



# Application for Medicare levy exemption certification

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 from the Medicare levy in their income tax return. To obtain an exemption, you (and your dependants) must be ineligible for Medicare and must apply for *Medicare levy exemption certification*.

## Eligibility

- To check your eligibility for Medicare benefits, call the Medicare Levy Exemption Certification Unit on **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 prior to entering Australia
  - maintain a dependant or other person(s) who was eligible for Medicare (an applicant maintains a dependant if any of the following applies—the applicant and their dependant live in the same house; the applicant provides the dependant with food, clothing and lodging; the applicant helps the dependant pay for their living, medical and educational costs.)
  - are an Australian citizen, residing overseas for less than five years. (**Note:** this includes Australian government officers.)
- You should 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.

## To claim an exemption

- To claim an exemption from the Medicare levy in your income tax return, you need to supply a copy of your *Medicare levy exemption certification*. To obtain this certification, you must complete this application form and submit it to Medicare Australia.
- When we have assessed and processed your application, we will send you the certificate, or a response which details the reason your certification was refused.
- We require **certified** copies of **all used pages** of your passport. This includes all Australian visas, all arrival and departure stamps and the photo page.
- We require a separate application form for each financial year. (A financial year runs from 1 July to 30 June).
- We require an original dated signature on each application form.
- If a tax agent prepares the application, the tax agent must complete the Tax Agent details under question 12 of the application form.
- For more copies of this form visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **Medicare forms** - **individuals** then go to **Medicare claiming forms**

or call **1300 300 271\***.

## Lodgement details

Post your completed application form to:

**Levy Exemption Certification Unit  
Medicare Australia  
GPO Box 9822  
Hobart TAS 7001**

\* Call charges apply

## Enquiries

If you need help completing this form call the Medicare Levy Exemption Certification Unit on **1300 300 271\*** or email your enquiry to [levyenquiry@medicareaustralia.gov.au](mailto:levyenquiry@medicareaustralia.gov.au)

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

## Application for Medicare levy exemption certification

You must answer all questions.

**Print neatly in BLOCK LETTERS.**

**Tick where applicable**

1 Which financial year are you applying for?

1 July 20 \_\_ \_\_ to 30 June 20 \_\_ \_\_

**Note:** you must make a separate application for each financial year you are applying for.

## Your details

Show exactly as it will appear on your income tax return.

Dr  Mr  Mrs  Miss  Ms

Other (please specify)

2 Family name

First given name

Second given name

3 Date of birth

/  /

4 Your sex

Male

Female

5 Phone number

(  )

6 Your permanent address

This cannot be a PO Box address. A business address is not acceptable unless you are living at the business address.

Postcode

Country (if not Australia)

7 Your postal address

For correspondence related to this application. If the same as your permanent address write 'as above'.

Three stacked text boxes for postal address and Postcode.

Country (if not Australia)

Text box for country.

8 Eligibility for exemption

You must answer all sections in question 8.

a. Have you applied for a permanent residence visa (other than aged parent visa)?

No

Yes  Date applied for [ / / ]

Is this application still current?

No  Date ceased [ / / ]

Yes

b. Do you have permission to work?

No

Yes

c. Do you have a dependent parent, spouse or child who is an Australian citizen or who holds a permanent residence visa?

No

Yes  Date they obtained citizenship or permanent residency

[ / / ]

d. Your country of residence prior to Australia

Text box for country of residence.

How long were you there?

Text box for duration.

9 Which period during the financial year were you (and all your dependants) not entitled to Medicare benefits?

Note: do not include any period later than the date on which this application is made and signed. All periods MUST be in the same financial year.

Whole financial year (as specified on page 1)

or

From [ / / ] to [ / / ]

10 Will you be leaving Australia before the end of the current financial year?

No  Go to question 12

Yes  Go to next question

11 What is your expected or actual date of departure?

[ / / ]

Periods after the date of signature, date of permanent residency or departure date cannot be certified.

12 Was this application prepared by a Tax Agent?

No

Yes  Name of Tax Agent

Text box for Name of Tax Agent.

Tax Agent number

Text box for Tax Agent number.

Name of person who prepared this application

Text box for Name of person who prepared this application.

Phone number

( )

Declaration

I declare that the information given in this application is complete, true and correct.

For the period(s) specified in question 9, 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.

Note: there are penalties for deliberately making a false or misleading statement.

Signature

Signature box with a pen icon.

Date

[ / / ]

Privacy note

The information you provide will be used to assess your eligibility for an exemption from the Medicare levy and to maintain a record of entitled persons for the government programs administered by Medicare Australia. The information may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Veterans' Affairs and the Department of Immigration and Citizenship or as authorised or required by law.

Checklist

Have you included the following information? (refer to the instructions 'To claim an exemption' on page 1)

- Certified copies of all used pages of your passport and visa
Separate application forms for each financial year (if applicable)
An original dated signature on each application form (if applicable)

Who can certify a document for me?

A number of people can certify documents. These include:

- Legal practitioners
Medicare practitioners
Pharmacists
Police officers.

For a complete list of people who can certify documents for you, visit www.ag.gov.au/www/agd/agd.nsf/Page/Statutorydeclaration\_Statutorydeclarationsignatorylist