



## Application to receive the Federal Government 30% Rebate as a reduced premium

### Important information

- Complete this form and lodge it with your health fund to receive the Federal Government 30% Rebate as a reduced premium.
- Use block letters and **black pen ONLY** to complete this application.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.
- If at any stage you wish to stop receiving the Federal Government 30% Rebate as a reduced premium, you must notify your health fund as soon as possible.

### Assistance

If you need assistance in completing this form or require more information on Medicare eligibility: visit any Medicare office call Medicare on **132 011 (call charges apply)**.

### Lodgement

Send completed and signed form to your nominated health fund.

Tick where applicable

### Claimant's details

1 Name of private health fund

2 Membership number

3 Are you covered by this policy?

No  Employers and trustees of organisations cannot claim the Federal Government 30% Rebate on policies paid on behalf of employees.

Yes  Date premium reduction to commence.

 /  / 

4 Medicare number

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Medicare card valid to:

 / 

5 Family name

Given name(s)

6 Address

  
  
 Postcode

7 Postal address (if different to above)

  
  
 Postcode

8 Work phone number

 ( )

9 Date of birth

 /  / 

10 Sex

Male

Female

### Details of people covered by policy

**Note:** provide details of all people covered by the policy (do not include yourself). Attach a separate sheet(s) to identify additional people covered by the policy if there is insufficient space on this form.

### Person one

11 Family name

Given name(s)

Date of birth

 /  / 

Sex

Male

Female

Dependant child

No

Yes

## Person two

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### 12 Family name

Given name(s)

Date of birth

Sex

Male

Female

Dependant child

No

Yes

## Person three

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### 13 Family name

Given name(s)

Date of birth

Sex

Male

Female

Dependant child

No

Yes

## Person four

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### 14 Family name

Given name(s)

Date of birth

Sex

Male

Female

Dependant child

No

Yes

## Person five

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### 15 Family name

Given name(s)

Date of birth

Sex

Male

Female

Dependant child

No

Yes

### 16 Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

**Note:** you are entitled to a Medicare card if:

- you are a person who lives in Australia; and
- you are an Australian citizen; or
- a holder of a permanent resident visa; or
- a New Zealand citizen; or, in some cases an applicant for a permanent resident visa.

No

Yes

## Declaration

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### 17 I declare that:

- the information I have provided is correct.

### I understand:

- that there are penalties for giving false or misleading information.

Signature

Date

## Privacy note

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The information provided on this form will be used for the purpose of registering you for the Federal Government 30% Rebate.

Its collection is authorised by *Private Health Insurance Act, 2007* and *Private Health Insurance Incentives Act, 1998*. This information may be disclosed to the Department of Health and Ageing, Medicare Australia and the Australian Taxation Office or as authorised or required by law.