



Medicare Levy exemption form

Section 1—Information:

- 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.
- 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 the United Kingdom, Northern Ireland, Italy, Malta, Sweden, the Netherlands, Finland or Norway.
 - 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)
- 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:

- 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 Medicare Australia.
- 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.
- A separate application form is required for each financial year.
- A Financial year runs from 1 July to 30 June.
- An original dated signature is required on each application form.
- 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.
- 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.
- Further copies of the application form can be obtained by:
 - downloading the application form from www.medicareaustralia.gov.au/yourhealth
 - 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
Medicare Australia
GPO Box 9822
Hobart TAS 7001

Applications can also be faxed to:
(03) 6215 5632

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

Queries about deductions of the Medicare Levy from salary or wages should be directed to the Australian Taxation Office.

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"/>	<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 Postcode 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 Postcode 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: _____ Date: ____/____/_____

Privacy note: The information provided by you on this form will be used to assess your eligibility for an exemption from the Medicare Levy and to maintain a record of entitled persons for government programs administered by Medicare Australia. This information may be disclosed to the Department of Human Services, the Australian Taxation Office, Department of Health and Ageing, Centrelink, Department of Veterans' Affairs and the Department of Immigration and Multicultural and Indigenous Affairs or as authorised or required by law.

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 Agency _____ Tax Agent Number _____

Name of person who prepared application in tax agency _____

Telephone number (____) _____