

Application for the Federal Government 30% Rebate on private health insurance as a reduced premium



central west
health cover

- Complete this registration form to receive the Federal Government 30% Rebate on private health insurance as a reduced premium.
- 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 30% Rebate on private health insurance as a reduced premium, you must notify Central West Health Cover as soon as possible.

Section One Private Health Fund

Name of private health fund: Central West Health Cover Membership Number: _____

Are you covered by this policy? Yes No

(Employers and trustees of organisations cannot claim the Federal Government Rebate on policies paid on-behalf of employees.)

Date Premium reduction to commence: ____ / ____ / ____

Section Two Medicare Details

Medicare Number: _____ Valid to: ____ / ____

Full name as it appears on your Medicare Card: _____

Current Postal Address: _____

Postcode: _____

Residential Address (If same as above please write "as above"): _____

Postcode: _____

Day time phone number: Home: _____ Business: _____

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

Family Name	Given Names	Date of Birth	Sex (M/F)	Dependant Child
_____	_____	____ / ____ / ____	_____	<input type="radio"/> YES <input type="radio"/> NO
_____	_____	____ / ____ / ____	_____	<input type="radio"/> YES <input type="radio"/> NO
_____	_____	____ / ____ / ____	_____	<input type="radio"/> YES <input type="radio"/> NO
_____	_____	____ / ____ / ____	_____	<input type="radio"/> YES <input type="radio"/> NO
_____	_____	____ / ____ / ____	_____	<input type="radio"/> YES <input type="radio"/> 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 enquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011 for the cost of a local call.

Section Four 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: ____ / ____ / ____

The information provided on this form will be used for the purposes of registering you for the Federal Government 30% Rebate on private health insurance. Its collection is authorised by law, and information collected may be disclosed to the Department of Health and Aged Care, Medicare Australia, and the Australian Taxation Office. Need more information about the Federal Government 30% Rebate on private health insurance? 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 health.gov.au Freecall 1800 676 296 (business hours)