

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

It's important that you complete this form to receive the Australian Government Rebate to reduce your premium.

- You need to complete this form in black pen using block letters.
- 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 nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify Medibank as soon as possible.

Name of private health fund issuing the policy to which this application relates: **Medibank**

Health Fund Membership Number

Are you insured under this policy? ☐ Yes ☐ No

(If no) applicants not insured under 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 your premium reduction to commence/policy commencement

Nominate a rebate percentage.

The rebate percentage you're entitled to depends on your or your family's income* – refer to the table below for a guide.

If you'd like to nominate a rebate percentage, simply tick the box which applies to you.

	Base Tier	Tier 1	Tier 2	Tier 3
Income thresholds [*]				
Singles Income	Up to \$93,000	\$93,001 - \$108,000	\$108,001 - \$144,000	\$144,001 and above
Couple/Families[*] Income	Up to \$186,000	\$186,001 - \$216,000	\$216,001 - \$288,000	\$288,001 and above
Rebate entitlement – based on age and income (1 April 2024 - 31 March 2025)				
Less than 65 years	<input type="checkbox"/> 24.608%	<input type="checkbox"/> 16.405%	<input type="checkbox"/> 8.202%	<input type="checkbox"/> 0%
Age 65-69	<input type="checkbox"/> 28.710%	<input type="checkbox"/> 20.507%	<input type="checkbox"/> 12.303%	<input type="checkbox"/> 0%
Age 70+	<input type="checkbox"/> 32.812%	<input type="checkbox"/> 24.608%	<input type="checkbox"/> 16.405%	<input type="checkbox"/> 0%

^{*}This is your 'income for Medicare Levy Surcharge (MLS) purposes', which is different to 'taxable income'. The income thresholds are indexed and are subject to change.

^{*} The family income threshold is increased by \$1500 for each dependent child for MLS purposes after the first. Single parents and couples (including de facto couples) are subject to the family income tiers. 'Dependent' has a specific meaning for MLS purposes.

For more information visit <https://www.ato.gov.au/Individuals/Medicare-and-private-health-insurance/Medicare-levy-surcharge> or consult your tax advisor.

^{*}Calculated in accordance with the Private Health Insurance (Incentives) Rules 2012 (No.2).

Your Medicare card details.

Number Valid to Interim or Reciprocal Medicare card ☐ Yes ☐ No

Your full name as it appears on your Medicare card

Your current postal address

Suburb/City State Postcode

Your permanent residential address

Suburb/City State Postcode

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

Work Home Mobile

Date of birth Gender ☐ Male ☐ Female

Details of all people insured under the policy (do not include yourself).

Family name	Given name(s)	Date of birth	Gender	Dependant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Privacy disclaimer: Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia 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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which Services Australia will manage your personal information, including their privacy policy at www.servicesaustralia.gov.au/privacy or by requesting a copy from the department.

Declaration.

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

Signature

Date

Dependant.

Means a person included on your Medibank insurance policy as a Dependant.

Medicare card entitlement.

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, **and**
- an Australian citizen, **or**
- a holder of a permanent resident visa, **or**
- a New Zealand citizen, **or**
- an applicant for a permanent resident visa.

For more information about the Australian Government Rebate on Private Health Insurance, go to www.privatehealth.gov.au

Questions about Medicare eligibility can be made at any Services Australia Service Centre or by calling 132 011 or go to www.servicesaustralia.gov.au/medicarecard

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

You can return this form via email to Ask_Us@medibank.com.au, fax to (07) 3026 0557 or post it to Medibank Private Limited, Reply Paid 9999, Melbourne, Vic 3001. If you'd like to complete this form online, log in to My Medibank at medibank.com.au/members

The information provided on this form will be used for the purpose of registering you for the Australian Government Rebate. Its collection is authorised by law and information collected may be disclosed to the Department of Health and Aged Care, Services Australia and the Australian Taxation Office.

Effective 1 April 2024.

Medibank Private Limited ABN 47 080 890 259