes No

4 Declaration

I declare that the information provided is correct.
 I understand that there are penalties for giving false or misleading information.

Signature

X

Date
 /

 /

The information provided by you on this form will be used for the purposes of registering you for the Federal Government Rebate on private health insurance. Its collection is authorised by law, and information collected may be disclosed to the Department of Health and Ageing, Medicare Australia and the Australian Taxation Office.

How to complete the form overleaf

- Please use a black pen and write in BLOCK LETTERS.
- All people on your membership must be listed on a Medicare card or be entitled to a Medicare card for you to receive the Rebate.
- You must have a current Medicare card. If your Medicare card is out of date, you cannot proceed with this application until you have obtained a new card from Medicare.
- Place a cross (X) in the appropriate box.

Important information about the Federal Government Rebate

If you are aged under 65 years, you are eligible to receive the 30% rebate on your premium.

If either you or a person covered by your policy are aged 65 to 69 years, then you are eligible to receive the 35% rebate on your premium.

If either you or a person covered by your policy are aged 70 years and over, then you are eligible to receive the 40% rebate on your premium.

There are Savings Provisions that apply to ensure that people remaining on a membership that has been eligible for the 35% or 40% rebate do not have their rebate amount reduced to 30% when the person aged 65 years or over leaves or cancels the policy.

If you believe a higher rebate applies to you when transferring from another fund, it is essential that we receive a Savings Provision Clearance Certificate from your previous fund.

If you have any questions about how the rebate will affect your membership, please contact us.

Step 1 Complete the form with up-to-date information.

Step 2 Enter your Medicare card details and date valid to. Nominate a date for when the premium reduction is to commence.

Note: you are entitled to a Medicare card if you live in Australia and:

- you are an Australian citizen; or
- you are a holder of a permanent resident visa; or
- you are a New Zealand citizen; or
- you are a resident of a country with which Australia has a reciprocal health care arrangement.

Enquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011 for the cost of a local call.

Step 3 Verify that all persons on your membership are listed on a Medicare card or are entitled to a Medicare card.

Note: a child is a dependant if:

- the child is under the age of 21, or a full-time student under the age of 25;
- the child is covered by your insurance policy and your health fund accepts the child as a dependent child on the policy;
- the child is not a partner of another person.

Step 4 Sign and date the form and post it back to us in the reply paid envelope provided.