

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

Purpose of this form

- Complete this form and lodge it with Westfund Health Insurance to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.
- Policy holders must nominate the income tier they believe they are entitled to.

2023 - 24 Income thresholds

	Base Tier	Tier 1	Tier 2	Tier 3
Singles	\$93,000	\$93,001 to	\$108,001 to	\$144,001
	or less	\$108,000	\$144,000	or more
Family	\$186,000	\$186,001 to	\$216,001 to	\$288,001
	or less	\$216,000	\$288,000	or more

- * Income thresholds increase by \$1500 for every child after the first.
- If a policy holder claims an income tier above their actual entitlement, a recovery of monies will occur through the Australian Taxation Office (ATO) as a tax debt.
- If a policy holder claims 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 nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium you must notify Westfund Health Insurance as soon as possible.

For more information

For more information about the Australian Government Rebate on Private Health Insurance go to:

https://www.servicesaustralia.gov.au/australian-government-rebate-private-health-insurance

Questions about Medicare eligibility can be made at any Services Australia' Service Centre or by calling 132 011 or go to: https://www.servicesaustralia.gov.au/medicare-card

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

Filling in this form

- Please use BLACK PEN ONLY
- · Print in BLOCK LETTERS

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed and signed form to Westfund Health Insurance via mail to PO BOX 235, LITHGOW NSW 2790, or via email to enquiries@westfund.com.au

Cla	imant's	Details				
1	Name of	Private Health Fund				
	Westfund Health Insurance					
2	Health Fund Membership Number					
3	Are you c	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. Date premium reduction to commence				
		/ /				
4	Medicare	e Card Number				
Ме	dicare Ca	rd valid to:				
	/	Ref no.				
5	Your full	name as it appears on your Medicare Card				
6	Permane	ent Address				
		Destands				
		Postcode				
7	Postal A	ddress (if different to above)				
		Postcode				
8	Daytime	Phone Number				
()					
9	Date of I					
	/	/				
10	Sex					
Ma	ale 🔲 F	emale				

Family Name	Details of People Covered by Policy	Person 5
Family Name Date of Birth Date of Birth Dependent Child: No Yes Dependent		Family Name
Family Name Date of Birth Dependent Child: No Yes Dependent Child: No Yes Dependent Child: No Yes Walle Female Walle Female Dependent Child: No Yes Walle Pemale Dependent Child: No Yes Walle Pemale Dependent Child: No Yes Walle Pemale Dependent Child: No Yes Wall Pemale Dependent Child: No Yes Walle Pemale Depende	Person 1	Given Name(s)
Date of Birth		
Given Name(s)		Date of Birth
Sex: Male Female Dependent Child: No Yes	Given Name(s)	
Date of Birth	diver iname(s)	
Dependent Child: No Yes	Date of Birth	Sex: Male Female
Dependent Child: No Yes	/ /	Dependent Child: No Yes
Dependent Child: No Yes		
Person 2 Family Name Given Name(s) Date of Birth Person 3 Family Name Date of Birth	Sex: Male Female	
or entitled to a Medicare card? Family Name Given Name(s) Date of Birth Sex: Male Female Given Name(s) Person 3 Family Name Given Name(s) Given Name(s) Person 4 Family Name Person 4 Family Name Claimant's Declaration Claimant's Declaration To declare that: ' J / J Claimant's Declaration 15 I declare that: ' Given Name(s) Claimant's Declaration Claimant's Signature Date of Birth Date Date of	Dependent Child: No Yes	
Sex: Male Female Date of Birth Privacy and your personal information Family Name Privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your personal information, go to servicesaustralia.gov.au/privacy Date of Birth Person 4 Family Name Sex: Male Female Dependent Child: No Yes Privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your personal information is important to us, and is protected by law. We need to collect this information is an provide services to you. We only share your information with other parties where you have agreed, where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy indicate the collect this information is a serious offence. Claimant's Signature Date of Birth J J J J J J J J J	Person 2	
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Sex: Male Female Privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can provide services toyou. The sub-quiry resident which the parties where you have agreed, or where law allows or requires it. For more information I have provided in this form is complete and correct. Understand that: Claimant's Declaration Date of Birth Privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralla.gov.au/privacy Claimant's Declaration Date of Birth Dat		
Sex: Male Female Privacy and security of your personal information is important to us, and is protected by law. We need to collect this information with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy Date of Birth Sex: Male Female Date of Birth Female Given Name(s) Claimant's Declaration Sex: Male Female Date of Birth Given Name(s) Claimant's Signature Date of Birth J / Sex: Male Female Date of Birth Date of Birth Sex: Male Female Date of Birth Date	Given Name(s)	
Date of Birth A New Zealand citizen, or an applicant for a permanent resident visa. 13 Income tier (see important information on page 1 for income tier details) Base Tier		• you are an Australian citizen; or
13 Income tier (see important information on page 1 for income tier details) Base Tier	Date of Birth	• a New Zealand citizen; or
Dependent Child: No Yes	/ /	• an applicant for a permanent resident visa.
Person 3 Family Name Given Name(s) Privacy and your personal information 14 The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information is one can process and manage your applications and payments, and provide services to you. We only share your information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy Person 4 Family Name Claimant'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. Claimant's Signature Date of Birth // / Date Date	Sex: Male Female	13 Income tier (see important information on page 1 for
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Date of Birth Date of Birth		
Date of Birth Date of Birth	Given Name(s)	Privacy and your personal information
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provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy Person 4 Family Name Given Name(s) Date of Birth Date Date Date Date Date	Date of Birth	us, and is protected by law. We need to collect this information so we
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Person 4 Family Name Given Name(s) Date of Birth Sex: Male Female Date Claimant'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. Claimant's Signature Date	Sex: Male Female	
Family Name Family Name the information I have provided in this form is complete and correct. I understand that: given Name(s) Date of Birth / / Sex: Male Female Date		
Family Name the information I have provided in this form is complete and correct. I understand that:	Down 4	Claimant's Declaration
Given Name(s) Date of Birth Manual Correct Linderstand that: Siving false or misleading information is a serious offence.		15 I declare that:
I understand that: • giving false or misleading information is a serious offence. Claimant's Signature Justician Jus	rainily ivaille	
Date of Birth / / Sex: Male Female Date	Ci ya Mayara	I understand that:
Date of Birth / / Sex: Male Female Date	Given Name(s)	
/ / Sex: Male Female Date		
Sex: Male Female Date	Date of Birth	
Date		
Dependent Child: No Yes // /	Sex: Male Female	Date
	Dependent Child: No Yes	