

# Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium (MS006)

## When to use this form

Use this form to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.

Lodge this completed form with your private health insurance fund.

## For more information

For more information about the Australian Government Rebate on Private Health Insurance, go to [privatehealth.gov.au](http://privatehealth.gov.au)

Questions about Medicare eligibility can be made at any Australian Government Department of Human Services service centre or by calling **132 011**.

**Note:** Call charges may apply.


## Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.

**1** Are all the people on the private health insurance fund policy listed on a Medicare card or entitled to a Medicare card?

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

For more information about eligibility for Medicare, go to [humanservices.gov.au/customer/services/medicare/medicare-card](http://humanservices.gov.au/customer/services/medicare/medicare-card)

No   Individuals not eligible for Medicare cannot receive the Private Health Insurance rebate as a reduced premium. **Do not** progress with this application.

Yes

## Applicant's details

**2** Name of private health insurance fund

**3** Health fund membership number

**4** Are you covered by the policy?

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.

Yes  Date premium reduction to commence

**5** Medicare card number

Ref no.

Medicare card valid to:

OR

Interim or Reciprocal Health Care Agreements card valid to:

**6** Family name (as listed on your Medicare card)

First given name (as listed on your Medicare card)

**7** Permanent address

  
  
  
 Postcode

**8** Postal address (if different to above)

  
  
  
 Postcode

**9** Daytime phone number

**10** Date of birth

**11** Gender

Male

Female

**12** Nominate your income tier

Policy holders must nominate the income tier they believe they are entitled to.

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

For income tier thresholds, go to [privatehealth.gov.au](http://privatehealth.gov.au)

Base Tier

Tier 1

Tier 2

Tier 3

## Details of all the people covered by the policy

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

### Person 1

Family name (as listed on your/their Medicare card)

First given name (as listed on your/their Medicare card)

Date of birth

Gender

Male

Female

Dependent child

No

Yes

### Person 2

Family name (as listed on your/their Medicare card)

First given name (as listed on your/their Medicare card)

Date of birth

Gender

Male

Female

Dependent child

No

Yes

### Person 3

Family name (as listed on your/their Medicare card)

First given name (as listed on your/their Medicare card)

Date of birth

Gender

Male

Female

Dependent child

No

Yes

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

## Privacy notice

- 14** The privacy and security of your personal information is important to Human Services, and is protected by law. Human Services needs to collect this information so we can process and manage your applications and payments, and provide services to you. Human Services only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

## Applicant's declaration

### 15 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.

Applicant's signature

Date

## Returning your form

Send the completed form to your nominated private health insurance fund.