

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 or less	\$93,001 to \$108,000	\$108,001 to \$144,000	\$144,001 or more
Family	\$186,000 or less	\$186,001 to \$216,000	\$216,001 to \$288,000	\$288,001 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**
- Mark boxes like this with a ☒ or a ☒

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

Claimant's Details

1 Name of Private Health Fund

Westfund Health Insurance

2 Health Fund Membership Number

3 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

 / /

4 Medicare Card Number

Medicare Card valid to:

 / Ref no.

5 Your full name as it appears on your Medicare Card

6 Permanent Address

 Postcode

7 Postal Address (if different to above)

 Postcode

8 Daytime Phone Number

 ()

9 Date of Birth

 / /

10 Sex

Male ☐ Female ☐

Details of People Covered by Policy

11 Provide details of all people covered by the policy (do not include yourself).

Person 1

Family Name
<input type="text"/>
Given Name(s)
<input type="text"/>
Date of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dependent Child: No <input type="checkbox"/> Yes <input type="checkbox"/>

Person 2

Family Name
<input type="text"/>
Given Name(s)
<input type="text"/>
Date of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dependent Child: No <input type="checkbox"/> Yes <input type="checkbox"/>

Person 3

Family Name
<input type="text"/>
Given Name(s)
<input type="text"/>
Date of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dependent Child: No <input type="checkbox"/> Yes <input type="checkbox"/>

Person 4

Family Name
<input type="text"/>
Given Name(s)
<input type="text"/>
Date of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dependent Child: No <input type="checkbox"/> Yes <input type="checkbox"/>

Person 5

Family Name
<input type="text"/>
Given Name(s)
<input type="text"/>
Date of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dependent Child: No <input type="checkbox"/> Yes <input type="checkbox"/>



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

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

No ☐ Yes ☐

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 a permanent resident visa.

13 Income tier (see important information on page 1 for income tier details)

Base Tier ☐

Tier 1 ☐

Tier 2 ☐

Tier 3 ☐

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 with other parties where you have agreed, or where law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

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