

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

- 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 the Australian Government Rebate on Private Health Insurance, go to privatehealth.gov.au. Questions about Medicare eligibility can be made at any Services Australia Service Centre or by calling 132 011. Note: Call charges apply - calls from mobile phones may be charged at a higher rate.
- If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate on private health insurance as a reduced premium, you must notify HBF as soon as possible.
- Once completed, please return this form by email to memberservices@hbf.com.au. Alternatively, the form can be returned by mail to GPO Box 1440 WA 6839.

1 Member details

Private health fund
HBF

Member number (if known)

Are you covered by the policy? Yes No (If 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.

Date premium reduction to commence / /

2 Medicare details

Medicare number

Reference number

Valid to

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

Mobile

Work

Home

Your date of birth

Your gender

Male Female

3 Details of all people covered by the policy Do not include yourself.

Given names	Family name	Date of birth (DDMMYY)	Gender	Dependant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Given names	Family name	Date of birth (DDMMYY)	Gender	Dependant
9			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
10			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
11			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
12			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

4 Income tier

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

Base tier Tier 1 Tier 2 Tier 3

	Base tier Annual income	Tier 1 Annual income	Tier 2 Annual income	Tier 3 Annual income
Singles	\$93,000 or less	\$93,001 – 108,000	\$108,001 – 144,000	\$144,001 or more
Families	\$186,000 or less	\$186,001 – 216,000	\$216,001 – 288,000	\$288,001 or more

For more information about the Australian Government Rebate on private health insurance, rebate tiers and calculating your taxable income please consult your tax advisor or the Australian Taxation Office, ato.gov.au.

- If a policy holder claims an income tier 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 an income tier below their actual entitlement a refund will occur through the ATO as a tax credit.

5 Privacy notice

Your information may be provided to Services Australia. Services Australia uses this information for administering the Australian Government Rebate on private health insurance as a reduced premium. The collection of this information is permitted by the *Privacy Act 1988*. Services Australia may disclose this information to the Department of Health, the Australian Taxation Office, anyone who you have agreed to have your information or other parties where the release is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the Services Australia will manage your personal information, including its privacy policy, at servicesaustralia.gov.au/privacy.

6 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.

Please check this box to indicate you have read and understood the declaration Yes No

Date of declaration

Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988 (Cth)* to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information collected [in connection with] registering you for the Australian Government Rebate on private health insurance. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. We will disclose your personal information to the Department of Health, Services Australia and the Australian Taxation Office.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is available at hbf.com.au or on request by calling HBF on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law, how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint. If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth, WA, 6839 or by telephone on 1300 883 530.