

Please complete this form and return it to Territory Health Fund to:

- (a) receive the Australian Government Rebate on Private Health Insurance as a reduced premium; or  
(b) to notify us that you wish to stop receiving the Australian Government Rebate on Private Health Insurance as a reduced premium;  
or  
(c) to nominate a new income tier for the Australian Government Rebate on Private Health Insurance as a reduced premium.

**Claimant's details**

All 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 eligible for Medicare, go to

<https://www.humanservices.gov.au/customer/services/medicare/medicare-card> for more information.

Are all people on the policy listed on a Medicare card or entitled to a Medicare card?

☐ Yes - Please complete the remainder of this form.

☐ No - All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium. **Please do not complete this form.**

Are you covered by the policy?

☐ Yes - Date premium reduction to commence/policy commencement date  (dd/mm/yy)

☐ 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. **Please do not complete this form.**

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.

Your Medicare Number

Valid to (dd/mm/yy)

Date of Birth

Title (optional)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Gender

Male ☐ Female ☐

Your full name exactly as it appears on your Medicare Card

Your residential address (PO Box not acceptable)

Your postal address (if different from residential address)

Home phone

Daytime phone

Mobile phone

Email address

Details of other people covered by this policy

Please list the details of all other people to be covered by this policy. Do not include yourself.

Full name	Date of birth	Gender		Dependent child? Tick if this person is a dependent
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes

Rebate entitlement

- Claimants must nominate the income tier they believe they are entitled to.
- If the claimant declares an income tier above their actual entitlement, a recovery of monies will occur through the Australian Taxation Office (ATO) as a tax debt.
- If the claimant declares an income tier 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 us as soon as possible.

	Base Tier	Tier 1	Tier 2	Tier 3
<b>Singles</b> Income Threshold (2023-2024)	\$93,000 or less	\$93,001-\$108,000	\$108,001-\$144,000	\$144,001 and above
<b>Family/Couple#</b> Income Threshold (2023-2024)	\$186,000 or less	\$186,001-\$216,000	\$216,001-\$288,000	\$288,001 and above
<Age 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65-69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 70+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Income thresholds increase by \$1,500 for every child after the first.  
For more information on which level is appropriate please refer to our Membership Guide or contact us on 1800 623 893.

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.

Signature:

Date

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](http://www.humanservices.gov.au/privacy).