



# Request for a Medicare benefit tax statement

## Purpose of this form

Only complete this form to request a Medicare benefit tax statement if:

- you need a statement for the financial year **2012-2013**
- you need a statement for the financial year **2013-2014** and you received, or are eligible to receive, the Net Medical Expenses Tax Offset (NMETO) for the financial year **2012-2013**
- you need a statement for the financial year **2014-2015** and received, or you are eligible to receive, the NMETO for the financial year **2013-2014**.

The Medicare benefit tax statement is not available for the 2015-2016 financial year and onwards. From 1 July 2015 to 30 June 2019, the NMETO will be limited to out-of-pocket medical expenses relating to disability aids, attendant care or aged care expenses. These expenses are not covered through Medicare. To claim the NMETO, you will need to keep receipts for claimable items as part of your income tax return.

Taxpayers who received the offset in their 2012-2013 income tax assessment are eligible to claim the offset for the 2013-2014 income year (if they had eligible out-of-pocket medical expenses above the relevant claim threshold). Similarly, those who received the tax offset in their 2013-2014 income tax assessment are eligible to claim the offset in 2014-2015 (the last year the NMETO can be claimed).

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or ✗
- 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

Check that all required questions are answered and that the form is signed and dated.

Email the completed form to:

**medicare.disclosure@humanservices.gov.au**

As you are sending your personal information by email, you should be satisfied that the address is appropriate to send personal information.

or place the completed form in the drop box at one of our service centres.

## For more information

More information about eligibility and how to claim the NMETO is available at **ato.gov.au** or call **132 861** Monday to Friday, between 8.00 am and 8.00 pm and Saturday or Sunday, between 10.00 am and 4.00 pm, local time.

**Note:** Call charges may apply.

## Applicant's details

### 1 Medicare card number

Ref no.

### 2 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

### 3 Your date of birth

### 4 Your postal address

  
  
  
 Postcode

### 5 Daytime phone number

## Medicare benefit tax statement

### 6 Select the financial year(s) for the Medicare benefit tax statement required.

**Tick ALL that apply**

1/07/2012 – 30/06/2013 ☐

1/07/2013 – 30/06/2014 ☐

1/07/2014 – 30/06/2015 ☐

## Receiving your Medicare benefit tax statement

### 7 Do you want to receive your statement by email?

No ☐ Go to next question

Yes ☐ Provide your email address below

As we will send your personal information to the email address you provide, you should be satisfied that the address is appropriate for the receipt of personal information.

  
  
@

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You can request a statement for your dependants under 18 years of age who are listed on your Medicare card. Other family members must submit their own request.

Do you require a Medicare benefit tax statement for other family members on your Medicare card?

No ☐ **Go to 9**

Yes ☐ Give details below

#### Family member 1

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Date of birth

 /  / 

#### Family member 2

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Date of birth

 /  / 

#### Family member 3

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Date of birth

 /  / 

#### Family member 4

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Date of birth

 /  / 


If you have more than 4 family members, attach a separate sheet with details.

#### Privacy notice

**9** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at **[humanservices.gov.au/privacy](https://humanservices.gov.au/privacy)** or by requesting a copy from the department.

#### Declaration

##### 10 I declare that:

- I have parental responsibility for each person under 18 years of age for whom I have requested a Medicare benefit tax statement (if applicable).
- the information I have provided in this form is complete and correct.

##### I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature



Date

 /  /