

Government Rebate Application

Application to Receive The Australian Government Rebate on Private Health Insurance



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 \$105,000	\$105 001 to \$123,000	\$123,001 to \$164,000	over \$164,001
Family/Couples*	under \$210,000	\$210,001 to \$246,000	\$246,001 to \$328,000	over \$328,001
Aged under 65	24.118%	16.079%	8.038%	0%
Aged 65-69	28.139%	20.098%	12.058%	0%
Aged 70+	32.158%	24.118%	16.079%	0%

* Single parents and couples (including de facto couples) are subject to family tiers. For families with children the Income thresholds are increased by \$1,500 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

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.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate or go to: www.humanservices.gov.au/customer/services/medicare/medicare-card

Lodgement

Send a completed and signed form to your nominated health fund.

Claimant's Details

Name of Private Health Fund: **ACA Health Benefits Fund**

Office Use Only Membership Number#

Are you covered by the 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:

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

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.

Surname	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?
If you are unsure whether you are eligible for Medicare, go to www.humanservices.gov.au/customer/services/medicare/medicare-card for more information.

Are all people on the policy listed on a Medicare Card or entitled to a Medicare Card?

☐ Yes

☐ No

Declaration Note

I declare the information I have provided is complete and correct. I understand that giving false or misleading information is a serious offence.

Signature: x

Date:

Privacy and Your Personal Information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Please Return this Form Via:

Post

ACA Health Benefits Fund
Locked Bag 2014
Wahroonga NSW 2076

Email

info@acahealth.com.au