

MEMBERSHIP CHANGE FORM



UPDATED APRIL 2025

MAKING YOU THE PRIMARY MEMBER

- Complete the relevant details on all pages
- Read and sign the declaration
- Enclose/attach a copy of the death certificate (this will inform the date you become the primary member)
- Submit your completed form via post: **Teachers Health, GPO Box 9812, Sydney NSW 2001** or email: info@teachershealth.com.au

For help with anything related to your membership, please call us on **1300 728 188** or email info@teachershealth.com.au

A. YOUR DETAILS

Membership number

Title Mr Mrs Miss Ms Dr Other

First name

Surname

Date of birth / / Gender Female Male Other

B. CONTACT DETAILS

Mobile Daytime phone

Primary email

Secondary email

I authorise Teachers Health to contact me via email (this includes legally-required communications such as premium notifications).

Yes No

Home address

Address

Suburb/town State Postcode

Postal address

As above (or please complete if different to home address)

Address

Suburb/town State Postcode

Authorisation

Do you want to authorise a third-party to manage your membership, if needed? For more info, see teachershealth.com.au/authority Yes No

TITLE	FIRST NAME	SURNAME	DATE OF BIRTH	CONTACT NO.	EMAIL	RELATIONSHIP
ADDRESS						
TITLE	FIRST NAME	SURNAME	DATE OF BIRTH	CONTACT NO.	EMAIL	RELATIONSHIP
ADDRESS						

C. PAYMENT DETAILS

Direct debit (paying your premiums)

By signing this application form, I declare that I have obtained all necessary consents from all (including joint and third party) account holders for deductions to be made by direct debit. I/we request, until notice is given, that monies due to Teachers Health be drawn under the direct debiting system from the account, as per details listed below.

BSB number -

Account number

Account holder name/s

Payment frequency Fortnightly Monthly Quarterly Half yearly Yearly

Preferred payment date / /

Your first debit may differ from your regular payment amount (if the debit date isn't the same as your membership start date).

Direct credit (receiving your claims)

Would you like benefits paid into the above account? Yes No (add benefit account details below)

BSB number -

Account number

Account holder name/s

Signature of account holder or authorised person

/ /

Date

D. REBATE

Please complete this section to receive the Australian Government Rebate on Private Health Insurance as a reduced premium. If you do not complete this section, full premiums apply. All people listed on the policy must be eligible to claim Medicare for you to receive the Rebate as a reduced premium. For more information about eligibility for Medicare, go to servicesaustralia.gov.au/medicare-card

If you select the wrong tier, this may have implications with respect to your annual tax return (and you may be required to repay the Rebate, or some part of it).

1. Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

Yes Please complete the remainder of this section.

No You cannot apply for the Rebate until you obtain a Medicare card.

2. Are you covered by the policy?

Yes

No Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.

Date you wish Rebate to commence from: The policy start date or another date / /

Medicare card number Expiry date / /

***Inclusion of day in date is only applicable for those holding an interim or reciprocal Medicare card.**

Name on card (exactly as it appears)

I'd like to nominate the Rebate tier below to be applied to my membership (Please mark one selection only)

APPLICABLE REBATE %					INCOME THRESHOLDS	
Income Tier	Tick	Under 65 years	65-69 years	70+ years	Single	Couples/Family
Base Tier	<input type="radio"/>	24.288%	28.337%	32.385%	Up to \$97,000	Up to \$194,000
Tier 1	<input type="radio"/>	16.192%	20.240%	24.288%	\$97,001 to \$113,000	\$194,001 to \$226,000
Tier 2	<input type="radio"/>	8.095%	12.143%	16.192%	\$113,001 to \$151,000	\$226,001 to \$302,000
Tier 3	<input type="radio"/>	0%	0%	0%	More than \$151,000	More than \$302,000

Note: Single parents and couples (including de facto couples) are subject to family tiers as is defined by the ATO. For families with children, the thresholds are increased by \$1,500 for each child after the first.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify your health fund as soon as possible.

For more information about the Australian Government Rebate on Private Health Insurance, go to privatehealth.gov.au. Questions about Medicare eligibility can be made at any Services Australia Service Centre or by calling **132 011**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

E. DECLARATION & REMINDERS

Please read and acknowledge the following:

- I declare that the information I have provided in this form is complete and correct.
- I have attached a copy of the requested death certificate.
- I have attached a paid tax invoice of the funeral expenses (only applicable to members who have held continuous Top Extras cover since before 1 April 2007).

Signature of new primary member

Print name

Date / /

WHAT NEXT? Once form is completed please send to **GPO Box 9812, Sydney NSW 2001** or **info@teachershealth.com.au**

PRIVACY POLICY

Teachers Health respects your privacy and is committed to managing and protecting your personal and health-related information in accordance with relevant legislation in Australia. If you would like to find out more about Teachers Health's privacy policy visit teachershealth.com.au/privacy. Teachers Federation Health Ltd ABN 86 097 030 414 trading as Teachers Health. A Registered Private Health Insurer.