

Medicare Levy Exemption Form

Section 1 - Information:

1.1 The *Income Tax Assessment Act 1936* makes the Medicare Levy payable by individuals residing in Australia who are eligible for Medicare. Persons who are not entitled to Medicare can seek an exemption to the Medicare Levy in their income tax return. To obtain an exemption, you (and your dependents) must be ineligible for Medicare and must apply for Medicare Levy Exemption Certification.

1.2 If you are not sure about your eligibility for Medicare benefits, you should check with the Medicare Levy Exemption Certification Unit on telephone number 1300 300 271. You may not be eligible for an Exemption Certificate if you:

- Hold an Australian permanent resident visa or have applied for a permanent resident visa
- Were a resident of New Zealand*, the United Kingdom, Northern Ireland, Italy, Malta, Sweden, the Netherlands or Finland.
- Were responsible for the medical costs of a dependant or other person/s who was eligible for Medicare
- Are an Australian citizen, residing overseas for less than 5 years**. (NB this includes Australian government officers)

Note: * New Zealand residents arriving after 1 September 1999 may not be eligible for Medicare benefits.

** This arrangement may cease at the end of 2003.

1.3 Do not apply for certification for the current financial year unless you are leaving the country and will be submitting a final income tax return before the end of the financial year.

Section 2 - To claim an exemption:

2.1 To claim an exemption from the Medicare Levy in your income tax return to the Australian Taxation Office, you need to supply a copy of your Medicare Levy Exemption Certificate. To obtain this certification, you must complete the attached application and submit it to HIC.

2.2 When your application has been assessed and processed, you will receive a reply which contains the certificate; or a response which details the reason your certification was refused.

2.3 A separate application form is required for each financial year.

2.4 A Financial year runs from 1 July to 30 June.

2.5 An original dated signature is required on each application form.

2.6 Please attach certified copies of all used pages of your Passport and your current visa; or if your current visa is a permanent one, your last temporary visa.

2.7 If the application is prepared by a Tax Agency, the tax agent must complete the Tax Agency details under section 5 of the application form.

2.8 Further copies of the application form can be obtained by:

- downloading the application form from <http://www.hic.gov.au/medicare/>
- telephoning 1300 300 271.

Enquiries

Telephone enquiries about completing this form should be made to:

Levy Exemption Certification Unit
Telephone number 1300 300 271

Lodgment details

When completed the application should be sent to:

Levy Exemption Certification Unit
HIC
GPO Box 9822
Hobart TAS 7001

Applications can also be faxed to:
(03) 6215 5700

Please note: Where applications are faxed, you must retain the original documents for taxation purposes and forward certified copies of supporting documents by mail.

Section 3 - Application for Medicare Levy Exemption Certification

Please indicate the financial year for which you are applying
yyyy

All questions must be answered (except question 8, if not applicable).

Q1. What is your full name? (Show exactly as it will appear on your tax return form)

Title e.g. Mr, Mrs, Ms, Miss												
Surname or Family Name												
Given Names												
Gender	Female						Male					

Q2. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Q3. What is your daytime contact telephone number?

Q4. What is your home (residential) address? It can not be a PO Box address, and a business address is not acceptable unless living at the business address.

Suburb or Town												
State	Post Code				Country if not Australia							

Q5. What is your **postal address for correspondence related to this application**? If your postal address is the same as your home address, please write "As above".

Suburb or Town												
State	Post Code				Country if not Australia							

Q6. Eligibility for Exemption (all questions must be answered)

a) Have you applied for a permanent resident visa? (other than an Aged Parent visa)

No

Yes ⇒ Date applied ⇒ Is this application still current?

dd/mm/yyyy

Yes

No ⇒ What date did it cease?

dd/mm/yyyy

b) Do you have permission to work? Yes

No

c) Do you have a parent, spouse or child who is an Australian citizen or holds a permanent residential visa?

Yes ⇒ On what date did they obtain citizenship or permanent residency

dd/mm/yyyy

No

d) Country prior to Australia How long were you there?

yy/mm

Q7. Show the period within, (or if appropriate the whole of) the financial year during which you **and** all of your dependents were **not** entitled to Medicare benefits. **Do not** include any period later than the date on which this application is signed. All periods shown must be in the same financial year.

From:					to					
	Day	Month	Year			Day	Month	Year		

From:					to					
	Day	Month	Year			Day	Month	Year		

Q8. If you are leaving, or have left Australia, before the end of the current financial year, and are applying on this application form, for the current financial year, enter your expected or actual date of departure.

	Day	Month	Year		

Please note:

1. There are penalties for deliberately making a false or misleading statement.
2. Periods after the date of signature, date of permanent residency or departure date cannot be certified.

Declaration by taxpayer

I declare that:

- the information given in this application is complete, true and correct;
- for the period/s specified in Question 7, I was a resident of Australia for taxation purposes; and at the same time I was not entitled to Medicare benefits nor Medicare benefits under a Reciprocal Health Care Agreement, and every person who was a dependant of mine during that period/s was also not entitled to Medicare benefits.

Signature:					
	Day	Month	Year		

Privacy note: The information contained on this form will be used to assess your eligibility for an exemption from the Medicare Levy. The collection of this information is authorised by law and copies of the application and/or information contained within the application may be released to the Australian Taxation Office and the Department of Health and Aged Care.

Section 4 - Checklist

Have you included the following information?

- Certified copies of your passport and visa?
- Separate application forms for each financial year?
- An original dated signature on each application?

Section 5 - Tax Agency Details

If this application has been prepared by a Tax Agent the following **must** be completed.

Name of Tax AgencyTax Agent Number

Name of person who prepared application in tax agency

Telephone number (.....)