

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



Important information

- Complete this form and lodge it with your health fund to receive 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 level of rebate they believe they are entitled to.

	Base Tier	Tier 1	Tier 2	Tier 3
Singles	under \$90 000	\$90 001 to \$105,000	\$105,001 to \$140,000	over \$140,001
Family/Couples*	under \$180,000	\$180,001 to \$210,000	\$210,001 to \$280,000	over \$280,001
Aged under 65	27.820%	18.547%	9.273%	0%
Aged 65-69	32.457%	23.184%	13.910%	0%
Aged 70+	37.094%	27.820%	18.547%	0%

*Income thresholds increase by \$1500 for every child after the first.

- If a policy holder claims a rebate level 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 a rebate level 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.

Assistance

If you need assistance in completing this form or require more information on Medicare eligibility visit any of our Service Centres or call 132 011.

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

Lodgement

Send completed and signed form to your nominated health fund.

Claimant's details

Name of private health fund: ACA Health

Office use only
Membership Number#

Are you covered by this policy?

Yes Date premium reduction to commence _____

No Employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.

Medicare card number# _____
Medicare card valid until: ____ / ____

Surname: _____ Given names: _____

Address: _____

Suburb: _____ Post code: _____ State: _____

Contact phone: _____ Date of Birth: _____ Gender: _____

Nominate your level of rebate

You must select a box.
(See table left for rebate level details)

- Base Tier
 Tier 1
 Tier 2
 Tier 3

Continue over page >>>

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.

Family Name	Given Names	Date of Birth	Gender	Dependant Child (Y/N)

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.

Yes

No

Declaration

I understand and declare that:

- the information I have provided on this form is correct
- there are penalties for giving false or misleading information

Signature:

Date:

Privacy note

Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services, or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law. You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.

Please return this form to ACA Health Benefits Fund

Post: Locked Bag 2014, Wahroonga, NSW 2076 Email: info@acahealth.com.au Fax: 02 9847 3357