

# APPLICATION TO RECEIVE THE AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE AS A REDUCED PREMIUM

- Complete this form and lodge it with your health fund to receive the Australian Government Rebate on private health insurance as a reduced premium.
- Please use capital letters and black pen ONLY to complete this application.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.
- Policyholders must nominate the level of rebate they believe they are entitled to.

Complete and mail to:  
**HCF**  
**GPO Box 4242**  
**Sydney NSW 2001**  
 or email:  
**join.cancel@myhcf.com.au**

	BASE TIER	TIER 1	TIER 2	TIER 3
<b>INCOME THRESHOLDS (1 JULY 2025 - 30 JUNE 2026)</b>				
<b>Singles income</b>	\$101,000 or less	\$101,001 - \$118,000	\$118,001 - \$158,000	\$158,001 or more
<b>Family/couples income</b>	\$202,000 or less	\$202,001 - \$236,000	\$236,001 - \$316,000	\$316,001 or more
<b>REBATE ENTITLEMENTS (1 APRIL 2025 - 31 MARCH 2026)</b>				
<b>Aged under 65 years</b>	24.288%	16.192%	8.095%	0.000%
<b>65 - 69</b>	28.337%	20.240%	12.143%	0.000%
<b>70 years+</b>	32.385%	24.288%	16.192%	0.000%

Private health insurance rebate levels listed are based on the Rebate Adjustment Factor formula which takes into account growth in the Consumer Price Index and the industry weighted average premium increase.

If you nominate a tier that results in a lower rebate than your income entitles you to, you will receive a tax offset through your tax return at the end of the financial year. If you nominate a tier that results in a higher rebate than your income entitles you to, you will incur a tax liability through your tax return at the end of the financial year. 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 your health fund as soon as possible. For more information about the Australian Government Rebate on Private Health Insurance, go to [privatehealth.gov.au](http://privatehealth.gov.au)

**Note:** Single parents and couples (including de facto couples) are subject to the family tiers. For families with children, the thresholds are increased by \$1,500 for each child after the first.

## 1 MEMBER'S PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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

**HCF**

Membership No.

Are you covered by the policy?

Yes ☐ No ☐

(If 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 (DD MM YYYY)

## 2 AUSTRALIAN GOVERNMENT REBATE AS REDUCED PREMIUMS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

If all people on this health policy are listed on a Medicare card or entitled to a Medicare card, you may apply for the Australian Government Rebate on private health insurance as a reduced premium. Please complete the relevant details below:

Your Medicare card number

Medicare card valid to (DD MM YYYY)

Gender (Please mark 'X')

M ☐ F ☐

Date of birth (DD MM YYYY)

Your full name as it appears on your Medicare card

First name

Surname

Home address

Suburb

State

Postcode

Phone - home

Phone - work

Mobile

Postal address (if different from your home address)

Suburb

State

Postcode

### 3 DETAILS OF ALL PEOPLE COVERED BY THE POLICY (Do not include yourself) (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Attach a separate sheet to identify additional people covered by the policy if there is insufficient space on this form.

FAMILY NAME	FIRST NAMES	DATE OF BIRTH	GENDER	DEPENDANT CHILD
		/ /	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"/>

All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium. If you're unsure whether you're eligible for Medicare, go to [servicesaustralia.gov.au/medicare-card](https://servicesaustralia.gov.au/medicare-card) for more information.

Are all people on the policy eligible for Medicare?

(Please mark 'X')

Yes ☐ No ☐

Level of rebate (see important information on page 1 for rebate level details)

☐ Base Tier

☐ Tier 1

☐ Tier 2

☐ Tier 3

Questions about Medicare eligibility can be made at any Medicare Service Centre or by calling **132 011**. **Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

#### Privacy notice

Your information may be provided to Services Australia. Services Australia uses this information for administering the Australian Government Rebate on private health insurance as a reduced premium. The collection of this information is permitted by the *Privacy Act 1988*. Services Australia may disclose this information to other Commonwealth departments or agencies, anyone who you have agreed to have your information or other parties where the release is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including its privacy policy, at [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)

### 4 DECLARATION

I declare that the information I have provided is complete and correct. I understand that giving false or misleading information is a serious offence.

I declare that all persons listed in this application whose personal (including sensitive) information is being disclosed to HCF have been made aware of the HCF Privacy Policy. I acknowledge that HCF deals with personal information of all members in accordance with its Privacy Policy. I authorise, and have the consent of those listed in this application, where necessary, to authorise HCF to disclose the information collected to the Department of Health and Aged Care and the Australian Taxation Office.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF Privacy Policy. For a copy of this policy, call our member services team on **13 13 34** or go to [hcf.com.au](https://hcf.com.au)

Signature

Date (DD MM YYYY)

**Note:** Please check all sections of the form are complete and you have signed and dated the form.