

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



Complete this registration form and lodge it with St.LukesHealth to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify your health fund as soon as possible.

Claimant's details

St.LukesHealth policy/membership number

Are you covered by this 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.

Your full name as it appears on your Medicare Card

Family name

Given name(s)

Medicare card number

 -

Medicare Reference number

Initial

Title

Date of birth

Your sex/gender

 Male Female

Valid to

 /

Contact details

Your current residential address

Home phone (including area code)

Postcode

Work phone (including area code)

Your current postal address (if different from residential address)

Mobile

Postcode

Email

Details of people covered by the policy

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

Family name	Given name(s)	Date of birth	Gender (M/F)	Dependent child	Relationship to Applicant
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

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

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

If you are unsure whether you are entitled for Medicare, go to <https://www.humanservices.gov.au/customer/services/medicare/medicare-card> for more information.

Are all the people on the policy listed on a Medicare card or eligible for a Medicare card?

 Yes

 No

To receive the Australian Government Rebate on private health insurance as a reduced premium

Applicants must nominate a rebate tier based on their estimated income for the financial year from the rebate tier below.

Please cross one box only.

INCOME THRESHOLDS 2018–2021*

Income Tier	Single	Couples/Family~
Base Tier	<input checked="" type="checkbox"/> Up to \$90,000	Up to \$180,000
Tier 1	<input checked="" type="checkbox"/> \$90,001 to \$105,000	\$180,001 to \$210,000
Tier 2	<input checked="" type="checkbox"/> \$105,001 to \$140,000	\$210,001 to \$280,000
Tier 3	<input checked="" type="checkbox"/> \$140,001 or more	\$280,001 or more

*Income thresholds effective 1 July 2018 – 30 June 2021. For more information visit ato.gov.au. ~Thresholds also apply to single parents and increase by \$1500 for each child after the first.

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.

Date premium reduction to commence

D	D	M	M	Y	Y	Y	Y
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Must be completed by the member/rebate applicant

Claimant's declaration

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 where you have agreed to that, or where it 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 department will manage your personal information, including their privacy policy, at www.humanservices.gov.au/privacy

Claimant's 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.

Claimant's signature

Date of Declaration

D	D	M	M	Y	Y	Y	Y
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 Please mail your application to:
St.LukesHealth PO Box 915 LAUNCESTON TAS 7250
or email to general@stlukes.com.au

 Contact us on **1300 651 988**