

*...all the other week. I have really appreciated it, I  
to have her around for a couple of weeks. Anyway, I  
had another mishap? Some leg too. This time in the  
home by myself and my foot got caught in a hole the  
Down I went and broke it in two places apparently.  
on crutches for quite a while, I'd say. Am lucky I had  
my pocket, otherwise I don't know how I'd have m  
The kids think I'm  
worse than it actu  
sure when I'll be  
other week. M  
around for a  
mishap?*

# Giving me peace of mind



# Ambulance Cover

## Why Medibank Private Ambulance Cover?

Medicare does not provide cover for ambulance transport and unfortunately, in many instances, this is not discovered until after someone has used the service and received a bill.

The good news is that Medibank Private Ambulance Cover offers you the protection and peace of mind you need, at an affordable price.

## What is covered?

Ambulance Cover provides benefits towards the full cost of medically necessary ambulance transport services provided by a Medibank approved ambulance provider where:

- a) you're transported in an ambulance to a hospital or other approved facility in order to receive immediate professional attention;
- b) as an admitted patient, you're transferred to another hospital (excluding transfers between public hospital facilities);
- c) an ambulance is called to attend to you, but having received immediate professional attention, ambulance transport isn't subsequently required; and
- d) you need to be transported by air ambulance (where pre-approval has first been obtained from Medibank).

A 7 day waiting period applies before you become entitled to ambulance benefits.

## What does medically necessary ambulance transport mean?

Medically necessary ambulance transport means that travel by ambulance is necessary because, due to the nature of your medical condition, you can't be transported by any other means.

## What is not covered?

Medibank Private **does not** provide benefits towards ambulance services where:

- it is not medically necessary for you to be transported in an ambulance (except as set out in paragraph 'c' under 'What is covered?'). For example, transportation from your home to a hospital or other health care facility when you are able to take alternative transport;
- as an admitted patient, you're transferred by ambulance between public hospital facilities;
- you are transferred by ambulance once discharged from hospital;
- as an admitted patient, you are transferred to another hospital for treatment because the admitting hospital does not have the medical facilities available to treat you (the admitting hospital may pay for this service); and
- you are covered by a third party arrangement, such as an ambulance subscription scheme or State/Territory ambulance transportation scheme (benefits may be payable, however, for any ambulance costs not fully covered by such schemes).



### Do you live in Western Australia?

In Western Australia, aged pensioners and their spouse/partners and dependants are entitled to free primary ambulance services provided by the St John Ambulance Australia. In addition, all other senior citizens aged 65 or over are entitled to receive a 50% subsidy on the cost of ambulance transport provided by St John Ambulance Service. The remaining 50% of the cost may be claimable from Medibank's Ambulance Cover.

Members with Western Australian Ambulance Cover are required to contribute a \$100 co-payment towards the cost of each use of non-emergency ambulance transport rendered by the ambulance service in Western Australia. Non-emergency use is determined by the relevant ambulance service provider eg. inter-medical facility transfer.

### Are you already covered?

State ambulance transport schemes operate in NSW, ACT, Qld and Tas:

- if you live in New South Wales or the Australian Capital Territory, and already have hospital cover, you pay a government-imposed ambulance levy as part of your premium (this levy is sent on your behalf to the relevant State ambulance scheme). If you have a Commonwealth concession card you may be exempt from paying the ambulance levy.
- if your principal place of residence is in Queensland or Tasmania, you are covered for ambulance services under the relevant state ambulance schemes operating in these States.

**For more information please call us on 132 331.**

### Further information

#### Federal Government Rebate

The Federal Government 30% Rebate on private health insurance makes health cover more affordable for eligible members by reducing your health cover premiums. It's generally the same for everyone under 65, but increases as you get older.

- 30% off your premium for those aged 64 or under.
- 35% off your premium for those aged 65-69.
- 40% off your premium for those aged 70 or over.

Members are entitled to the 35% or 40% rebate as soon as at least one individual on the membership fits into either of these age categories.

### Join today

So if you live in NSW, ACT, Vic, SA, NT, or WA taking out Medibank Private Ambulance Cover is easy.

For your convenience, a reply paid self-sealing envelope and application form have been included in this brochure. You can also join online via our website at [medibank.com.au](http://medibank.com.au) or by calling us on 132 331, or by visiting a Medibank store.

### How to pay

Medibank Private Ambulance Cover premiums are payable in advance at half-yearly or yearly intervals only.

#### Direct debit

Medibank Private's direct debit facility is a convenient and flexible way to pay your premiums. Your premiums are automatically deducted from your bank, building society or credit union. Direct debit is **not** available by credit card for Ambulance Cover.

#### Other payment methods

You can also make your initial payment or renew your health cover:

- online at [medibank.com.au](http://medibank.com.au)
- Once you have joined, you can also pay your premiums:
- by BPAY® (through your participating financial institution)
  - by calling Australia Post on 131 816 and registering to pay through their Billpay service or
  - at any branch of Australia Post.

Please contact us on 132 331 or visit a Medibank store for more information on the various payment methods available to you.

# Ambulance Cover premiums

## Effective 3 October 2011

Medibank Private Ambulance Cover is not available to residents of Queensland or Tasmania.

Premiums vary from state to state. You are required to hold membership and pay the premium applicable to the state or territory in which you reside.

### Premiums without Federal Government Rebate deducted

|                                     |                                    | Half-yearly \$ | Yearly \$ |
|-------------------------------------|------------------------------------|----------------|-----------|
| <b>New South Wales</b>              | Single                             | 27.30          | 54.60     |
|                                     | Couple/family/single parent family | 54.60          | 109.20    |
| <b>Australian Capital Territory</b> | Single                             | 27.30          | 54.60     |
|                                     | Couple/family/single parent family | 54.60          | 109.20    |
| <b>Victoria</b>                     | Single                             | 27.30          | 54.60     |
|                                     | Couple/family/single parent family | 54.60          | 109.20    |
| <b>South Australia</b>              | Single                             | 28.80          | 57.60     |
|                                     | Couple/family/single parent family | 57.60          | 115.20    |
| <b>Northern Territory</b>           | Single                             | 28.80          | 57.60     |
|                                     | Couple/family/single parent family | 57.60          | 115.20    |
| <b>Western Australia</b>            | Single                             | 26.10          | 52.20     |
|                                     | Couple/family/single parent family | 52.20          | 104.40    |

### Premiums with Federal Government 30% Rebate deducted

|                                     |                                    | Half-yearly \$ | Yearly \$ |
|-------------------------------------|------------------------------------|----------------|-----------|
| <b>New South Wales</b>              | Single                             | 19.10          | 38.20     |
|                                     | Couple/family/single parent family | 38.20          | 76.40     |
| <b>Australian Capital Territory</b> | Single                             | 19.10          | 38.20     |
|                                     | Couple/family/single parent family | 38.20          | 76.40     |
| <b>Victoria</b>                     | Single                             | 19.10          | 38.20     |
|                                     | Couple/family/single parent family | 38.20          | 76.40     |
| <b>South Australia</b>              | Single                             | 20.15          | 40.30     |
|                                     | Couple/family/single parent family | 40.30          | 80.60     |
| <b>Northern Territory</b>           | Single                             | 20.15          | 40.30     |
|                                     | Couple/family/single parent family | 40.30          | 80.60     |
| <b>Western Australia</b>            | Single                             | 18.25          | 36.50     |
|                                     | Couple/family/single parent family | 36.50          | 73.05     |

Premiums with Federal Government 35% Rebate deducted<sup>†</sup>

|                                     |                                    | Half-yearly \$ | Yearly \$ |
|-------------------------------------|------------------------------------|----------------|-----------|
| <b>New South Wales</b>              | Single                             | 17.70          | 35.45     |
|                                     | Couple/family/single parent family | 35.45          | 70.95     |
| <b>Australian Capital Territory</b> | Single                             | 17.70          | 35.45     |
|                                     | Couple/family/single parent family | 35.45          | 70.95     |
| <b>Victoria</b>                     | Single                             | 17.70          | 35.45     |
|                                     | Couple/family/single parent family | 35.45          | 70.95     |
| <b>South Australia</b>              | Single                             | 18.70          | 37.40     |
|                                     | Couple/family/single parent family | 37.40          | 74.85     |
| <b>Northern Territory</b>           | Single                             | 18.70          | 37.40     |
|                                     | Couple/family/single parent family | 37.40          | 74.85     |
| <b>Western Australia</b>            | Single                             | 16.95          | 33.90     |
|                                     | Couple/family/single parent family | 33.90          | 67.85     |

Premiums with Federal Government 40% Rebate deducted<sup>†</sup>

|                                     |                                    | Half-yearly \$ | Yearly \$ |
|-------------------------------------|------------------------------------|----------------|-----------|
| <b>New South Wales</b>              | Single                             | 16.35          | 32.75     |
|                                     | Couple/family/single parent family | 32.75          | 65.50     |
| <b>Australian Capital Territory</b> | Single                             | 16.35          | 32.75     |
|                                     | Couple/family/single parent family | 32.75          | 65.50     |
| <b>Victoria</b>                     | Single                             | 16.35          | 32.75     |
|                                     | Couple/family/single parent family | 32.75          | 65.50     |
| <b>South Australia</b>              | Single                             | 17.25          | 34.55     |
|                                     | Couple/family/single parent family | 34.55          | 69.10     |
| <b>Northern Territory</b>           | Single                             | 17.25          | 34.55     |
|                                     | Couple/family/single parent family | 34.55          | 69.10     |
| <b>Western Australia</b>            | Single                             | 15.65          | 31.30     |
|                                     | Couple/family/single parent family | 31.30          | 62.60     |

<sup>†</sup>Federal Government Rebate: As soon as a membership includes one member aged 65-69 the 35% rebate is available, and as soon as a membership includes one member aged 70 or over the 40% rebate is available.

**For more information about payment options, or the Federal Government Rebate, please call us on 132 331, drop into a Medibank store or visit [medibank.com.au](http://medibank.com.au)**

Premiums are subject to change and may vary by a few cents due to rounding. You will be notified in writing should your premium change after you join.

## Things worth knowing

### Do you have a 'cooling-off' period?

If you join but then decide you'd like to either cancel your membership or move to another cover, we have what is known as a 'cooling-off' period. This also applies if you're already a member and have recently changed your cover.

As long as you tell us within 30 days of joining or changing your cover, and no claims have been made against your policy there's no problem. We can either transfer you to a more suitable cover or refund your premium in full.

### What if I have a complaint?

We'll try to resolve any complaint you may have the first time you raise it with us – please contact us with any issues through the contact points listed on the back of this brochure. If you believe your complaint has not been satisfactorily dealt with, let us know and we'll escalate your complaint. You can also write to our Customer Resolutions team at Medibank, GPO Box 9999, Melbourne, VIC 3000.

Free, independent advice is also available from the Private Health Insurance Ombudsman:

- call 1800 640 695
- online [phio.org.au](http://phio.org.au)

### Private Health Insurance Code of Conduct

We're proud to be a signatory to the Private Health Insurance Code of Conduct. The code was developed by the private health insurance industry and aims to promote the standards of service to be applied throughout the industry. The code is designed to help you by ensuring that:

- information which we provide to you is written in plain language
- our employees are competently trained to deal with your enquiries
- we protect the privacy of your information in line with the privacy legislation
- you have access to a reliable and free system of addressing complaints with us.

A copy of the code is available online at [privatehealth.com.au/codeofconduct](http://privatehealth.com.au/codeofconduct)

## Your application forms

### 1 Application (must be completed)

Complete this form if you want to join Medibank Private Ambulance Cover, transfer from an existing membership, change your cover, or add or remove dependants.

### 2 Bank, building society or credit union direct debit request

Complete this form if you want your premiums automatically deducted from your bank, building society or credit union account.

### 3 Credit card payment

Complete this form if you want to pay your first premium by credit card. Direct debit is not available by credit card for Medibank Ambulance Cover.

### 4 Application to receive the Federal Government 30% Rebate as a reduced premium.

Complete this form if you want to apply to receive the Federal Government 30% Rebate as a reduced premium.

The information contained in this brochure is current at the time of issue, 3 October 2011, and supersedes all previously published material. Membership of Medibank Private, including entitlement to and payment of benefits, is subject to our Fund Rules and policies. Ensure you read this brochure thoroughly and retain a copy for future reference. Premium rates, benefits and the Fund Rules and policies are subject to change from time to time. A summary of the main Fund Rules is contained in our Membership Guide, which is issued to you when you join. A copy of our Fund Rules is available to view at [medibank.com.au](http://medibank.com.au) or at any of our Medibank stores. Personal information is handled in accordance with our Privacy Policy, which is available at [medibank.com.au](http://medibank.com.au) and our Medibank stores.

# 1 Application



## 1 I wish to join Medibank Private Ambulance Cover

Single
  Couple
  Family
  Single parent family

Medibank Private membership no. (if you have one)

Cover, or change of cover is required from / / (Please note: your cover does not commence until Medibank Private receives payment.)

## 2 Applicant's details

This person will be known as the contributor and will be responsible for the Medibank Private membership. The contributor is the person we communicate with about changes to the cover, membership benefits and premiums, as well as major changes to our Fund Rules.

Title Mr/Mrs/Ms/Miss/Dr/Other

First name Second initial Family name

Date of birth / /  Male  Female

Address

Suburb/City State Postcode

For couple and family memberships, do you require mail addressed in both adults' names?  Yes  No

Home phone number ( ) Business phone number ( )

Mobile phone number

Email address work/private

Preferred method of contact by Medibank Private

## 3 All other persons covered

|  | Person 1  | Person 2  | Person 3  | Person 4  | Person 5  |
|--|---|---|---|---|---|
| First name and second initial  |   |   |   |   |   |
| Family name<br>(if different from applicant)   |   |   |   |   |   |
| Relationship to applicant  |   |   |   |   |   |
| Date of birth<br>(DD/MM/YYYY)  |   |   |   |   |   |
| Male/Female  | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F |
| Residential address<br>(if different from applicant)   |   |   |   |   |   |
| Phone numbers<br>(if different from applicant)   | H: ( )<br>W: ( )<br>M: ( )                            | H: ( )<br>W: ( )<br>M: ( )                            | H: ( )<br>W: ( )<br>M: ( )                            | H: ( )<br>W: ( )<br>M: ( )                            | H: ( )<br>W: ( )<br>M: ( )                            |
| Email<br>(if different from applicant and they would like us to keep them up-to-date with Medibank Private news and services via email, fill in their email address) |   |   |   |   |   |

## 4 Payment method

**Direct debit** – Bank/Building Society/Credit Union (please complete Form 2 – Bank, building society or credit union direct debit request)

**Credit card** – For your initial payment only (please complete Form 3 – Credit card payment)

For other payment methods, please call us on 132 331, or visit one of our Medibank stores for more information.

# 1 Application *(continued)*

## 5 Privacy Statement

Medibank Private Limited collects and uses your personal (including sensitive) information (*Information*) to provide you with products and services, including insurance and health related services and to continue to develop these services. These products and services may be offered or provided by us, one of our subsidiaries or a third party. We may not be able to perform these functions if you do not provide us with your Information. We may collect your *Information* from you, another person on your membership, a person authorised to provide us this *information* on your behalf, a Medibank subsidiary or a third party.

We may disclose your *Information* to third parties (including overseas) such as the parties named above, our service providers, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). These third parties may also collect your *Information* directly from you. You are permitted by law to access and correct *Information* we hold about you.

From time to time, we may also use your *Information* to contact you (including by phone, text message or email) about other products or services we think may be of interest to you. We may also collect and disclose your *Information* from or to our subsidiaries, and they may also share your *Information* with each other, to have an integrated view of our members and provide you with a personalised service (including health service). Our subsidiaries may use your *Information* to contact you (including by phone, text message or email) about their services. Please contact our Privacy Officer (whose details appear below) if you would like to withdraw your consent to these specific additional uses, collections and disclosures.

As a Medibank member, you consent to the collection, use and disclosure of your *Information* in accordance with our Privacy Policy. As the person responsible for the management of your membership you must ensure any spouse/partner and dependant children are aware of and consent to how their *Information* is handled. For more information about how we handle your *Information*, you can obtain the latest copy of our Privacy Policy (effective 26 September 2011) at [medibank.com.au](http://medibank.com.au) or by visiting a Medibank store or contact our Privacy Officer at 16/700 Collins Street, Docklands, Victoria 3008 or [privacy@medibank.com.au](mailto:privacy@medibank.com.au)

## 6 Please read and sign this form

'I declare and acknowledge that:

- 1 I am aware that Medibank Private has a Privacy Policy which is available for me to view and I consent to the use and disclosure of my personal information in accordance with this policy.
- 2 I have authority to provide the personal information of my spouse/partner or dependants referred to on this application and will inform them of the existence of the Medibank Private Privacy Policy.
- 3 I will make, or authorise the making of, all claims under this policy and will ensure that each claim includes the sensitive information of a spouse/partner or dependant aged 16 years and over only with their consent.
- 4 I authorise any medical practitioner, hospital, or other health service or health provider to supply from time to time to Medibank Private full and complete details of all or any information Medibank Private considers necessary to the assessment of any claim concerning me, my spouse/partner, or my dependants and acknowledge that I have their consent to give this authority on his or her behalf.
- 5 I authorise my previous health fund (if any) to release to Medibank Private all personal information concerning me, my spouse/partner, and my dependants required to confirm membership entitlements and declare that I have the consent to authorise the release of personal information relating to my spouse/partner and all dependants aged 16 years or over.
- 6 I am aware of and understand that a 7 day waiting period applies.
- 7 State of residence: I understand that Medibank Private's Fund Rules require me to hold membership only in respect of the State in which I reside. I further understand that I may be required to transfer to, or Medibank Private may automatically transfer me to, the applicable cover corresponding to the State in which I reside, and I agree to be bound by the terms and conditions of the applicable level of cover.
- 8 I am responsible for this membership and I will communicate, to all current and future persons covered by it, the information contained in the Membership Guide (being a selective summary of the Fund Rules), the existence of the Fund Rules and the fact that those rules apply to every member of Medibank Private. A copy of the Fund Rules is available for viewing at [medibank.com.au](http://medibank.com.au) or at Medibank stores.
- 9 I understand that my spouse/partner will automatically be able to manage most aspects of this membership and Medibank Private may disclose registered membership details to him/her. I will refer to the Membership Guide for full details and will advise Medibank if I do not want my spouse/partner to have these rights.

I declare that all details provided on this form are true and correct and I agree to be bound by the Fund Rules of Medibank Private, as varied from time to time.'

Signature \_\_\_\_\_

Date        /        / \_\_\_\_\_

## 2 Bank, building society or credit union direct debit request

### Membership details

Title  First name

Family name

Address

Postcode

Medibank Private membership no. (if you have one)

I/We request that premiums due to Medibank Private (User id. 479) covered by this document be drawn under the direct debit system from my/our account conducted with (name of financial institution):

### Financial institution

Bank  Credit Union  Building Society

### Type of account

Statement savings  Cheque  Other (please state)

Please pay the premiums on the following basis

Half-yearly

Yearly

I/We would like the first debit to occur on or after  /  /

Medibank Private is unable to accept debits on the 29th, 30th and 31st of any month. Your cover does not commence until Medibank Private receives payment.

### Account details

Account name

BSB number

Account number

Is the bank account in the name of the contributor on the membership?

Yes  No

If yes, we'll register the account so any payable extras benefits can be deposited into this account.

I do not wish to register these account details.

I/We acknowledge that the direct debit arrangement is governed by the terms and conditions of the Direct debit client service agreement (see opposite) and authorise Medibank Private to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment. I/We authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

Signature

Date  /  /

Direct debit client service agreement for the payment of Medibank Private health insurance premiums

### OUR COMMITMENT TO YOU

#### Drawing arrangements

We will advise you, in writing, of the drawing details for the payment of your premiums.

These details will include the amount, frequency and commencement date of the deductions and, where possible, will be issued ten (10) business days prior to the first deduction.

Where the due date for a debit falls on a non-business day, we will draw the amount on the following business day.

We reserve the right to cancel the direct debit arrangement for your premiums if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.

In the event a debit is returned unpaid, we may attempt a redraw on your nominated account seven (7) days or more after the rejection. By entering into this agreement, you authorise Medibank Private to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment. You authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

#### Your Privacy

We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent. We will only use other personal information you provide in accordance with Medibank Private's Privacy Policy.

To obtain the latest version of our Privacy Policy, visit [medibank.com.au](http://medibank.com.au) or drop into a Medibank store.

#### Your rights

You may do the following by contacting us at least ten (10) business days in advance:

- change the frequency of deductions\*;
- change the date on which deductions are regularly made\*;
- change your nominated account;
- terminate this direct debit arrangement; or
- stop the debiting of an individual premium debit.

Where you consider the debit is incorrect in either the frequency or amount, or both, you should raise the matter with Medibank Private.

\*Deductions from a credit card can only be made on the 11th of each month at monthly intervals.

#### Your responsibilities

It is your responsibility to:

- ensure sufficient funds are available in the nominated account to meet the debit on the nominated date;
- advise us if the account you have nominated to debit the premiums from is transferred or closed;
- ensure that suitable arrangements are made if the direct debit is cancelled by yourself; by your nominated financial institution; by us due to three (3) returned unpaid debits; or for any other reason;
- ensure that your account can accept direct debits.

# 3 Credit card payment

**Please note: Payment by credit card is for your initial payment only. Direct debit is not available by credit card.**

Title First name

---

Family name

---

Address

---

Postcode

---

Medibank Private membership no. *(if you have one)*

---

I authorise Medibank Private to charge my credit card on this occasion only for the amount of \$

---

### Credit card details

MasterCard     VISA

Cardholder's name

---

Credit card no.

Expiry date        /

---

Cardholder's signature

---

Date        /        /

---

# 4 Application to receive the Federal Government 30% Rebate as a reduced premium

- Complete this registration form and lodge it with Medibank Private to apply to receive the Federal Government Rebate as a reduced premium. This form is applicable for the 30%, 35% and 40% Rebates.
- This application must be completed in black pen using block letters.
- 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 as a reduced premium, you must notify Medibank Private as soon as possible.

Name of private health fund issuing the policy to which this application relates: **Medibank Private**

Membership number

Are you covered by this policy?  Yes  No

**You may register for this scheme if the policy is only for your dependent child and you are the parent of the child.**

Your Medicare card details

Number

Valid to / /

Your full name as it appears on your Medicare card

Your current postal address

Postcode

Your residential address

Postcode

Your daytime phone number (should we need to contact you)

Work ( )

Home ( ) Mobile

Your date of birth / /

Male  Female

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

| Family name | Given names(s) | Date of birth<br>DD/MM/YY | Male/Female   | Dependent child                                       |
|-------------|----------------|---------------------------|---|---|
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |
|             |                |                           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |

A child is dependent if:

- the child is under the age of 18 years, or a full-time student under the age of 25;
- the child is covered by your insurance policy and your health fund accepts the child as a dependent child on the policy;
- the child is not the partner of another person.

**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 are;

- an Australian citizen;
- a holder of a permanent resident visa;
- a New Zealand citizen or, in some cases, an applicant for permanent resident visa.

Any inquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011 for the cost of a local call.

### 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 purpose of registering you for the Federal Government 30% Rebate. Its collection is authorised by law and information collected may be disclosed to the Department of Health and Ageing, Medicare Australia and the Australian Taxation Office.

**PLEASE SEND THIS REGISTRATION FORM TO YOUR PRIVATE HEALTH INSURANCE FUND**

Signature

Date / /



