Application for the Federal Government 30% Rebate on private health insurance as a reduced premium

30% FEDERAL GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

Your health is all that matters. hbf

MAKING A CLAIM

– Complete this registration form to receive **the Federal Government 30% 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.
– If at any stage you wish to stop receiving the Federal Government 30% Rebate on private health insurance as a reduced premium, you must notify HBF as soon as possible.

1

Private Health Fund
HBF

Member Number (if known)

Are you covered by this policy? ☐ Yes ☐ No

(Employers and trustees of organisations cannot claim the Federal Government 30% Rebate on private health insurance on policies paid on behalf of employees.)

2 MEDICARE DETAILS

Medicare Number

Valid to M M / Y Y Y Y

Your date of birth D D M M Y Y

Your sex: ☐ Male ☐ Female

Your full name as it appears on your Medicare card

Your current postal address

Postcode

Your residential address (if same as above please write "as above")

Postcode

Your daytime phone number (Should we need to contact you)

Home phone

Business

Mobile

3 DETAILS OF ALL PEOPLE COVERED BY THE POLICY (Do not include yourself)

	Family Name	Given Names	Date of birth	Sex	Dependent child
1			D D M M Y Y	☐ Male ☐ Female	☐ Yes ☐ No
2			D D M M Y Y	☐ Male ☐ Female	☐ Yes ☐ No
3			D D M M Y Y	☐ Male ☐ Female	☐ Yes ☐ No
4			D D M M Y Y	☐ Male ☐ Female	☐ Yes ☐ No
5			D D M M Y Y	☐ Male ☐ Female	☐ Yes ☐ No

Are all the people on the policy listed on a Medicare card or entitled to a Medicare card? ☐ Yes ☐ No

You may be 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.

Any enquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011 for the cost of a local call.

4 DECLARATION

I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

Authorised person's signature

Date D D M M Y Y

The information provided on this form will be used for the purposes of registering you for the Federal Government 30% Rebate on private health insurance. Its collection is authorised by law, and information collected may be disclosed to the Department of Health and Ageing, Medicare Australia, and the Australian Taxation Office.

Need more information about the Federal Government 30% Rebate on private health insurance?
For more about reduced premiums through your health fund contact the Department of Health and Ageing, or visit www.health.gov.au