

When to use this form

Use this form to claim one of the following:

A Low Income Health Care Card – if you are a low income earner with income below certain limits.

For more information on current limits, go to our website humanservices.gov.au/healthcarecard or call us on **132 490**.

A Health Care Card for a foster child – if you wish to claim a Health Care Card **ONLY** for a foster child. If you wish to claim Family Tax Benefit as well as a Health Care Card for the foster child, go to our website humanservices.gov.au/families or call us on **136 150**.

A foster child can be any child for which you are providing daily care that is not your natural or adopted child.

Definition of a partner

For the Australian Government Department of Human Services purposes a person is considered to be **your partner** if you and the person are living together, or usually live together, and are:

- married, **or**
- in a registered relationship (opposite-sex or same-sex), **or**
- in a de facto relationship (opposite-sex or same-sex).

We consider a person to be in a de facto relationship from the time they commence living with another person as a member of a couple.

We recognise all couples, opposite-sex and same-sex.

For more information

Go to our website humanservices.gov.au/healthcarecard or call us on **132 490** or visit one of our Service Centres.

To speak to us in languages other than English, call **131 202**.

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

If you have a hearing or speech impairment

TTY service Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Interpreters and translations

If you need an **interpreter** or **translation** of any documents for Centrelink business, we can arrange this for you free of charge.

What else you will need to provide

This form tells you which **other documents** you need to provide to support your claim.

Depending on your circumstances, you may have to fill in **other forms**.

Filling in this form

- Please use **black or blue pen**.
- Print in **BLOCK LETTERS**.
- Mark boxes like this ☐ with a **✓** or **X**.
- Where you see a box like this ☐ **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form(s)

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

If you return required documents (and your claim form):

- by post – we will sight and record your documents, which may include copying, and return the originals to you by registered post.
- in person – we will sight and record your documents, which may include copying, and return the originals to you.

Return this form, all additional documents and any other forms you are required to complete to one of our Service Centres **within 14 days** to ensure you qualify from the earliest date possible.

If you cannot return all the forms or documents **within 14 days**, contact us for extra time.

What can a Health Care Card be used for?

Holders of Health Care Cards may be entitled to a range of concessions from the Australian government, State and Territory governments and some private organisations. For more information on what concessions you may be entitled to you can obtain a copy of *A Guide to Concession Cards*, go to our website humanservices.gov.au/healthcarecard or call us on **132 490**.

The Health Care Card Income Test

Your eligibility for the Low Income Health Care Card is based on your income over the 8 weeks immediately before the date you lodge your claim. You can be eligible only if your total income is below the limit which applies to you. Any payments from the Department of Veterans' Affairs or the Department of Human Services (including Parental Leave Pay provided to you by either your employer or the Department of Human Services) may be included when assessing your total income. Compensation preclusion periods do not apply to Low Income Health Care Cards. A lump sum compensation payment is assessed as income for 12 months from the date you received it.

The income limit varies depending on whether you are single or partnered and how many dependent children you have. To find the current limit that applies to you, or other information regarding the income test, go to our website humanservices.gov.au/healthcarecard or call us on **132 490**.

Medical treatment already provided

If you have received medical treatment, your entitlement to a Low Income Card may be able to be back-dated and you may be able to retrospectively claim your concessional entitlements from service providers (e.g. a reduction in the cost of prescriptions through Medicare). This will apply if you were qualified for the card at the time of your treatment and remained qualified for the card from then until the date you lodge your claim. If you think you may qualify for an earlier start date for your concession card, you should discuss this prior to or when lodging your claim. You will be asked to provide supporting evidence.

Dependent children

Being a dependent child means there is someone responsible for your day to day care, welfare and development. You are not considered a dependent child, if your annual income is more than a certain amount.

Certain dependants are not eligible to claim their own Health Care Card. This applies to claimants aged under 19 who are supported by their parent(s) or guardian(s) or another person and are undertaking secondary study, unless they have also been granted a Centrelink payment.

Any child who receives a Centrelink payment is not eligible to appear as a dependant on a Health Care Card, but may be eligible to claim their own card.

Note: Any child under 19 for whom you receive Family Tax Benefit will appear as a dependant on your Health Care Card. Dependants aged 16 to 18 must be undertaking secondary studies to be eligible to appear on your card.

Foster children

A child can be regarded as a foster child where you provide ongoing care and the child is not your natural or adopted child. Care can be under formal arrangements (through child protection or foster care agencies) or informal arrangements (e.g. care provided by an aunt, uncle, grandparent or close family friends).

If the child is a ward of the state, in the care of the Minister or in group care and not in foster care, the child is entitled to a Low Income Health Care Card in their own right. The form should be completed in the name of the child.

Australian residence requirements

To be eligible for a Health Care Card you must have legal residence status, be residing in Australia and be physically located in Australia.

To have legal residence status for the purposes of claiming a Health Care Card you must be:

- an Australian citizen, or
- the holder of a permanent visa, or
- a New Zealand citizen who arrived on a New Zealand passport, or
- the holder of certain temporary visas.

Residing in Australia means you are living in Australia on a permanent basis. Any absences from Australia, even if temporary, mean you lose entitlement to your Health Care Card. If you have not previously done so, you may need to supply us with documents that show you are legally allowed to remain in Australia, such as an Australian birth certificate, passport, citizenship papers or any other documentation (such as visas you may have been issued) that show your residence status.

Proving your identity

As a customer you (and your partner) are required to prove your identity when claiming a service. To claim a Health Care Card, you must provide documents to the value of 50 points for you (and your partner) **OR** you and your foster child, from the list of approved documents – a copy of ***Proving your identity*** form (SS231) can be obtained, go to our website humanservices.gov.au/forms or call us on **132 490**.

Examples of acceptable documents include, Medicare card (20 points), driver licence (40 points) or Australian passport (70 points). If you are unable to supply the necessary documents, contact us as soon as possible.

- 1 Are you claiming a Health Care Card for a foster child?
- No ☐ Your partner's details, INCLUDING documents that prove the identity of your partner (50 points), are needed to assess your eligibility. Please ensure your partner's details are completed.
▶ *Go to next question*
- Yes ☐ You must provide documents that prove the identity of you (50 points) and your foster child (50 points). Your partner's details are NOT required if you are claiming a Health Care Card for a foster child.
▶ *Go to next question*
- 2 Do you have a partner?
- No ☐ ***Do not complete Your partner details. Go to 4***
- Yes ☐ *Go to next question*
- 3 Is your partner also applying for a Health Care Card?
- Note:** You must provide documents that prove the identity of your partner with a claim in your name solely or both names (50 points). Although your partner may not also be applying, they will still need to provide documents of identity (50 points) and to sign this claim form.
- No ☐ *Go to next question*
- Yes ☐ If you are both eligible you will both get a Health Care Card.
▶ *Go to next question*

You

- 4 Do you need an interpreter when dealing with us?
This includes an interpreter for people who have a hearing or speech impairment.
- No ☐ *Go to next question*
- Yes ☐ What is your preferred spoken language?
- What is your preferred written language?
- 5 Your name
- Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
- Family name
- First given name
- Second given name

Your partner

- Do you need an interpreter when dealing with us?
This includes an interpreter for people who have a hearing or speech impairment.
- No ☐ *Go to next question*
- Yes ☐ What is your preferred spoken language?
- What is your preferred written language?
- Your name
- Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
- Family name
- First given name
- Second given name



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You

- 6** Have you ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?

No ☐ ► *Go to next question*

Yes ☐ ► Give details below

1 Other name

Type of name (e.g. name at birth)

2 Other name

Type of name (e.g. maiden name)

If you have more than 2 other names, attach a separate sheet with details.

- 7** Your sex

Male ☐

Female ☐

- 8** Your date of birth

- 9** Your permanent address

Postcode

- 10** Your postal address (if different to above)

Postcode

Your partner

Have you ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?

No ☐ ► *Go to next question*

Yes ☐ ► Give details below

1 Other name

Type of name (e.g. name at birth)

2 Other name

Type of name (e.g. maiden name)

If you have more than 2 other names, attach a separate sheet with details.

Your sex

Male ☐

Female ☐

Your date of birth

Your permanent address

Postcode

Your postal address (if different to above)

Postcode

You

11 Your contact details

Home phone number ()

Is this a silent number? No ☐ Yes ☐

Mobile phone number

Fax number ()

Work phone number ()

Alternative phone number ()

Email

@

12 Do you currently get another type of Centrelink payment or Family Tax Benefit?

No ☐ *Go to next question*

Yes ☐ Your Centrelink Reference Number (if known)

- - -

13 Do you give permission for your partner to discuss your entitlements/payments with us?

You can change this authority any time.

No ☐

Yes ☐

14 Questions 14 and 15 are optional and will not affect your Health Care Card. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No ☐

Yes – Aboriginal ☐

Yes – Torres Strait Islander ☐

15 Are you of Australian South Sea Islander origin?

No ☐

Yes ☐

16 Do you want another person or organisation to enquire or act on your behalf when dealing with us?

No ☐ *Go to next question*

Yes ☐



You will need to complete and attach an **Authorising a person or organisation to enquire or act on your behalf** form (SS313). If you do not have this form, go to our website humanservices.gov.au/nominees or call us on 132 490.

Your partner

Your contact details

Home phone number ()

Is this a silent number? No ☐ Yes ☐

Mobile phone number

Fax number ()

Work phone number ()

Alternative phone number ()

Email

@

Do you currently get another type of Centrelink payment or Family Tax Benefit?

No ☐ *Go to next question*

Yes ☐ Your Centrelink Reference Number (if known)

- - -

Do you give permission for your partner to discuss your entitlements/payments with us?

You can change this authority any time.

No ☐

Yes ☐

Questions 14 and 15 are optional and will not affect your Health Care Card. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No ☐

Yes – Aboriginal ☐

Yes – Torres Strait Islander ☐

Are you of Australian South Sea Islander origin?

No ☐

Yes ☐

Do you want another person or organisation to enquire or act on your behalf when dealing with us?

No ☐ *Go to next question*

Yes ☐



You will need to complete and attach an **Authorising a person or organisation to enquire or act on your behalf** form (SS313). If you do not have this form, go to our website humanservices.gov.au/nominees or call us on 132 490.

17 Please read this before answering the following question.

We recognise both opposite-sex and same-sex relationships. This includes de facto relationships and relationships registered under state or territory law. Select **ONE** option below that best describes your current relationship status.

What is your **CURRENT** relationship status?

Married ☐ **Go to 18**

Registered relationship
(opposite-sex or same-sex relationship registered under state or territory law) ☐ **Go to 18**

Partnered
(living together in an opposite-sex or same-sex relationship, including de facto) ☐ **Go to 19**

Separated
(previously lived with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship) ☐ **Go to 20**

Divorced ☐ **Go to 20**

Widowed
(previously partnered with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship) ☐ **Go to 20**

Never married or lived with a partner ☐ **Go to 20**

18 What is your date of marriage or registered relationship?

/ / **Go to 20**

19 When did you and your partner start living together as a member of a couple?

/ /

You

20 Which of the following best describes your circumstances?

Employee – Full-time ☐
Employee – Part-time ☐
Employee – Casual ☐
Employed – on leave receiving Parental Leave Pay ☐
Student – Full-time ☐ **Go to 22**

Student – Part-time ☐

Self-funded retiree ☐

Farmer ☐

Self-employed non-farmer ☐

Apprentice–secondary school ☐ **Go to next question**

Apprentice–tertiary/technical school ☐

Religious worker ☐

Not employed – receiving Parental Leave Pay ☐ **Go to 22**

Not employed ☐

Other ☐ **Give details below**

Go to 22

Your partner

Which of the following best describes your circumstances?

Employee – Full-time ☐
Employee – Part-time ☐
Employee – Casual ☐
Employed – on leave receiving Parental Leave Pay ☐
Student – Full-time ☐ **Go to 22**

Student – Part-time ☐

Self-funded retiree ☐

Farmer ☐

Self-employed non-farmer ☐

Apprentice–secondary school ☐ **Go to next question**

Apprentice–tertiary/technical school ☐

Religious worker ☐

Not employed – receiving Parental Leave Pay ☐ **Go to 22**

Not employed ☐

Other ☐ **Give details below**

Go to 22

You

- 21** Provide details of your study load
How many days per week do you spend at your apprenticeship?
 per week
How many days per week do you spend at secondary school studies?
 per week
- 22** Are you in receipt of a Prescribed Education Scheme Payment such as ABSTUDY or the Veterans' Children Education Scheme?
No ☐ *Go to next question*
Yes ☐ **Go to 25**
- 23** Are you being financially supported by your parent(s)/guardian(s) or any other person?
No ☐ *Go to next question*
Yes ☐ What is your estimated annual income for the current financial year?
 \$
- 24** Are you currently undertaking a course of study?
If you are aged 16 to 18 and undertaking secondary study, then you can qualify for a Health Care Card if you are not considered to be a child for Family Tax Benefit purposes.
No ☐ *Go to next question*
Yes ☐ Give details below
Name of school/college/campus

Address

 Postcode
Course title (e.g. Yr 11, Cert III)

Is this study full-time or part-time?
Full-time ☐
Part-time ☐
- 25** Please read this before answering the following question.
'Permanently' means you normally live in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.
Are you living in Australia **permanently**?
No ☐
Yes ☐

Your partner

- Provide details of your study load
How many days per week do you spend at your apprenticeship?
 per week
How many days per week do you spend at secondary school studies?
 per week
- Are you in receipt of a Prescribed Education Scheme Payment such as ABSTUDY or the Veterans' Children Education Scheme?
No ☐ *Go to next question*
Yes ☐ **Go to 25**
- Are you being financially supported by your parent(s)/guardian(s) or any other person?
No ☐ *Go to next question*
Yes ☐ What is your estimated annual income for the current financial year?
 \$
- Are you currently undertaking a course of study?
If you are aged 16 to 18 and undertaking secondary study, then you can qualify for a Health Care Card if you are not considered to be a child for Family Tax Benefit purposes.
No ☐ *Go to next question*
Yes ☐ Give details below
Name of school/college/campus

Address

 Postcode
Course title (e.g. Yr 11, Cert III)

Is this study full-time or part-time?
Full-time ☐
Part-time ☐
- Please read this before answering the following question.
'Permanently' means you normally live in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.
Are you living in Australia **permanently**?
No ☐
Yes ☐

You

- 26** Have you lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia's immigration department since 1 September 1994. These records will help us to verify your Australian residence on your behalf to assist with your claim.

No ☐ Go to next question


Yes ☐ Give details below

Passport number

Country of issue

- 27** Are you an Australian citizen **who was born in Australia?**

No ☐

 You will need to provide proof of your Australian residence status (e.g. **citizenship papers, passport or other documentation**).
▶ Go to next question

Yes ☐ Go to 37

- 28** What is your country of birth?

- 29** When did you start living in Australia?

- 30** Did you start living in Australia before 1965?

No ☐ Go to next question

Yes ☐ Give details below

Name of the ship or airline on which you arrived

Name of the place where you first arrived/disembarked

What was your name when you first arrived in Australia?

- 31** What is your country of citizenship?

Australia ☐ Date granted

▶ Go to 37

Other ☐ Give details below

Your partner

- Have you lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia's immigration department since 1 September 1994. These records will help us to verify your Australian residence on your behalf to assist with your claim.

No ☐ Go to next question


Yes ☐ Give details below

Passport number

Country of issue

- Are you an Australian citizen **who was born in Australia?**

No ☐

 You will need to provide proof of your Australian residence status (e.g. **citizenship papers, passport or other documentation**).
▶ Go to next question

Yes ☐ Go to 37

- What is your country of birth?

- When did you start living in Australia?

- Did you start living in Australia before 1965?

No ☐ Go to next question

Yes ☐ Give details below

Name of the ship or airline on which you arrived

Name of the place where you first arrived/disembarked

What was your name when you first arrived in Australia?

- What is your country of citizenship?

Australia ☐ Date granted

▶ Go to 37

Other ☐ Give details below

You

32 What type of visa did you arrive on?

New Zealand passport ☐ **Go to 34**
(special category visa)

Permanent ☐ *Go to next question*

Temporary ☐ *Go to next question*

Unknown (e.g. arrived on
mother's/father's passport) ☐ **Go to 34**

33 Your visa details on arrival

Visa sub class

Date visa granted

 / /

34 Has your visa changed since you arrived in Australia?

No ☐ *Go to next question*

Yes ☐ Current visa details

Visa sub class

Date visa granted

 / /

35 Are you a refugee or former refugee?

No ☐

Yes ☐

36 Did your partner or either of your parents arrive on a refugee or humanitarian visa?

No ☐

Yes ☐

37 Except for short trips or holidays, have you **EVER** lived outside Australia?

No ☐ *Go to next question*

Yes ☐ List **ALL** countries, **INCLUDING AUSTRALIA**, you have lived in **SINCE BIRTH**.

Include the period(s) you have lived in Australia.

If you were born outside Australia, include the country where you were born.

Do NOT include short trips or holidays.

1 Country of residence

From / / To / /

2 Country of residence

From / / To / /

3 Country of residence

From / / To / /

If you require more space, attach a separate sheet with details.

Your partner

What type of visa did you arrive on?

New Zealand passport ☐ **Go to 34**
(special category visa)

Permanent ☐ *Go to next question*

Temporary ☐ *Go to next question*

Unknown (e.g. arrived on
mother's/father's passport) ☐ **Go to 34**

Your visa details on arrival

Visa sub class

Date visa granted

 / /

Has your visa changed since you arrived in Australia?

No ☐ *Go to next question*

Yes ☐ Current visa details

Visa sub class

Date visa granted

 / /

Are you a refugee or former refugee?

No ☐

Yes ☐

Did your partner or either of your parents arrive on a refugee or humanitarian visa?

No ☐

Yes ☐

Except for short trips or holidays, have you **EVER** lived outside Australia?

No ☐ *Go to next question*

Yes ☐ List **ALL** countries, **INCLUDING AUSTRALIA**, you have lived in **SINCE BIRTH**.

Include the period(s) you have lived in Australia.

If you were born outside Australia, include the country where you were born.

Do NOT include short trips or holidays.

1 Country of residence

From / / To / /

2 Country of residence

From / / To / /

3 Country of residence

From / / To / /

If you require more space, attach a separate sheet with details.

38 Do you have any foster children for whom you wish to claim a Health Care Card?

For information about *Foster children* see page 2 of this claim form.

No ☐ **Go to 41**

Yes ☐ **Go to next question**

39 Provide details of foster children in your care for whom you wish to claim a Health Care Card

If you wish to claim Family Tax Benefit as well as a Health Care Card for a foster child, go to our website humanservices.gov.au/families or call us on **136 150**.

Foster child 1

A Full name

B Sex

Male ☐

Female ☐

C Date of birth

D What is this child's country of birth?

E Has this child lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia's immigration department since 1 September 1994. These records will help us to verify this child's Australian residence status on their behalf to assist with your claim.

No ☐ **Go to F for this child**

Yes ☐ Give details below

Passport number

Country of issue

F Relationship to you (e.g. niece, grandchild, unrelated)

G Date this child entered your care

H How long will this child be in your care?

I What is this child's annual taxable income?

Note: Annual income is not required if child is under 5, or is a full-time student aged less than 16.

Questions for this child continue on the next page

Foster child 2

A Full name

B Sex

Male ☐

Female ☐

C Date of birth

D What is this child's country of birth?

E Has this child lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia's immigration department since 1 September 1994. These records will help us to verify this child's Australian residence status on their behalf to assist with your claim.

No ☐ **Go to F for this child**

Yes ☐ Give details below

Passport number

Country of issue

F Relationship to you (e.g. niece, grandchild, unrelated)

G Date this child entered your care

H How long will this child be in your care?

I What is this child's annual taxable income?

Note: Annual income is not required if child is under 5, or is a full-time student aged less than 16.

Questions for this child continue on the next page

Foster child 1**J** Is this child a full-time student?

To qualify as a foster child, the child must meet certain study requirements depending on their age. If the foster child is 19 or over, they can claim their own Low Income Health Care Card.

No ☐ **Go to K for this child**Yes ☐ Give details below

Name of child's education institution

Student ID number

K Who cared for this child before you (if known)?

This information helps us to establish your foster child's identity.

Full name

Address

Postcode



Attach legal or other documents to show that you have the day-to-day care and responsibility for the foster child(ren).

Foster child 2**J** Is this child a full-time student?

To qualify as a foster child, the child must meet certain study requirements depending on their age. If the foster child is 19 or over, they can claim their own Low Income Health Care Card.

No ☐ **Go to K for this child**Yes ☐ Give details below

Name of child's education institution

Student ID number

K Who cared for this child before you (if known)?

This information helps us to establish your foster child's identity.

Full name

Address

Postcode



Attach legal or other documents to show that you have the day-to-day care and responsibility for the foster child(ren).

If you have more than 2 foster children, attach a separate sheet with details.

40 Are you using this form to ONLY claim a Health Care Card for a foster child or children in your care?No ☐ **Go to next question**Yes ☐ **Do not answer questions 41 to 66.
Go to 67**

You

41 Do you have any children under 19 who are dependent on you?

Dependent child means a child for whom you have legal responsibility, either alone or jointly with another person for the child's day-to-day care, welfare and development.

For more information about *Dependants* refer to page 2 of this claim form.

No ☐ **Go to 47**

Yes ☐ **Go to next question**

42 Do you receive Family Tax Benefit for ALL your dependent children under 19?

No ☐ For more information about whether you may be eligible for Family Tax Benefit, go to our website **humanservices.gov.au/families** or call us on **136 150**.

▶ **Go to next question**

Yes ☐ Any child under 19 for whom you receive Family Tax Benefit will appear as a dependant on your Health Care Card. Dependants aged 16 to 18 must be undertaking secondary studies to be eligible to appear on your card.

▶ **Go to 47**

43 Do any of these children receive an income support payment such as Youth Allowance or ABSTUDY?

No ☐ For more information about whether this child may be eligible, go to our website **humanservices.gov.au** or call us for Youth Allowance on **132 490** or for ABSTUDY on **132 317**.

Yes ☐ This child(ren) cannot be a dependant for this card but may be eligible to claim their own card.

44 Were you receiving Parental Leave Pay for any period in the last 8 weeks?

Parental Leave Pay is a payment of up to 18 weeks made to eligible claimants (provided by your employer or directly through us), following the birth or adoption of a child.

For more information about the Paid Parental Leave scheme, go to our website **humanservices.gov.au/families** or call us on **136 150**.

No ☐ **Go to 47**

Yes ☐ **Go to next question**

45 Is your Parental Leave Pay provided by your employer?

No ☐ **Go to 47**

Yes ☐ **Go to next question**

46 Has your employer shown your Parental Leave Pay as a separate amount to your earned income on your payslip(s)?

No ☐

Yes ☐

Your partner

Do you have any children under 19 who are dependent on you?

Dependent child means a child for whom you have legal responsibility, either alone or jointly with another person for the child's day-to-day care, welfare and development.

For more information about *Dependants* refer to page 2 of this claim form.

No ☐ **Go to 47**

Yes ☐ **Go to next question**

Do you receive Family Tax Benefit for ALL your dependent children under 19?

No ☐ For more information about whether you may be eligible for Family Tax Benefit, go to our website **humanservices.gov.au/families** or call us on **136 150**.

▶ **Go to next question**

Yes ☐ Any child under 19 for whom you receives Family Tax Benefit will appear as a dependant on your Health Care Card. Dependants aged 16 to 18 must be undertaking secondary studies to be eligible to appear on your card.

▶ **Go to 47**

Do any of these children receive an income support payment such as Youth Allowance or ABSTUDY?

No ☐ For more information about whether this child may be eligible, go to our website **humanservices.gov.au** or call us for Youth Allowance on **132 490** or for ABSTUDY on **132 317**.

Yes ☐ This child(ren) cannot be a dependant for this card but may be eligible to claim their own card.

Were you receiving Parental Leave Pay for any period in the last 8 weeks?

Parental Leave Pay is a payment of up to 18 weeks made to eligible claimants (provided by your employer or directly through us), following the birth or adoption of a child.

For more information about the Paid Parental Leave scheme, go to our website **humanservices.gov.au/families** or call us on **136 150**.

No ☐ **Go to 47**

Yes ☐ **Go to next question**

Is your Parental Leave Pay provided by your employer?

No ☐ **Go to 47**

Yes ☐ **Go to next question**

Has your employer shown your Parental Leave Pay as a separate amount to your earned income on your payslip(s)?

No ☐

Yes ☐

You

47 Did you earn any income from employment in the last 8 weeks?

Do not include income from self-employment or any Parental Leave Pay.

No ☐ **Go to 49**

Yes ☐ Give details below

1 Employer's name

Address

Postcode

Phone number

2 Employer's name

Address

Postcode

Phone number

If you received income from more than 2 employers, attach a separate sheet with details.

Your partner

Did you earn any income from employment in the last 8 weeks?

Do not include income from self-employment or any Parental Leave Pay.

No ☐ **Go to 49**

Yes ☐ Give details below

1 Employer's name

Address

Postcode

Phone number

2 Employer's name

Address

Postcode

Phone number

If you received income from more than 2 employers, attach a separate sheet with details.

You

- 48** Details of income earned from work in the past 8 weeks.
GROSS income from employment **includes** any amounts voluntarily salary sacrificed (including into superannuation) and the value of employer provided fringe benefits.

Do NOT include Parental Leave Pay in your gross income.

Write 'NIL' for any periods you **did not** earn any income in the past 8 weeks.

GROSS amount earned per week (before tax and other deductions)	OR	GROSS amount earned per fortnight (before tax and other deductions)
\$ Week 1		\$ Fortnight 1
\$ Week 2		\$ Fortnight 2
\$ Week 3		\$ Fortnight 3
\$ Week 4		\$ Fortnight 4
\$ Week 5		
\$ Week 6		
\$ Week 7		
\$ Week 8		
Total (Add weeks 1 to 8)		Total (Add fortnights 1 to 4)
\$		\$



You will need to attach:

- payslips for the past 8 weeks, or
- a letter from the employer stating gross wages for the past 8 weeks, or
- payslips for the weeks worked.

Note: Letters and payslips must have the employer's name and address on them. Bank statements do not provide sufficient proof of wages (earnings).

Your partner

Details of income earned from work in the past 8 weeks.
GROSS income from employment **includes** any amounts voluntarily salary sacrificed (including into superannuation) and the value of employer provided fringe benefits.

Do NOT include Parental Leave Pay in your gross income.

Write 'NIL' for any periods you **did not** earn any income in the past 8 weeks.

GROSS amount earned per week (before tax and other deductions)	OR	GROSS amount earned per fortnight (before tax and other deductions)
\$ Week 1		\$ Fortnight 1
\$ Week 2		\$ Fortnight 2
\$ Week 3		\$ Fortnight 3
\$ Week 4		\$ Fortnight 4
\$ Week 5		
\$ Week 6		
\$ Week 7		
\$ Week 8		
Total (Add weeks 1 to 8)		Total (Add fortnights 1 to 4)
\$		\$



You will need to attach:

- payslips for the past 8 weeks, or
- a letter from the employer stating gross wages for the past 8 weeks, or
- payslips for the weeks worked.

Note: Letters and payslips must have the employer's name and address on them. Bank statements do not provide sufficient proof of wages (earnings).

You

49 Please read this before answering the following question about regular payments from any income stream.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF)
- an employer subject to Australian prudential regulations.


Types of income streams include:

- Allocated Pension/Annuity
- Immediate Annuity
- Superannuation Pension (non-defined benefit)
- Defined Benefit Superannuation Pension (e.g. ComSuper pension, State Super pension)
- Market-Linked Pension/Annuity.

Do you receive income from any income stream products?

No ☐ Go to next question

Yes ☐ Give details below

 You will need to complete and attach a schedule, **Details of income stream product form (SA330)** or a similar schedule (from your product provider), for each income stream product other than a defined benefit superannuation pension.

Attach a letter from your provider, for defined benefit superannuation, which details product reference number, commencement date, gross income amount, frequency of payments and undeducted purchase price.

1 Name of product provider/SMSF/SAF

Type of income stream

Product reference number

Your share

%

2 Name of product provider/SMSF/SAF

Type of income stream

Product reference number

Your share

%

If you have more than 2 income stream products, attach a separate sheet with details.

Your partner

Please read this before answering the following question about regular payments from any income stream.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF)
- an employer subject to Australian prudential regulations.


Types of income streams include:

- Allocated Pension/Annuity
- Immediate Annuity
- Superannuation Pension (non-defined benefit)
- Defined Benefit Superannuation Pension (e.g. ComSuper pension, State Super pension)
- Market-Linked Pension/Annuity.

Do you receive income from any income stream products?

No ☐ Go to next question

Yes ☐ Give details below

 You will need to complete and attach a schedule, **Details of income stream product form (SA330)** or a similar schedule (from your product provider), for each income stream product other than a defined benefit superannuation pension.

Attach a letter from your provider, for defined benefit superannuation, which details product reference number, commencement date, gross income amount, frequency of payments and undeducted purchase price.

1 Name of product provider/SMSF/SAF

Type of income stream

Product reference number

Your share

%

2 Name of product provider/SMSF/SAF

Type of income stream

Product reference number

Your share

%

If you have more than 2 income stream products, attach a separate sheet with details.

You

50 Please read this before answering the following question about private trusts.

You may be, or have been:

- a trustee
- an appointor
- a beneficiary

OR have:

- made a loan to a private trust
- made a gift of cash, assets, or private property to a private trust in the last 5 years
- relinquished control of a private trust in the last 5 years
- a private annuity
- a life interest
- an interest in a deceased estate.


A private trust includes a non-complying Self Managed Superannuation Fund or a non-complying Small APRA Fund.

Are you or have you been involved in a private trust?

No ☐ ➤ **Go to 52**

Yes ☐ ➤ **Go to next question**

51 Is the private trust a Special Disability Trust (SDT)?

No ☐  If you have not already done so, you will need to complete and attach a **Private Trust form (Mod PT)**. If you do not have this form, go to our website humanservices.gov.au/forms or call us on **132 490**.

Yes ☐  If you have not already done so, you will need to complete and attach a **Special Disability Trust form (Mod SDT)**. If you do not have this form, go to our website humanservices.gov.au/forms or call us on **132 490**.

52 Please read this before answering the following question about private companies.

You may be, or have been:

- a director
- a shareholder

OR have:

- made a loan to a private company
- transferred shares in a private company in the last 5 years
- made a gift of cash, assets or property to a private company in the last 5 years.

Are you or have you been involved in a private company?

No ☐ ➤ **Go to next question**

Yes ☐  If you have not already done so, you will need to complete and attach a **Private Company form (Mod PC)**. If you do not have this form, go to our website humanservices.gov.au/forms or call us on **132 490**.

Your partner

Please read this before answering the following question about private trusts.

You may be, or have been:

- a trustee
- an appointor
- a beneficiary

OR have:

- made a loan to a private trust
- made a gift of cash, assets, or private property to a private trust in the last 5 years
- relinquished control of a private trust in the last 5 years
- a private annuity
- a life interest
- an interest in a deceased estate.

A private trust includes a non-complying Self Managed Superannuation Fund or a non-complying Small APRA Fund.

Are you or have you been involved in a private trust?

No ☐ ➤ **Go to 52**

Yes ☐ ➤ **Go to next question**

Is the private trust a Special Disability Trust (SDT)?

No ☐  If you have not already done so, you will need to complete and attach a **Private Trust form (Mod PT)**. If you do not have this form, go to our website humanservices.gov.au/forms or call us on **132 490**.

Yes ☐  If you have not already done so, you will need to complete and attach a **Special Disability Trust form (Mod SDT)**. If you do not have this form, go to our website humanservices.gov.au/forms or call us on **132 490**.

Please read this before answering the following question about private companies.

You may be, or have been:


- a director
- a shareholder

OR have:

- made a loan to a private company
- transferred shares in a private company in the last 5 years
- made a gift of cash, assets or property to a private company in the last 5 years.

Are you or have you been involved in a private company?

No ☐ ➤ **Go to next question**

Yes ☐  If you have not already done so, you will need to complete and attach a **Private Company form (Mod PC)**. If you do not have this form, go to our website humanservices.gov.au/forms or call us on **132 490**.

You

53 Are you involved in any type of business?

Include:

- farming
- self-employed
- sole-trader
- partnership
- sub-contractor.

No ☐ Go to next question

Yes ☐



If you have not already done so in the last 12 months, you will need to complete and attach a **Business details** form (**Mod F**). If the business owns real estate you will also need to complete and attach a **Real estate details** form (**Mod R**) for each property. You will also need to provide your most recent taxation return and business financial statements if you have not already done so. If you do not have these forms, go to our website humanservices.gov.au/forms or call us on 132 490.

54 Do you receive any rental income?

Do not include income received from boarders who live with you, this should be advised at question 65.

No ☐ Go to next question

Yes ☐



You will need to complete and attach a **Real estate details** form (**Mod R**) for each property. You will also need to provide your most recent taxation return if you have not already done so. If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 490.

55 Please read this before answering the following questions about compensation, insurance and/or damages.

Include:

- workers' compensation/damages as a result of a work injury
- third party damages as a result of a motor vehicle accident
- personal accident and sickness insurance or income replacement/protection insurance
- sporting injury compensation
- public liability compensation
- medical negligence compensation
- damages paid to victims of crime or as a result of criminal injuries.

Have you ever **CLAIMED** or are you **ABLE TO CLAIM** compensation, insurance and/or damages?

No ☐ Go to next question

Yes ☐



You will need to complete and attach a **Compensation and damages** form (**Mod C**). If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 490.

Your partner

Are you involved in any type of business?

Include:

- farming
- self-employed
- sole-trader
- partnership
- sub-contractor.

No ☐ Go to next question

Yes ☐



If you have not already done so in the last 12 months, you will need to complete and attach a **Business details** form (**Mod F**). If the business owns real estate you will also need to complete and attach a **Real estate details** form (**Mod R**) for each property. You will also need to provide your most recent taxation return and business financial statements if you have not already done so. If you do not have these forms, go to our website humanservices.gov.au/forms or call us on 132 490.

Do you receive any rental income?

Do not include income received from boarders who live with you, this should be advised at question 65.

No ☐ Go to next question

Yes ☐



You will need to complete and attach a **Real estate details** form (**Mod R**) for each property. You will also need to provide your most recent taxation return if you have not already done so. If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 490.

Please read this before answering the following questions about compensation, insurance and/or damages.

Include:

- workers' compensation/damages as a result of a work injury
- third party damages as a result of a motor vehicle accident
- personal accident and sickness insurance or income replacement/protection insurance
- sporting injury compensation
- public liability compensation
- medical negligence compensation
- damages paid to victims of crime or as a result of criminal injuries.

Have you ever **CLAIMED** or are you **ABLE TO CLAIM** compensation, insurance and/or damages?

No ☐ Go to next question

Yes ☐



You will need to complete and attach a **Compensation and damages** form (**Mod C**). If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 490.

You

56 Are you **RECEIVING** or have you **EVER BEEN PAID** compensation, insurance and/or damages?

No ☐ Go to next question

Yes ☐



You will need to complete and attach a **Compensation and damages** form (Mod C). If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 490.

57 If you do not have any income, explain how you financially supported yourself over the past 8 weeks.

Your partner

Are you **RECEIVING** or have you **EVER BEEN PAID** compensation, insurance and/or damages?

No ☐ Go to next question

Yes ☐



You will need to complete and attach a **Compensation and damages** form (Mod C). If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 490.

If you do not have any income, explain how you financially supported yourself over the past 8 weeks.

You


- 58** Give details below of all accounts held by you in banks, building societies or credit unions

Include savings accounts, cheque accounts, term deposits, joint accounts, accounts you hold in trust or under any other name, or money held in church or charitable development funds.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do NOT include shares or managed investments.

Note: The Department of Human Services assesses deemed income from financial investments. Deeming assumes that bank accounts and other financial investments are earning a certain amount of income regardless of the income they are actually earning.

 Attach proof of all account balances (e.g. ATM slips, statements, passbooks).

1	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not in Australian dollars	<input type="text"/>
	Your share	<input type="text"/> %

2	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not in Australian dollars	<input type="text"/>
	Your share	<input type="text"/> %

3	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not in Australian dollars	<input type="text"/>
	Your share	<input type="text"/> %

If you have more than 3 accounts, attach a separate sheet with details.

Your partner


- Give details below of all accounts held by you in banks, building societies or credit unions

Include savings accounts, cheque accounts, term deposits, joint accounts, accounts you hold in trust or under any other name, or money held in church or charitable development funds.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do NOT include shares or managed investments.

Note: The Department of Human Services assesses deemed income from financial investments. Deeming assumes that bank accounts and other financial investments are earning a certain amount of income regardless of the income they are actually earning.

 Attach proof of all account balances (e.g. ATM slips, statements, passbooks).

1	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not in Australian dollars	<input type="text"/>
	Your share	<input type="text"/> %

2	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not in Australian dollars	<input type="text"/>
	Your share	<input type="text"/> %

3	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not in Australian dollars	<input type="text"/>
	Your share	<input type="text"/> %

If you have more than 3 accounts, attach a separate sheet with details.

You

- 59** Do you own any shares, options, rights, convertible notes or other securities **LISTED** on the Australian securities exchange or a stock exchange outside Australia?

Include shares traded in exempt stock markets.

Do NOT include:

- managed investments
- shares owned by your self-managed superannuation funds
- private trusts and companies in which you have an interest.

No ☐ *Go to next question*

Yes ☐ Give details below

 Attach the latest statement for each share holding.

1 Name of company

Number of shares or
other securities

ASX code (if known)

Country if not Australia

Your share

%

2 Name of company

Number of shares or
other securities

ASX code (if known)

Country if not Australia

Your share

%

If you have more than 2 share holdings, attach a separate sheet with details.

Your partner

Do you own any shares, options, rights, convertible notes or other securities **LISTED** on the Australian securities exchange or a stock exchange outside Australia?


Include shares traded in exempt stock markets.

Do NOT include:

- managed investments
- shares owned by your self-managed superannuation funds
- private trusts and companies in which you have an interest.

No ☐ *Go to next question*

Yes ☐ Give details below

 Attach the latest statement for each share holding.

1 Name of company

Number of shares or
other securities

ASX code (if known)

Country if not Australia

Your share

%

2 Name of company

Number of shares or
other securities

ASX code (if known)

Country if not Australia

Your share

%

If you have more than 2 share holdings, attach a separate sheet with details.


You

60 Do you own any shares, options or rights in PUBLIC companies, **NOT listed** on a stock exchange?

Do NOT include managed investments.

No ☐ ➤ Go to next question

Yes ☐ ➤ Give details below

 Attach the latest statement detailing your share holding for each company (if available).

1 Name of company

Type of shares

Number of shares

Current market value

Your share

\$

%

2 Name of company

Type of shares

Number of shares

Current market value

Your share

\$

%

If you have more than 2 share holdings, attach a separate sheet with details.

61 Do you have any managed investments in and/or outside Australia?

Include:


- investment trusts
- personal investment plans
- life insurance bonds
- friendly society bonds.

Do NOT include:

- conventional life insurance policies
- funeral bonds, superannuation or rollover investments.

APIR code – is commonly used by fund managers to identify individual financial products.

No ☐ ➤ Go to next question

Yes ☐ ➤  Attach a document which gives details (e.g. certificate with number of units or account balance) for each investment.

Your partner

Do you own any shares, options or rights in PUBLIC companies, **NOT listed** on a stock exchange?

Do NOT include managed investments.

No ☐ ➤ Go to next question

Yes ☐ ➤ Give details below

 Attach the latest statement detailing your share holding for each company (if available).

1 Name of company

Type of shares

Number of shares

Current market value

Your share

\$

%

2 Name of company

Type of shares

Number of shares

Current market value

Your share

\$

%

If you have more than 2 share holdings, attach a separate sheet with details.

Do you have any managed investments in and/or outside Australia?

Include:


- investment trusts
- personal investment plans
- life insurance bonds
- friendly society bonds.

Do NOT include:

- conventional life insurance policies
- funeral bonds, superannuation or rollover investments.

APIR code – is commonly used by fund managers to identify individual financial products.

No ☐ ➤ Go to next question

Yes ☐ ➤  Attach a document which gives details (e.g. certificate with number of units or account balance) for each investment.

You

- 62** In the last 14 months, have you received a lump sum payment, including termination or redundancy payments, that you have not already advised on this form?

Do NOT include compensation, insurance or damages lump sum payments.

No ☐ ➤ Go to next question

Yes ☐ ➤ Give details below



Attach documentation which shows the amount received (e.g. an employer separation certificate).

1 Type of lump sum

Who paid it?

Amount paid

Date paid

\$

/ /

2 Type of lump sum

Who paid it?

Amount paid

Date paid

\$

/ /

If you have received more than 2 lump sum payments, attach a separate sheet with details.

Your partner

In the last 14 months, have you received a lump sum payment, including termination or redundancy payments, that you have not already advised on this form?

Do NOT include compensation, insurance or damages lump sum payments.

No ☐ ➤ Go to next question

Yes ☐ ➤ Give details below



Attach documentation which shows the amount received (e.g. an employer separation certificate).

1 Type of lump sum

Who paid it?

Amount paid

Date paid

\$

/ /

2 Type of lump sum

Who paid it?

Amount paid

Date paid

\$

/ /

If you have received more than 2 lump sum payments, attach a separate sheet with details.

You

- 63** In the last 5 years have you given away, sold for less than their market value, or surrendered a right to, any cash, assets, property or income?

Include forgiven loans and shares in private companies.

No ☐ Go to next question

Yes ☐ Give details below

- 1** What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

Date given or sold

What it was worth

What you got for it

Your share

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

- 2** What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

Date given or sold

What it was worth

What you got for it

Your share

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

If you have given away or sold for less than its market value more than 2 items, attach a separate sheet with details.

Your partner

In the last 5 years have you given away, sold for less than their market value, or surrendered a right to, any cash, assets, property or income?

Include forgiven loans and shares in private companies.

No ☐ Go to next question

Yes ☐ Give details below

- 1** What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

Date given or sold

What it was worth

What you got for it

Your share

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

- 2** What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

Date given or sold

What it was worth

What you got for it

Your share

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

If you have given away or sold for less than its market value more than 2 items, attach a separate sheet with details.


You

64 Do you receive payments from an authority or agency outside Australia?

Include pensions from other countries, benefits, allowances, superannuation and war related payments.

Note: You must include details of pensions, allowances and other payments even if they are not taxable in the country of payment.

No ☐ **Go to next question**

Yes ☐  Attach a document from the issuing authority or agency which gives details including the amount in the foreign currency (e.g. latest pension certificate) for each payment.


65 Do you receive any payments from other sources that you have not already advised us about on this form?

Include:

- payments from government departments other than Centrelink payments
- Commonwealth scholarships
- income from boarders who live WITH you
- annuities
- regular gifts, or
- any other income.

No ☐ **Go to 66**

Yes ☐ Give details below

 Attach documents which show who pays the income and how much was paid in the past 8 weeks.
If your income is from a Commonwealth scholarship, please provide your grant advice as well as your most recent rate advice.

Gross amount paid in past 8 weeks

\$

Source of this income


Your partner

Do you receive payments from an authority or agency outside Australia?

Include pensions from other countries, benefits, allowances, superannuation and war related payments.

Note: You must include details of pensions, allowances and other payments even if they are not taxable in the country of payment.

No ☐ **Go to next question**

Yes ☐  Attach a document from the issuing authority or agency which gives details including the amount in the foreign currency (e.g. latest pension certificate) for each payment.


Do you receive any payments from other sources that you have not already advised us about on this form?

Include:

- payments from government departments other than Centrelink payments
- Commonwealth scholarships
- income from boarders who live WITH you
- annuities
- regular gifts, or
- any other income.

No ☐ **Go to 66**

Yes ☐ Give details below

 Attach documents which show who pays the income and how much was paid in the past 8 weeks.
If your income is from a Commonwealth scholarship, please provide your grant advice as well as your most recent rate advice.

Gross amount paid in past 8 weeks

\$

Source of this income

You

66 Please read this before answering the question.

You should answer this question **ONLY** if you are over Age Pension age.

Women born on or before 31 December 1945 have reached Age Pension age. Men born on or before 31 December 1945 reach Age Pension age at age 65.

The table below describes the gradual increases in the qualifying age for Age Pension.

Born	Eligible for Age Pension at age	
	for	Women Men
1 January 1946 to 30 June 1947	64	65
1 July 1947 to 31 December 1948	64 1/2	65
1 January 1949 to 30 June 1952	65	65
1 July 1952 to 31 December 1953	65 1/2	65 1/2
1 January 1954 to 30 June 1955	66	66
1 July 1955 to 31 December 1956	66 1/2	66 1/2
From 1 January 1957	67	67

Note: If you are over Age Pension age you may also be entitled to a Commonwealth Seniors Health Card. For more information, go to our website humanservices.gov.au/agepension or call us on **132 300**.

Do you have any money invested in superannuation where the fund is still in accumulation phase and not paying a pension?

Include:

- approved deposit funds
- deferred annuities
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

No ☐ Go to next question

Yes ☐ Give details below



Attach the latest statement for each superannuation investment.

1 Name of institution/fund manager

Name of fund

Date of joining/investment

Current market value

2 Name of institution/fund manager

Name of fund

Date of joining/investment

Current market value

If you have more than 2 superannuation investments, attach a separate sheet with details.

Your partner

Please read this before answering the question.

You should answer this question **ONLY** if you are over Age Pension age.

Women born on or before 31 December 1945 have reached Age Pension age. Men born on or before 31 December 1945 reach Age Pension age at age 65.

The table below describes the gradual increases in the qualifying age for Age Pension.

Born	Eligible for Age Pension at age	
	for	Women Men
1 January 1946 to 30 June 1947	64	65
1 July 1947 to 31 December 1948	64 1/2	65
1 January 1949 to 30 June 1952	65	65
1 July 1952 to 31 December 1953	65 1/2	65 1/2
1 January 1954 to 30 June 1955	66	66
1 July 1955 to 31 December 1956	66 1/2	66 1/2
From 1 January 1957	67	67

Note: If you are over Age Pension age you may also be entitled to a Commonwealth Seniors Health Card. For more information, go to our website humanservices.gov.au/agepension or call us on **132 300**.

Do you have any money invested in superannuation where the fund is still in accumulation phase and not paying a pension?

Include:

- approved deposit funds
- deferred annuities
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

No ☐ Go to next question

Yes ☐ Give details below



Attach the latest statement for each superannuation investment.

1 Name of institution/fund manager

Name of fund

Date of joining/investment

Current market value

2 Name of institution/fund manager

Name of fund

Date of joining/investment

Current market value

If you have more than 2 superannuation investments, attach a separate sheet with details.

- 67** Which of the following forms, documents and other attachments are you (and/or your partner) providing with this form?
If you are not sure, check the question to see if you should attach the documents.

Where you are asked to provide documents, please attach original documents.

- Proof of identity for yourself ☐
 (Refer to page 3 for more information)
- Proof of identity for your partner ☐
 (Refer to page 3 for more information)
- Proof of identity for your foster child ☐
 (Refer to page 3 for more information)
- Authorising a person or organisation to enquire or act on your behalf form (SS313)** ☐
(If you answered Yes at question 16)
- Proof of your Australian residence status ☐
(If you answered No at question 27)
- Proof of responsibility of the foster child(ren) ☐
(If you answered question 39K)
- Payslip(s) for the last 8 weeks or a letter from each employer ☐
(If required at question 48)
- Latest schedules and/or letters for income stream products ☐
 OR **Details of income stream product form (SA330)** ☐
(If you answered Yes at question 49)
- Private Trust form (Mod PT)** ☐
(If you answered No at question 51)
- Special Disability Trust form (Mod SDT)** ☐
(If you answered Yes at question 51)
- Private Company form (Mod PC)** ☐
(If you answered Yes at question 52)
- Business details form (Mod F)** and ☐
Real estate details form (Mod R) and most recent taxation return and business financial statements if required ☐
(If you answered Yes at question 53)
- Real estate details form (Mod R)** and most recent taxation return and business financial statements if required ☐
(If you answered Yes at question 54)
- Compensation and damages form (Mod C)** ☐
(If you answered Yes at question 55 and/or question 56)
- Documents showing balances for bank, building society and credit union accounts ☐
(If required at question 58)
- Share certificates or latest statement for each share holding LISTED on a stock exchange ☐
(If you answered Yes at question 59)
- Share certificates or latest statement for each share holding NOT Listed on a stock exchange ☐
(If you answered Yes at question 60)
- Managed investment certificates or similar documents ☐
(If you answered Yes at question 61)
- Document(s) which show amount of lump sum payment received ☐
(If you answered Yes at question 62)
- Document from the issuing authority or agency which gives details including the amount in the foreign currency (e.g. latest pension certificate) for each payment ☐
(If you answered Yes at question 64)
- Documents with details of other payments, or grant advice and most recent rate advice ☐
(If you answered Yes at question 65)
- Latest statements for approved deposit funds, deferred annuities, rollover funds and superannuation funds, tax returns and member's statements for SMSF and SAF funds, and latest council rates notices for real estate held by those funds ☐
(If you answered Yes at question 66)

68 IMPORTANT INFORMATION

Privacy and your personal information

Centrelink, Medicare Australia, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each services' legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth departments, other persons, bodies or agencies ONLY where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.

69 Statement

I declare that:

- the information provided in this claim is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.
- the Department of Human Services can make relevant enquiries to ensure that I receive the correct entitlements.

Your signature



Date

/ /

Partner's signature



Date

/ /