

Rebate Tier Nomination

Health Partners

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

Policyholder details

Member number

First name (as it appears on your Medicare Card)

Surname

Address

Postcode

Phone

Email

Medicare card number

Expiry date

/

Your name as it appears on your Medicare card

IRN (no. next to your name)

OR Interim or Reciprocal Health Care Agreements Card

Expiry date

/

/

Rebate level

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

Age

☐ Under 65

☐ 65-69

☐ 70 and over

2023/24 income thresholds

☐ Base Tier (singles earning \$93,000 or less/couples or families earning \$186,000 or less)

☐ Tier 1 (singles earning \$93,001 to \$108,000/couples or families earning \$186,001 to \$216,000)

☐ Tier 2 (singles earning \$108,001 to \$144,000/couples or families earning \$216,001 to \$288,000)

☐ Tier 3 (singles earning \$144,001 or more/couples or families earning \$288,001 or more)

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.

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 applied from the date received and will take effect the next full pay period 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.