

# Rebate Tier Nomination

HealthPartners

Use this form to change your level of rebate percentage. Simply tick which rebate tier applies to you and we will do the rest. This nomination is for the entire membership and applies to all adults covered by the policy. For more information visit [healthpartners.com.au/health-insurance/rebate](http://healthpartners.com.au/health-insurance/rebate)

## Member details

Member number

Name (first name)

(surname)

Address

Postcode

Phone

Email

Medicare number

## Rebate level

I would like to nominate the following rebate percentage entitlement for my membership.

Under 65

Base Tier (singles earning \$90,000 or less/families earning \$180,000 or less)

65-69

Tier 1 (singles earning \$90,001 to \$105,000/families earning \$180,001 to \$210,000)

70 and over

Tier 2 (singles earning \$105,001 to \$140,000/families earning \$210,001 to \$280,000)

Tier 3 (singles earning \$140,001 or more/families earning \$280,001 or more)

**Note:** Single parents and couples (including de facto couples) are subject to the family tiers. For families with children, the thresholds are increased by \$1,500 for each child after the first.

## Tax return

The following information is required for Tax purposes if there is another adult on your membership not at the above address.

Name (first name)

(surname)

Residential address

Postcode

Postal address (if different to above)

Postcode

## Declaration

- I declare that I am the policyholder or authorised to sign this application as the legal representative or as a holder of a Delegation of Authority on the policy. I understand this change will be made effective from the date received by Health Partners or the future date specified.

Signature

Date

/ /

(Current or future date only)

Changes to Rebate Tiers are unlimited and can be made at any time using this form. Income details are not required at time of notifying eligible Rebate Tier. Premium amounts will vary depending on Rebate Tier.