Australian Government Private Health Insurance

Rebate application



form to HCi – we recommend you send it via OMS (online member serv	vices) for greater secur		soale. Please seria your completed	
You may find it easier to call us to request we apply the rebate to your p	premiums.			
Member details		Member number		
Family name	Given name(s)			
) (
Postal address (including postcode)				
Email (We require your email address to communicate with you.)	Mobile		Date of birth	
Please let us know of any new address details via OMS (Online Member Serv.	vices) or calling us		dd / mm / yyyy	
Thouse for as threw of any new dudices doldnes via one (online mornes) esti-	roos) or builing us.			
Persons covered (do not include yourself)				
Family name Given name(s)	Sex	Date of birth	Relationship to you	
1		dd / mm / yyy	у	
Please provide their email address if aged 18 plus				
2		dd / mm / yyy	у	
3		dd / mm / yyy	у	
4		dd / mm / yyy	у	
5		dd / mm / yyy	у	
To add more than 5 people, please attach a separate page with their deta	ails.			
A controlling Concerns and Driventa III	ميريم ورا الطالم	us s s D s ls su		
Australian Government Private He	eaith insurc	ance Rebai	re application	
I want to receive the Australian Government Private Health Insurance Reb	oate as a reduced premi	um.		
When do you want the rebate applied to your premiums?	mediately OR	starting on	dd / mm / yyyy	
,, , , , , , , , , , , , ,	a.a.a.,	orannig on		
Are you covered by this HCi policy? Yes. No.				
Only applicants covered by the policy (or an applicant acting for a child-only policy) can claim the Government Private Health Insurance Rebate. Employers and trustees of organisations cannot claim the Private Health Insurance Rebate for policies paid on behalf of employees. For more information about the Australian Government Private Health Insurance Rebate, see the Services Australia website.				
Are all the people on the policy listed on a Medicare card or entitled to	a Medicare card?			
Yes. Please complete the Income threshold section.				
No. You cannot apply for the Rebate until everyone on the policy h	nas a Medicare card			
13. Tod daring apply for the robust alim overyone on the policy in	as a modicale cala.			

Income threshold

If you do not nominate a Rebate Tier, the Base Tier will be applied. To change income tier or stop receiving the Rebate as a reduced premium, please notify HCi as soon as possible.

Please select one tier for your estimated family income (for the current financial year).

Single

Base
Single \$97,000 or less
Family* \$194,000 or less

Tier 1

Tier

Tier 2

Single \$113,001 - \$151,000 Family* \$226,001 - \$302,000 Т

Tier 3

Single \$151,001 or more Family* \$302,001 or more

\$97,001 - \$113,000

Family* \$194,001 - \$226,000

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 application 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

Member declaration

I have read the HCi Privacy Policy and I will inform any dependants on this application of the HCi Privacy Policy. I have the authority
to provide this information for everyone named on this application.

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1)	I declare the information provided is complete and correct. I understand that giving false or misleading information is a serious offence.
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I know that I can change tiers or cancel this rebate at any time by contacting HCi.
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Member's signature

Date

dd / mm / yyyy

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contact 1800 804 950 enquiries@hciltd.com.au www.hciltd.com.au

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^{*} The income threshold for each tier is increased by \$1,500 for every child after your first. Family includes one and two parent families.