

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	25.934%	17.289%	8.644%	0%
Aged 65-69	30.256%	21.612%	12.966%	0%
Aged 70+	34.579%	25.934%	17.289%	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 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.

Medicare card number _____ Ref No. _____
Medicare card valid until: ____ / ____

Your name as it appears on your Medicare card:

Surname: _____ Given names: _____

Address: _____

Suburb: _____ Post code: _____ State: _____

Daytime Phone Number: _____ Date of Birth: _____ Gender: _____

Postal address, if different from above:

Address: _____

Suburb: _____ Post code: _____ State: _____

Nominate your level of rebate

You must select a box. See the table on the 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)	Contact (Optional)

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

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.

Signature:

Date:

Privacy note

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.

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