

How to read your Private Health Insurance Statement

Private Health Insurance Statement

1 July 20XX to 30 June 20XX



Statement Print Date:

Statement prepared for:

The following information is relevant to the completion of your 20XX income tax return.

The table below provides details of your 20XX-XX private health insurance policy. If your policy has more than one Private Health Insurance Incentive Beneficiary, this statement will only display your share amounts.

The Australian Government determines the way the rebate is calculated and applied to premiums. Rebate percentages are adjusted on 1 April each year. If you paid premiums for your policy before and on or after 1 April, the table below will contain at least two lines of information. Where more than one line of information has been provided, the information from each line must be entered separately at the corresponding labels on the income tax return at Private health insurance policy details.

You will need to nominate a tax claim code when completing the Private health insurance policy details section of your tax return. Read the tax return instructions to determine the tax claim code appropriate for your situation.

Australian Government Rebate on private health insurance					
Health insurer ID	Membership number	Your premiums eligible for Australian Government Rebate	Your Australian Government rebatereceived	Benefit code	Other adult beneficiaries for the policy
B	C	J	K	L	
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IMPORTANT - If you have more than one line of information in the table above, make sure each line is input separately into your income tax return. Do not add-up amounts reported in any column or row and input a total.

M2	Medicare levy surcharge
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If you and all your dependants (including your spouse) did not have an appropriate level of private patient hospital cover for the full financial year (365 days) you may be liable for the Medicare levy surcharge – see 20XX Individual tax return instructions question M2.

Number of days this policy provides an appropriate level of private patient hospital cover	A
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Why are there multiple lines on my statement?

This could be because:

- The Rebate changes from 1 April each year. You'll have at least two lines if you paid premiums before 1 April, and on or after that date.
- If an adult on the membership has had a birthday that entitles the membership to a higher rebate, there will be an additional line.
- An eligible adult – this includes a member, spouse, partner, or de facto - joining or leaving the membership can result in additional lines.

B – Health insurer ID

This is a three-letter identifier unique to each Fund.

For Nurses & Midwives Health this is NTF

C – Your membership number

J – Your share of premiums eligible for Australian Government Rebate

- If you pay a Lifetime Health Cover (LHC) loading, it isn't included in this amount. Only the non-LHC portion of your payment is eligible for the rebate.
- Eligible adults on a policy include a member, spouse, partner, or de facto. If there was a change to the eligible adults during the financial year, payments are split between them based on the dates they were covered by the membership.

K – Your Australian Government Rebate received

Includes each eligible adult's share of the rebate paid by Medicare to the Fund this financial year. If there was a change to eligible adults during the year, payments are split between them based on the dates they were covered by the membership.

L – Benefit code

Used by the ATO to help calculate your rebate entitlement. It indicates the age bracket of the oldest person on the policy.

Other adult beneficiaries for the policy

The name of any other eligible adults covered by the membership when the premiums were received. This includes a spouse, partner, or de facto covered by the policy.

A – Number of days with appropriate hospital cover

The number of days in the financial year that you had hospital cover with the Fund.