



# Application to Receive the Federal Government 30% Rebate as a Reduced Premium

- Complete this registration form and lodge it with your health fund to receive the Federal Government 30% Rebate as a reduced premium.
- This application must be completed in black pen using block letters.
- 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.

Name of private health fund issuing the policy to which this application relates?

Membership number

Are you covered by this policy?

Yes

No



**Employers and trustees of organisations cannot claim the Federal Government 30% Rebate on policies paid on behalf of employees.**

Date premium reduction to commence

 /  / 

Your Medicare card details

Number

Valid to

 / 

Your full name as it appears on your Medicare card

Your current postal address

  

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Postcode

Your residential address (If same as above please write "as above")

  

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Postcode

Your day time phone number (should we need to contact you)

 ( )  work ( )  home

Your date of birth

 /  / 

Your sex

Male

Female

Details of all people covered by the policy (do not include yourself)

Family name	Given names	Date of birth	Sex	Dependant child
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?** Yes  No

**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.

**Any inquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011 for the cost of a local call.**

## Declaration

I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

**Signature**

Date  /  /

**Note:**

- Please check all sections of the form are complete and you have signed and dated the form.
- The completed form should be submitted to your private health insurance fund.

The information provided on this form will be used for the purposes of registering you for the Federal Government 30% Rebate. Its collection is authorised by law, and information collected may be disclosed to the Department of Health and Ageing, Medicare Australia and the Australian Taxation Office.