

Member service enquiries 1300 362 144

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# Please complete: Australian Government Rebate Form

Complete parts A, B and C of this application for the nominated Rebate level and mail to Latrobe Health Services, Reply Paid 41, Morwell VIC 3840

Latzobe Health Services is the private health fund issuing the policy to which this application relates.         Fund membership number       Are you covered by this policy?       Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesistics cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesis cannot chain the Australian Government Relate a Private health insurance (excluding child only policies) and employers and tractes of enginesis cannot chain the Australian Government Relate a Private health insurance (excluding child only policy) (do not include yourself)         Residential address       Postcode         Full names of all people covered by this policy (do not include yourself)       Gender       Date of birth         Image: Ima	Part A: Fill in your Medicar	re information				
Y N   Private Health Insurance de celuding did en of policies) and employees and trustees of insurance on policies paid on behalf of employees.   Policy holder name   B   Your full name as it appears on your Medicare card   Gender   Date of birth   M   Residential address   Postal address (if different to above)   Postal address (if different to above) <t< th=""><th>Latrobe Health Services is the private h</th><th>nealth fund issuing the policy to which</th><th>this application relates.</th><th></th><th></th></t<>	Latrobe Health Services is the private h	nealth fund issuing the policy to which	this application relates.			
Image: Image	Fund membership number		Private Hoorganisat	e Health Insurance (excluding child only policies) and employers and trustees of isations cannot claim the Australian Government Rebate on Private Health		
Your full name as it appears on your Medicare card Gender Date of birth   Medicare card number Valid to     Residential address   Postcode   Postal address (if different to above)     Postal address (if different to above)   Postcode   Full names of all people covered by this policy (do not include yourself)   Gender Date of birth     Image:	Policy holder name			Daytime phone number		
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Postal address (if different to above) Postcode     Full names of all people covered by this policy (do not include yourself) Gender Date of birth   2 M F   3 M F   4 M F   5 M F   6 M F   Are all the people listed above on a Medicare card or entitled to a Medicare card? V   Please indicate if any person listed above is a dependent child I   2 3 4 5   6 Gender Date of birth     9 Base Tier Tier 1   Tier 2 Tier 3	Medicare card number	Valid to	0			
Full names of all people covered by this policy (do not include yourself) Gender Date of birth   2 M F   3 M F   4 M F   5 M F   6 M F   Are all the people listed above on a Medicare card or entitled to a Medicare card? Y N   Please indicate if any person listed above is a dependent child 1 2 3   4 5 6	Residential address			-	Postcode	
2 M F   3 M F   4 M F   5 M F   6 M F   6 M F   Are all the people listed above on a Medicare card or entitled to a Medicare card? Y   N See following page for information about who is entitled to a Medicare card?   Please indicate if any person listed above is a dependent child 1   2 3 4   Age Base Tier   Tier 1 Tier 2 Tier 3	Postal address (if different to above)				Postcode	
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4   5   6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F     6   M   F   6   M   F   7   N   See following page for information about who is entitled to a Medicare card   Please indicate if any person listed above is a dependent child   1 2   3 4   5 6                     Please indicate if any person listed above is a dependent child                Age	2			M F		
5   6   Are all the people listed above on a Medicare card or entitled to a Medicare card?   Y   N   See following page for information about who is entitled to a Medicare card?   Please indicate if any person listed above is a dependent child   1   2   3   4   5   6      Part B: Select the level of Rebate you wish to claim*   Age   Base Tier Tier 1 Tier 2 Tier 3	3			M		
6   M   F      Are all the people listed above on a Medicare card or entitled to a Medicare card?   Y   N   See following page for information about who is entitled to a Medicare card?   Please indicate if any person listed above is a dependent child   1   2   3   4   5   6   Part B: Select the level of Rebate you wish to claim*   Age   Base Tier   Tier 1   Tier 2   Tier 3	4			MF		
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Please indicate if any person listed above is a dependent child  Please indicate if any person listed above is a dependent child  Part B: Select the level of Rebate you wish to claim*  Age Base Tier Tier 1 Tier 2 Tier 3	6			M F		
Part B: Select the level of Rebate you wish to claim*       Age     Base Tier     Tier 1     Tier 2     Tier 3	Are all the people listed above on a M	ledicare card or entitled to a Medicar	re card?	Y N		
Age Base Tier 1 Tier 2 Tier 3	Please indicate if any person listed abo	ove is a dependent child		1 2	3 4 5 6	
	Part B: Select the level of F	Rebate you wish to claim $^{*}$				
	Age	Base Tier	Tier 1	Tier 2	Tier 3	
Aged under 6524.288%16.192%8.095%0.00%	Aged under 65	24.288%	16.192%	8.095%	0.00%	
Aged 65-69 28.337% 20.240% 12.143% 0.00%	Aged 65-69	28.337%	20.240%	12.143%	0.00%	
Aged 70 or over 32.385% 24.288% 16.192% 0.00%			24.288%	16.192%	0.00%	
* See following page for information about income tiers Date joined fund Date premium reduction to commence If different to adjacent, date you wish Rebate to commence			If differe	nt to adiacont data you wish	Pohata ta commanca	
Date joined fund       Date premium reduction to commence       If different to adjacent, date you wish Rebate to commence	Date joineu tuttu Dat	e premium reduction to commence	ii uiirere	in to aujacent, date you wish		
Part C: Declaration and signature	Part C: Declaration and sig	nature				
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. Date signed		ided in this form is complete and correct.	. I understand that giving		is a serious offence.	

Privacy note: 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 for the purpose of research, investigation or where you have agreed or it is required to authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.





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# **Please read:**

# **Application to receive the Australian Government Rebate**

# Private Health Insurance as a reduced premium

Complete parts A, B and C of the application on the reverse side of this form for the nominated Rebate level and mail to Latrobe Health Services, Reply Paid 41, Morwell VIC 3840. The Rebate level depends on your age and taxable income. To determine the private health insurance tier that relates to your membership, please visit health.gov.au or seek advice from your tax accountant or financial planner.

### Who is eligible to receive the Rebate?

Your Rebate eligibility is based on the age of the oldest person on your policy and your expected taxable income for the current financial year (or your combined taxable income for couples and families). All people listed on the policy must be able to claim Medicare for you to receive the Rebate as a reduced premium.

You may be entitled to a Medicare card if:

- you are a person who lives in Australia, and
- you are an Australian citizen; or
- a holder of a permanent resident Visa; or
- a New Zealand citizen; or
- an applicant for permanent resident Visa.

Employers and trustees of organisations cannot claim the Australian Government Rebate on behalf of employees.

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

Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011 or go to:

https://www.humanservices.gov.au/customer/services/medicare/medicare-card

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

### What level of Rebate can you receive?

Refer to the table below to see the level of Rebate you could be entitled to.

#### Income Tier Thresholds effective 1 July 2024

Select your level of income	Base Tier	Tier 1	Tier 2	Tier 3
Couples and Families	\$194,000 or less	\$194,001 – \$226,000	\$226,001 - \$302,000	\$302,001 or more
Singles	\$97,000 or less	\$97,001 – \$113,000	\$113,001 - \$151,000	\$151,001 or more

#### Australian Government Rebate effective 1 April 2025

Age	Base Tier	Tier 1	Tier 2	Tier 3
Aged under 65	24.288%	16.192%	8.095%	0.00%
Aged 65-69	28.337%	20.240%	12.143%	0.00%
Aged 70 or over	32.385%	24.288%	16.192%	0.00%

### How do you claim or stop claiming the Rebate as a reduced premium?

Most people choose to claim the Rebate as a reduced premium. You simply need to complete and return this form. However, if you wish to claim the Rebate when you lodge your tax return, you do not need to complete this form.

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 contact Latrobe Health Services as soon as possible. At the cost of a local call, you can contact our Member Service Centre between 9am and 4.30pm, Monday to Friday on **1300 362 144**.

### What else do you need to know?

The Australian Taxation Office has specific rules regarding how to define your income for Australian Government Rebate purposes. For more information you should contact your accountant, financial planner or visit **ato.gov.au** 

