

Application to Receive the Australian Government Rebate on Private Health Insurance as a Reduced Premium



- Complete this registration form to receive the Australian Government 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 rebate as a reduced premium, you must notify TUH as soon as possible.

Private Health Fund Details

Name of Private Health Fund : Member Number

Member Name : Date of Birth - -

Are you covered by this policy? Yes No

Note: Employers and trustees of organisations cannot claim the rebate on policies on behalf of employees.

Date Premium reduction to commence : / /

Medicare Details

Medicare card 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

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

Surname	Given Name/s	Date of Birth	Sex (M/F)		Dependant Child		
			M	F	Y	N	
			M	F	Y		N
			M	F	Y		N
			M	F	Y		N
			M	F	Y		N
			M	F	Y		N
			M	F	Y		N
			M	F	Y		N

Are all the people listed 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 Department of Human Services office or by phoning 132 011 (local call).

Level of rebate (refer to www.ato.gov.au for more information)

Standard Tier 1 Tier 2 Tier 3

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 Australian Government 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, Department of Human Services and the Australian Taxation Office.

Please return this form to TUH, 438 St Pauls Tce, Fortitude Valley QLD 4006 | Postal: PO Box 265 Fortitude Valley, QLD 4006
Email: membership@tuh.com.au | Tel: 1300 360 701 | Web: tuh.com.au