SECTION E: Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium

1. Would	l you like to part	icipate in t	he Australian Government R	ebate on private he	alth insuran	ce by reducing you	r premium?		
Yes	○ No > g	o to Questio	on 2						
Introduc	tion								
• This fo	orm may be provid		stralian Government for the pur as a reduced premium	pose of applying to re	eceive or chang	ge the Australian Gov	ernment		
 All the 	people listed on t	the policy mu	ust be eligible to claim Medicare	for you to receive the	e rebate as a re	duced premium.			
 Policy 	holders must non	ninate the in	come tier to which they believe	they are entitled.					
	licy holder claims (ATO) as a tax deb		er above their actual entitlemer	nt, a recovery of monie	es will occur th	rough the Australian	Taxation		
• If a po	licy holder claims	an income ti	er below their actual entitlemer	nt, a refund will occur	through the A	TO as a tax credit.			
Insura	nce as a reduced p		ving or wish to nominate a new u must notify your health fund a		stralian Gover	nment Rebate on Priv	ate Health		
For more Questions	s about Medicare e	eligibility can	an Government Rebate on Privat be made at any Human Services comer/services/medicare/medic	'Service Centre or by	o to humansen calling 132 011	vices.gov.au/privatehe or go to:	ealth		
Note: Cal	l charges apply – c	alls from mo	bile phones may be charged at	a higher rate.					
Claiman	t's details			Details of neonle	covered by t	he nolicy			
Name of	private health fu	nd		Details of people covered by the policy					
CBHS CORPORATE HEALTH				Provide details of all people covered by the policy					
Health fu	ınd membership	number (if n	ew member leave blank)	(do not include yourself)					
				Person 1					
Are you o	covered by the po	licy?		Surname					
O No		Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers		Given name(s)					
				Date of birth Gender					
		and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on			Male	Female			
	policies paid c			Dependant child	No	Yes			
Yes Date premium reduction to commence			o commence	Person 2					
				Surname					
Medicare	card number			Given name(s)					
		-	-	Date of birth					
	Expiry	/	Ref no.	Gender	Male	Female			
Surname	(Full name as it a	ppears on yo	our Medicare card)	Dependant child	No	Yes			
				Person 3					
Given na	Given name(s) (Full name as it appears on your Medicare card)			Surname					
				Given name(s)					
Permanent address			Date of birth						
Address L	line 1			Gender	Male	Female			
Suburb/T	own			Dependant child	No	Yes			
State/Ter	ritory		Postcode	Person 4					
Postal ac	ldress (same as a	bove ()		Surname					
Address L	line 1			Given name(s)					
Suburb/T	own			Date of birth					
State/Ter	ritory		Postcode	Gender	Male	Female			
Daytime _l	phone			Dependant child	No	Yes			

Date of birth

Gender Male Female

SECTION E: Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium

Person 5 Surname Given name(s) Date of birth Gender Male Female Dependant child No Yes

Details of people covered by the policy (continued)

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

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

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, and
- an Australian citizen, or
- a holder of a permanent resident visa, or
- · a New Zealand citizen, or
- an applicant for a permanent resident visa.

() Yes	() No

Please selected your income tier:

	Base Tier	Tier 1	Tier 2	Tier 3
Singles	\$90 000	\$90 001 to	\$105 001 to	\$140 001 or
	or less	\$105 000	\$140 000	more
Family/	\$180 000	\$180 001 to	\$210 001 to	\$280 001
Couples*	or less	\$210 000	\$280 000	or more

Privacy notice

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at **www.humanservices.gov.au/privacy** or by requesting a copy from the department.

Claimant's declaration

I declare that:

• the information I have provided in this form is complete and correct.

I understand that:

• giving false or misleading information is a serious offence.

Claimant's Signature							
X							
Date		/		/		I	

