

# HCF Application to receive the Australian Government Rebate on private health insurance

- Complete this form and lodge it with your health fund to receive the Australian Government Rebate on private health insurance as a reduced premium.
- Use block letters and black pen ONLY to complete this application.
- 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.

Complete and send to:  
**HCF**  
**GPO Box 4242,**  
**Sydney, NSW 2001**  
 Fax 02 9290 0128  
 Visit any one of our branches

	No tier	Tier 1	Tier 2	Tier 3
Singles Income	\$90,000 or less	\$90,001 - \$105,000	\$105,001 - \$140,000	\$140,001 or more
Family/Couples Income	\$180,000 or less	\$180,001 - \$210,000	\$210,001 - \$280,000	\$280,001 or more
Aged under 65	26.791%	17.861%	8.930%	0.000%
Aged 65 - 69	31.256%	22.326%	13.395%	0.000%
Aged 70+	35.722%	26.791%	17.861%	0.000%

- Single parents and couples (including defacto couples) are subject to the family tiers. For families with children, the thresholds are increased by \$1,500 for each 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.

## 1 Private health fund details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Name of private health fund issuing the policy to which this application relates?

HCF

Membership number

Are you covered by this policy?  Yes  No ➔ 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 (DD MM YYYY)

## 2 Australian Government Rebate as reduced premiums (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

If all people on this health policy are listed on a Medicare card or entitled to a Medicare card, you may apply for the Australian Government Rebate on private health insurance as a reduced premium. Please complete the relevant details below:

Your Medicare card number

Medicare card valid to (MM YYYY)

Sex (Please mark 'X')

M  F

Date of birth (DD MM YYYY)

Your name as it appears in the Medicare card

First name

Surname

a. Residential address:

Unit No.

Street No.

Street name

Suburb

State

Postcode

Contact number - home

Contact number - work



Contact number - mobile

b. Postal address (Please complete if different to your home address):

Unit No.

Street No.

Street name

Suburb

State

Postcode

**3 Details of all people covered by the policy** Do not include yourself (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)  
 Attach a separate sheet to identify additional people covered by the policy if there is insufficient space on this form.

Family name	Given names	Date of birth	Sex	Dependant child
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<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?

Note: You are entitled to a Medicare card if you live in Australia and either

- 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.

Yes  No

Level of rebate (see important information on page 1 for rebate level details)

- No tier
- Tier 1
- Tier 2
- Tier 3

**4 Declaration**

I declare all information provided in support of this application is true and complete and that all persons listed in this application whose personal (including sensitive) information is being disclosed to HCF have been made aware of the HCF Privacy Policy.

I acknowledge that HCF deals with personal information of all members in accordance with its Privacy Policy. I authorise, and have the consent of those listed in this application, where necessary, to authorise HCF to disclose the information collected to the Department of Health, the Department of Human Services and the Australian Taxation Office.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF Privacy Policy. For a copy of this policy, call our member services team on 13 13 34 or go to [hcf.com.au](http://hcf.com.au).

Signature **X**

Date (DD MM YYYY)

**NOTE:** Please check all sections of the form are complete and you have signed and dated the form.