Applicant Surname			
Applicant First name			Title/Rank
Address			
Suburb		State	Postcode
Daytime phone	Email		

DefenceHealth

Defence Health Limited
ABN 80 008 629 481 AFSL 313890
PO Box 7518 Melbourne VIC 8004
Freecall 1800 335 425
Facsimile 1300 665 096
www.defencehealth.com.au
info@defencehealth.com.au

Member No

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

- Complete this registration form and lodge it with Defence Health to receive the Federal Government 30% Rebate as a reduced premium.
- If your Medicare card is out of date, you cannot qualify for the rebate until you obtain a new card from Medicare.
- Your partner's Medicare Card details can be used to complete this section if you are full-time ADF and do not have your own Medicare Card.
- All people eligible for benefits on your cover must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

Date of birth / / Gender ☐ Male ☐ Female

Are you covered by this policy? ☐ Yes ☐ No

Your Medicare card number Valid to /

Your name as it appears on your Medicare card

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

Given names	Surnames	Date of birth	Gender	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

Are all the persons on your Defence Health policy listed on a Medicare Card or entitled to a Medicare Card? ☐ Yes ☐ No

If **Yes**, please complete the remainder of this section.
If **No**, you cannot apply for the rebate until you obtain a Medicare card.

The information provided by you on this form will be used for the purposes of registering you for the Federal Government 30% Rebate on private health insurance. Its collection is authorised by law, and information collected will be disclosed to the Department of Health and Ageing, the Health Insurance Commission and the Australian Taxation Office.

C 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**

AHBMS021