

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



This form is to be completed to receive the Australian Government Rebate as a reduced premium, and returned to Phoenix Health within 7 days of your application to join or to make changes to your policy. If at any time you wish to make changes to your Government Rebate application or Rebate Tier nomination, please get in touch with us as soon as possible on 1800 028 817.

Your Membership Details

Name of private health fund: **Phoenix Health Fund**

Member number

Policy start date/ date premium reduction to start

/ /

Are you listed as a member on this policy? Yes No

You either need to be covered by the policy, or be a caregiver applying for a child only policy on their behalf to apply for the Government Rebate as a reduced premium.

Your Medicare Details

Your Medicare card number

Medicare expiry date *(day is only applicable for interim or reciprocal card holders)*

/ /

Your full name as it appears on your Medicare card

Your date of birth

/ /

Residential address

Postal address *(if different from residential address)*

Postcode

Postcode

Daytime phone number

Gender

Male Female N/A prefer not to say

Details of other members on your policy

Full name as appears on Medicare card	Date of birth	Gender	Dependant
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <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"/> N/A	<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/A	<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/A	<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/A	<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N

If there are more members/ dependant children covered by your policy, provide a separate sheet with the details.

Are all the people covered on your Phoenix Health membership eligible for Medicare? Yes No

All people covered by this policy need to be eligible for Medicare to receive the Rebate as a reduced premium. Contact the Phoenix Health team on 1800 028 817 for more information.

Your Rebate Tier Nomination

- Base Tier**
Single \$90,00 or less
Couple / Family \$180,000 or less
- Tier One**
Single \$90,001 to \$105,000
Couple / Family \$180,001 to \$210,000
- Tier Two**
Single \$105,001 to \$140,000
Couple / Family \$210,001 to \$280,000
- Tier Three**
Single \$140,001 or more
Couple / Family \$280,001 or more

Rebate is based on your income for Medicare Levy Surcharge purposes, which is different to your taxable income. Contact your financial advisor or the Australian Tax Office for information specific to your personal circumstances. Single parent memberships are subject to family income tiers. Family thresholds are increased by \$1,500 for each dependant child after the first.

Your 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.

Signature

Date / /

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 payment, 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.