

## Application to receive the Federal Government rebate as a reduced premium.

- Complete this registration form and lodge it with HCF to receive the Federal Government 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 Rebate as a reduced premium, you must notify HCF in writing as soon as possible.

### PRIVATE HEALTH FUND DETAILS

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

HCF

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.

Date premium reduction to commence: / /

### YOUR MEDICARE CARD DETAILS

Number  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 daytime phone number

(should we need to contact you) work

home

Your date of birth / /

Your sex

Male

Female

**DETAILS OF ALL PEOPLE COVERED BY THE POLICY (do not include yourself)**

Family name	Given names	Date of birth	Sex	Dependant child
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

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; and
- you are an Australian citizen; or
- a holder of a permanent resident visa; or
- a New Zealand citizen; or, in some cases an applicant for a permanent resident visa.

**Any inquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011.**

**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 //

**NOTE:**

- Please check all sections of the form are complete and you have signed and dated the form.
- The completed form should be submitted to HCF, GPO Box 4242, Sydney 2001

The information provided on this form will be used for the purposes of registering you for the Federal Government 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.

**NEED MORE INFORMATION ABOUT THE FEDERAL GOVERNMENT REBATE?**

If you need to know more about reduced premiums through your health fund, contact the Department of Health and Aged Care. **Internet Home Page at [www.health.gov.au](http://www.health.gov.au) Freecall 1800 020 103**