

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

When to use this form

Use this form to receive the Australian Government Rebate on Private Health Insurance as a reduced premium. Lodge this completed form with St.LukesHealth.

For more information

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 Australian Government Services Australia service centre or by calling **132 011**

Note: Call charges may apply.


Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.

1. Are all the people on the St.LukesHealth policy listed on a Medicare card or entitled to a Medicare card?

All people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

For more information about eligibility for Medicare, go to servicesaustralia.gov.au/individuals/services

No  *Individuals not eligible for Medicare cannot receive the Private Health Insurance rebate as a reduced premium. Do not progress with this application.*

Yes

Applicant's details

2. Name of private health insurance fund

3. Health fund membership number

4. Are you covered by the policy?

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.*

Yes ▶ *Date premium reduction to commence*

5. Medicare card number

Ref no.

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Medicare card valid to

 M M Y Y Y Y

OR

Interim or Reciprocal Health Care Agreements card valid to

 D D M M Y Y Y Y

6. Family name (as listed on your Medicare card)

First given name (as listed on your Medicare card)

7. Permanent address

 Postcode

8. Postal address (if different to above)

 Postcode

9. Daytime phone number

10. Date of birth

11. Gender

Male

Female

12. Nominate your income tier

Policy holders must nominate the income tier they believe they are entitled to.

If at any stage you want to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify St.LukesHealth.

For income tier thresholds, go to privatehealth.gov.au

Base Tier

Tier 1

Tier 2

Tier 3

Details of all the people covered by the policy

13. Provide details of all the people covered by the policy (do not include yourself)

Person 1

Family name (as listed on your/their Medicare card)

First given name (as listed on your/their Medicare card)

Date of birth

Gender

Male Female

Dependent child

No Yes

Person 2

Family name (as listed on your/their Medicare card)

First given name (as listed on your/their Medicare card)

Date of birth

Gender

Male Female

Dependent child

No Yes

Person 3

Family name (as listed on your/their Medicare card)

First given name (as listed on your/their Medicare card)

Date of birth

Gender

Male Female

Dependent child

No Yes

If there are more people covered by the policy, provide a separate sheet with details.

Privacy and your personal information

14. 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

Applicant's declaration

15. 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.

Applicant's signature

On completion, digitally sign or print and sign by hand

Date

RESET FORM

PRINT FORM

Returning your form

Send the completed form to St.LukesHealth