



Federal Government 30% Rebate Claim Form

Attach proof of payments

Section 1 Claimant details	Section 2 Claim details—Please attach your fund's receipt/statement.
<p>Name of the private health fund <input style="width: 90%;" type="text"/></p> <p>Health fund membership number <input style="width: 90%;" type="text"/></p> <p>Claimant's family name <input style="width: 90%;" type="text"/></p> <p>Claimant's first name <input style="width: 60%;" type="text"/> Second initial <input style="width: 10%;" type="text"/></p> <p>Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/></p> <p>Current residential address <input style="width: 90%;" type="text"/></p> <p><input style="width: 60%;" type="text"/> Postcode <input style="width: 10%;" type="text"/></p> <p>Daytime telephone number () <input style="width: 15%;" type="text"/></p> <p>Current postal address (if same as residential write 'as above') <input style="width: 90%;" type="text"/></p> <p><input style="width: 60%;" type="text"/> Postcode <input style="width: 10%;" type="text"/></p> <p>Were you a participant in the Private Health Insurance Incentives Scheme 1997 either through your health fund or by tax rebate? (see 9. reverse) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>1. Fund ID <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> (Three character identification code shown on your receipt)</p> <p>2. Period of cover <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> to <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> Premium paid \$ <input style="width: 10%;" type="text"/></p> <p><input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> to <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> Premium paid \$ <input style="width: 10%;" type="text"/></p> <p><input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> to <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> Premium paid \$ <input style="width: 10%;" type="text"/></p> <p>3. Type of cover: H Hospital <input type="checkbox"/> A Ancillary <input type="checkbox"/> B Both/combined <input type="checkbox"/></p> <p>4. Member type: F Family <input type="checkbox"/> S Single <input type="checkbox"/> C Couple <input type="checkbox"/> P Single parent <input type="checkbox"/></p>
Section 3 Claim agent's authority for claiming cash only	
<p>Only complete this section if authorising another person to collect the Federal Government 30% Rebate, in cash, on your behalf. Your agent may be asked to provide personal identification.</p> <p>Agent's name <input style="width: 90%;" type="text"/></p> <p>Agent's address <input style="width: 90%;" type="text"/></p> <p><input style="width: 60%;" type="text"/> Postcode <input style="width: 10%;" type="text"/></p> <p>Agent's signature <input style="width: 100px; height: 20px;" type="text"/> Claimant's signature <input style="width: 100px; height: 20px;" type="text"/></p>	

Section 4 Who is covered by this policy?							
(All the people covered by this policy must be eligible for Medicare—see point 8 on the reverse of this form. Generally people shown on a valid Medicare card are eligible.)							
Medicare card number	Person's ref. no. (see 10. reverse)	Dependant Y/N (see 4. reverse)	Family name	First name	Second initial	Date of birth	Cover end date (see 11. reverse)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>

Section 5 Claimant declaration	
<p>I declare to the best of my knowledge and belief that all the information contained on this claim form is true and correct.</p> <p>I further declare that the premium paid for this policy, as shown above, has not been reduced by the Federal Government 30% Rebate.</p> <p>I understand that there are penalties for giving false or misleading information.</p> <p>I authorise Medicare Australia to contact my private health fund for clarification of any details on this form or relating to this claim.</p>	<p>Claimant's signature <input style="width: 100%; height: 30px;" type="text"/></p> <p>Date <input style="width: 100px; height: 20px;" type="text"/></p>

1. The Federal Government 30% Rebate

Families and individuals who pay private health insurance premiums are eligible for the Federal Government 30% Rebate, provided the policy covers people eligible for Medicare.

The rebate is only available to members of a registered private health fund who hold hospital and/or ancillary private health insurance. Check your fund to see if they are registered.

2. Your options for claiming

There are three ways to claim the Federal Government 30% Rebate:

- premium reduction from your health fund (contact your health fund for further information)
- cash/cheque rebate from a Medicare office
- as part of your tax return as a refundable rebate from the Australian Taxation Office (ATO)—call the ATO on 132 862 for details.

3. How to claim cash/cheque rebate

If you have paid a private health fund premium, and want to claim the Federal Government 30% Rebate, please complete this form.

You can claim payment:

- in cash, up to a specified limit, from a Medicare office
- by cheque—cheques will be issued for mail claims sent to GPO Box 9822 or for claims left in the mail drop boxes at Medicare offices.

Please complete the Agent's authority if authorising another person to collect (in cash) the Federal Government 30% Rebate on your behalf.

Please attach all supporting documentation in relation to your claim.

4. Dependent child

A dependent child is accepted by the health fund as a dependent child for the purpose of the policy, but does not include:

- a person who is the partner of another person
- a person (other than a full-time student) who is 18 years of age or older
- a full-time student who is 25 years of age or older.

5. Privacy note

The information provided and the attached receipts will be used to help process this claim. Its collection is authorised by the *Private Health Insurance Incentives Act 1998*. This information may be disclosed to the ATO, Department of Health and Ageing, the Department of Human Services, the health fund nominated on this form or as authorised/required by law.

6. Proof of payment

Proof of payment, in the form of a receipt, specifying information from your private health fund is required by Medicare Australia to process your claim and must be attached to this form.

7. Notification requirements

If in relation to your claim:

- a) a matter, event, circumstance or change occurs that affects your entitlement to a payment for which a claim is made, or
- b) a change occurs in the premium, or in the amounts or frequency of the payments in respect of the premium, under the policy

you are required to notify Medicare Australia within 30 days after the occurrence of the matter, event, circumstance or change.

Note: If you fail to give such notice you may be guilty of an offence under the *Private Health Insurance Act 1998*. The maximum penalty for this offence is 60 penalty units (\$6,600 as at 1 January 2004).

8. Medicare eligibility

An eligible person is a person who resides in Australia and is an Australian citizen, the holder of a permanent resident visa, a New Zealand citizen, and in some cases, an applicant for a permanent resident visa.

Enquiries about Medicare eligibility can be made at any Medicare office or by calling Medicare on 132 011.

9. Private Health Insurance Incentives Scheme 1997

This refers to the premium reduction scheme offered by the Federal Government through health funds for the period 1/7/97 to 31/12/98.

10. Reference number

The reference number is the number located immediately before the person's name on a Medicare card.

11. Cover end date

The cover end date is only required for any person who ceased to be covered by the policy during the period of cover.

12. Enquiries

For information about the Federal Government 30% Rebate please call 1300 554 463, visit your local Medicare office or contact your private health fund.