

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
SINGLES INCOME	\$93,000 or less	\$93,001 - \$108,000	\$108,001 - \$144,000	\$144,001 or more
FAMILY/COUPLES INCOME	\$186,000 or less	\$186,001 - \$216,000	\$216,001 - \$288,000	\$288,001 or more
AGED UNDER 65 YEARS	24.608%	16.405%	8.202%	0.000%
65 - 69	28.710%	20.507%	12.303%	0.000%
70 YEARS+	32.812%	24.608%	16.405%	0.000%

Private health insurance rebate levels listed are effective from 1 April 2024 to 31 March 2025, and 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

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.

H.C.F.					
Membership No.	Are you covered b	y 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 co	ommence (DD MM Y	YYY)			
If all people on this health poli	cy are listed on a Me premium. Please cor	REDUCED PREMIUMS (PLE dicare card or entitled to a Med applete the relevant details below card valid to (DD MM YYYY)	icare card, you v:		BLACK PEN) Australian Government Rebate on property of birth (DD MM YYYY)
Tour Medicare card Humber	Medicare	card valid to (DD MINI 1111)	M _	F	Date of billin (DD WIW 1111)
Your full name as it appears or	n your Medicare card				
First name		Surname			
Home address					
Suburb			State	Postcode	
Phone - home	Phone	work	Mobile		
Postal address (if different from	m your home address)			
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HCF Application to receive Australian Government Rebate 0424



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 F	Yes No
		/	/	M F	Yes No No
		/	/	M F	Yes No No
		/	/	M F	Yes No No
		rebate	of rebate (elevel deta ase Tier ier 1 ier 2		rmation on page 1 for

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

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

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

Signature	Date (DD MM YYYY)
X	Date (DD WIN 1111)
Note: Please check all sections of the form are com	nplete and you have signed and dated the form.