

Purpose of this form

- Complete this form and lodge it with your health fund 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.
- Policy holders must nominate the income tier they believe they are entitled to. Below are the 2023-24 income thresholds.

	Base Tier	Tier 1	Tier 2	Tier 3
<b>Singles</b>	\$93 000 or less	\$93 001 to \$108 000	\$108 001 to \$144 000	\$144 001 or more
<b>Family/ Couples*</b>	\$186 000 or less	\$186 001 to \$216 000	\$216 001 to \$288 000	\$288 001 or more

- \*Income thresholds increase by \$1500 for every child after the first.
- If a policy holder claims an income tier 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 an income tier 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.

For more information

For more information about the Australian Government Rebate on Private Health Insurance, go to [privatehealth.gov.au](https://privatehealth.gov.au)

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or ✗

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.  
Send the completed and signed form to your nominated health fund.

Claimant's details

1

Name of private health fund

2

Health fund membership number

3

Are you covered by the policy?

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.

Yes ☐ Date premium reduction to commence

/

/

4

Medicare card number

Ref no. ☐

Medicare card valid to:

/

Medicare card colour:

OR Interim or Reciprocal Health Care Agreements card valid to:

/

/

5

Family name

Given name(s)

6

Permanent address

Postcode

7

Postal address (if different to above)

Postcode

8

Daytime phone number

(

)

9

Date of birth

/

/

10

Gender

Male

☐

Female

☐

Not specified

☐

## Details of people covered by the policy

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

### Person 1

Family name	
<input type="text"/>	
Given name(s)	
<input type="text"/>	
Date of birth	Medicare card colour:
<input type="text"/>	<input type="text"/>
Gender	Medicare card valid to:
Male <input type="checkbox"/>	<input type="text"/>
Female <input type="checkbox"/>	
Not specified <input type="checkbox"/>	
Dependent child	<b>OR</b> Interim or Reciprocal Health Care Agreements card valid to:
No <input type="checkbox"/>	<input type="text"/>
Yes <input type="checkbox"/>	

### Person 2

Family name	
<input type="text"/>	
Given name(s)	
<input type="text"/>	
Date of birth	Medicare card colour:
<input type="text"/>	<input type="text"/>
Gender	Medicare card valid to:
Male <input type="checkbox"/>	<input type="text"/>
Female <input type="checkbox"/>	
Not specified <input type="checkbox"/>	
Dependent child	<b>OR</b> Interim or Reciprocal Health Care Agreements card valid to:
No <input type="checkbox"/>	<input type="text"/>
Yes <input type="checkbox"/>	

### Person 3

Family name	
<input type="text"/>	
Given name(s)	
<input type="text"/>	
Date of birth	Medicare card colour:
<input type="text"/>	<input type="text"/>
Gender	Medicare card valid to:
Male <input type="checkbox"/>	<input type="text"/>
Female <input type="checkbox"/>	
Not specified <input type="checkbox"/>	
Dependent child	<b>OR</b> Interim or Reciprocal Health Care Agreements card valid to:
No <input type="checkbox"/>	<input type="text"/>
Yes <input type="checkbox"/>	

### Person 4

Family name	
<input type="text"/>	
Given name(s)	
<input type="text"/>	
Date of birth	Medicare card colour:
<input type="text"/>	<input type="text"/>
Gender	Medicare card valid to:
Male <input type="checkbox"/>	<input type="text"/>
Female <input type="checkbox"/>	
Not specified <input type="checkbox"/>	
Dependent child	<b>OR</b> Interim or Reciprocal Health Care Agreements card valid to:
No <input type="checkbox"/>	<input type="text"/>
Yes <input type="checkbox"/>	

### Person 5

Family name	
<input type="text"/>	
Given name(s)	
<input type="text"/>	
Date of birth	Medicare card colour:
<input type="text"/>	<input type="text"/>
Gender	Medicare card valid to:
Male <input type="checkbox"/>	<input type="text"/>
Female <input type="checkbox"/>	
Not specified <input type="checkbox"/>	
Dependent child	<b>OR</b> Interim or Reciprocal Health Care Agreements card valid to:
No <input type="checkbox"/>	<input type="text"/>
Yes <input type="checkbox"/>	



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

- 12** Are all people on the policy eligible for Medicare?

No ☐  
Yes ☐

- 13** Income tier (see table on page 1 for income tier details)

Base Tier ☐  
Tier 1 ☐  
Tier 2 ☐  
Tier 3 ☐

Privacy Notice

14 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](https://servicesaustralia.gov.au/privacy).

Claimant's declaration

15 By signing below you agree to the following 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?

Claimant's signature



Date

/ /