

APPLICATION TO RECEIVE THE FEDERAL GOVERNMENT PRIVATE HEALTH INSURANCE (PHI) REBATE AS A REDUCED PREMIUM

- Complete this registration form and lodge it with your health fund to receive the Federal Government PHI Rebate as a reduced premium.
- This application must be completed 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 stop receiving the Federal Government 30% rebate as a reduced premium, you must notify your health fund as soon as possible.

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

Membership number

Are you covered by this policy Yes No → **You may register for this scheme if the policy is ONLY for your dependant child and you are the parent of that child**

Your Medicare card details No. 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 day time phone number (should we need to contact you) () work () home

Your date of birth / / Your sex Male Female

(continued next page)

(Government rebate continued)

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

Family Name	Given Names	Date of Birth	Sex		Dependant Child	
			M	F	Y	N

A child is a dependant if:

- the child is under the age of 21 years, or a full time student under the age of 25;
- the child is covered by your insurance policy and your health fund accepts the child as a dependant child on the policy;
- the child is not a partner of another person

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

You are entitled to a Medicare card if:

- you are a person who lives in Australia;
- you are an Australian citizen;
- a holder of a permanent resident visa;
- a New Zealand citizen; or, in some cases an applicant for a permanent resident visa;
- any enquires about Medicare eligibility can be made at any Medicare office or by phoning **132 011** for the cost of a local call.

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 / /

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