

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

Introduction

- Page 5 and 6 may be provided to the Australian Government for the purpose of applying to receive or change 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 to which they believe they are entitled.
- 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. Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011. If you are unsure whether you are eligible for Medicare, go to humanservices.gov.au/customer/services/medicare/medicare-card for more information.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Claimant's details

Name of private health fund

CBHS CORPORATE HEALTH

Health fund membership number (if new member leave blank)

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

Medicare card number

Expiry / / Ref no.

Surname (Full name as it appears on your Medicare card)

Given name(s) (Full name as it appears on your Medicare card)

Permanent address

Street

Suburb/Town

State/Territory Postcode

Postal address (same as above)

Street

Suburb/Town

State/Territory Postcode

Daytime phone ()

Date of birth / /

Gender Male Female

Details of people covered by the policy

Provide details of all people covered by the policy

(do not include yourself)

Person 1

Surname

Given name(s)

Date of birth / /

Gender Male Female

Dependant child No Yes

Person 2

Surname

Given name(s)

Date of birth / /

Gender Male Female

Dependant child No Yes

Person 3

Surname

Given name(s)

Date of birth / /

Gender Male Female

Dependant child No Yes

Person 4

Surname

Given name(s)

Date of birth / /

Gender Male Female

Dependant child No Yes

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Details of people covered by the policy (continued)

Person 5

Surname

Given name(s)

Date of birth / /

Gender Male Female

Dependant child No Yes



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?

Yes No

Please selected your income tier:

	<input type="radio"/> Base Tier	<input type="radio"/> Tier 1	<input type="radio"/> Tier 2	<input type="radio"/> Tier 3
Singles	\$90 000 or less	\$90 001 to \$105 000	\$105 001 to \$140 000	\$140 001 or more
Family/ Couples	\$180 000 or less	\$180 001 to \$210 000	\$210 001 to \$280 000	\$280 001 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 where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including their privacy policy, at www.humanservices.gov.au/privacy

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.

Please check this box to indicate you have read and understood the declaration.

Claimant's Signature

Date

 / /