

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

- Complete this registration form and lodge it with the RBHS 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/medicare-card> 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 the RBHS as soon as possible.

Name of private health fund: <b>RBHS</b>	Member Number: <input type="text"/>
Are you covered by the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of rebate commencement: <input type="text"/> / <input type="text"/> / <input type="text"/>

(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.

## Nominate your Rebate Tier

	Income Threshold (for 2022/23 financial year)		Age & Rebate Amount (age of the oldest person on your cover)		
			Under 65 years	65-69 years	70+ years
<b>Base Tier</b>	<b>Single</b> \$90,000 or less	<b>Family*</b> \$180,000 or less	<input type="checkbox"/> 24.608%	<input type="checkbox"/> 28.710%	<input type="checkbox"/> 32.812%
<b>Tier 1</b>	<b>Single</b> \$90,001 - 105,000	<b>Family*</b> \$180,001 - 210,000	<input type="checkbox"/> 16.405%	<input type="checkbox"/> 20.507%	<input type="checkbox"/> 24.608%
<b>Tier 2</b>	<b>Single</b> \$105,001 - 140,000	<b>Family*</b> \$210,001 - 280,000	<input type="checkbox"/> 8.202%	<input type="checkbox"/> 12.303%	<input type="checkbox"/> 16.405%
<b>Tier 3</b>	<b>Single</b> \$140,001 or more	<b>Family*</b> \$280,001 or more	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%

\*If you are a family with children, the income threshold for each tier is increased by \$1,500 for every child after your first. Family includes single parent families.

## Your Medicare card details

Medicare card number: <input type="text"/>	Valid to: <input type="text"/> / <input type="text"/> / <input type="text"/>
Your full name as it appears on your Medicare card: <input type="text"/>	
Your current postal address: <input type="text"/>	
Your residential address: <input type="text"/>	
Mobile: <input type="text"/>	Home: <input type="text"/>
Your date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

## Details of all people covered by the policy (do not include yourself)

Family name	Given name(s)	Date of birth	Gender	Dependent Child
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

Are all people on the policy eligible for Medicare?  Yes  No

## Declaration

Do you declare that the information that you have provided is complete and correct? Do you understand that giving false or misleading information is a serious offence?

Signature

Date  /  /

## Dependent children

A child is a dependant if:

- the child is under the age of 21 years, or a full time student under the age of 25.
- the child is covered by your insurance policy and the RBHS
- accepts the child as a dependent child on the policy;
- the child 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](https://servicesaustralia.gov.au/privacy).

Please complete and return this form by:

**Email** info@myrbhs.com.au

**Fax** 1300 309 704

**Post** Locked Bag 23, Wollongong NSW 2500