

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

- Complete this registration form and lodge it with Peoplecare to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.
- Please complete this application in black pen using block letters.
- All people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium. If you are unsure whether you are eligible for Medicare, go to https://www.humanservices.gov.au/customer/services/medicare/medicarecard for more information.
- · Policy holders must choose the level of rebate they believe they are entitled to. Use the table below to determine your rebate tier.
- If you nominate the wrong tier, the difference will be worked out when you lodge your annual tax return.
- If you wish to stop receiving the Australian Government Rebate on Private Health Insurance or would like to nominate a new rebate tier, contact Peoplecare as soon as possible.

	·	·							
Name of private health fund: <b>Peoplecare</b>				Member Number:					
Are you cover	red by the policy?	Yes No	Date	of rebate co	ommencen	nent: /	1		
of organisations can	ot covered by the policy cannot anot claim the Australian Govern						licies) and emplo	yers and trustees	
Nominate you	or Repate Her				Ago 9	Pobało Amo	nt		
	Income Threshold (for 2023/24 financial year)			Age & Rebate Ame (age of the oldest person on					
· ·		11 )	Un	der 65 year	"S	65-69 years	70+ years		
Base Tier	Single         Family*           \$93,000 or less         \$186,000 or less			24.608%		28.710%	32.812%		
Tier 1	<b>Single</b> \$93,001 - 108,000	<b>Family*</b> \$186,001 - 216,000		16.405%		20.507%	24.608%		
Tier 2	<b>Single</b> \$108,001 - 144,000	<b>Family*</b> \$216,001 - 288,000		8.202%		12.303%	16.405%		
Tier 3	Single \$144,001 or more	Family* \$288,001 or more		0%	Ĩ.	0%		0%	
*If you're a fami parent families.	ly with children, the income	threshold for each tier i	s increased by \$1	,500 for every	child after y	our first. Family	includes coup	les and single	
·	e card details								
Medicare care	d number:					Valid to:	/ /		
Your full name (as it appears	e on your Medicare card	):							
Your current p	ostal address:								
Your residention	al address:								
Mobile:			Но	me:					
Your date of b	oirth: / /				Your gend	ler: Mal	e Fe	emale	
Details of all p	people covered by th	e policy (do not in	clude yourself	f)					
	Family name		Given name(s	)	Da	te of birth	Gender	Dependent Child	
					/	1	MMF	YN	
					/	/	MF	YN	
					/	/	MF	YN	
					/	/	MF	YN	
					/	1	M	YN	
Are all people on the policy eligible for Medicare?							Yes	No	
Declaration									
and correct?	re that the information t Do you understand tha a serious offence?			Signature			Date ,	/ /	

## Dependent child

A person is a dependant child if:

- the person is under the age of 21 years, or a full time student under the age of 31;
- the person is covered by your insurance policy and Peoplecare accepts the person as a dependent child on the policy.
- the person is not a partner of another person.

## Privacy and your personal information

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.

For more information about the Australian Government Rebate on Private Health Insurance, go to privatehealth.gov.au. Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling **132 011**.

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

Please complete and return this form by:

Email info@peoplecare.com.au

Fax 1300 673 405

Post Locked Bag 33, Wollongong NSW 2500