Queensland Country Health Fund

# Application to Receive the Federal Government Rebate as a Reduced Premium

A Registered Private Health Insurer
ABN 18 085 048 237
Registered Office:
85 Patrick Street, Aitkenvale Qld 4814

Qld Country Health Fund membership no.

**Please complete this registration form to receive the Federal Government Rebate on Private Health Insurance as a reduction in your contribution. If you do not complete the below section, full membership fees apply.**

**If at any stage you wish to stop receiving the Federal Government Rebate as a reduced premium, you must notify us as soon as possible.**

Are all the people listed on your membership eligible for a current Medicare Card?

☐ Yes - please complete the remainder of this form.

☐ No - you cannot apply for the rebate, please do not complete this form.

***Note: Employers and trustees of organisations can not claim the Federal Government Rebate on policies paid on behalf of empolyees.***

Your Medicare number

Valid to (mm/yy) ☐☐/☐☐

Your full name exactly as it appears on your Medicare card

Your Residential Address
(PO Box not accepted)

Home Phone

Daytime Phone

Mobile

Email Address

Your Date of Birth ☐☐/☐☐/☐☐☐☐

Your sex

Male ☐ Female ☐

**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 purposes of registering you for the Federal Government Rebate. It's 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.

Contact Address
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