

Claim for a **Health Care Card**

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 humanservices.gov.au/lic

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 a foster child, go to 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.

Online Services

You can complete and submit this claim electronically at humanservices.gov.au/lic

You can access your Centrelink online account through myGov. myGov is a simple and secure way to access a range of government services online with one username and password. You can create a myGov account at **my.gov.au** and link it to your Centrelink online account. To make a claim online, access your Centrelink online account through myGov, then select 'Online Claims' from the menu.

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.

Return this form and any supporting documents to us **within 14 days** so we can process your application or claim. If you cannot do this **within 14 days**, you must contact us at the earliest possible date to make an arrangement.

You can return this form and any supporting documents:

- online submit your documents online (excluding identity documents). For more information about how to access an Online Account or how to lodge documents online, go to humanservices.gov.au/submitdocumentsonline
- by post.
- in person if you are unable to submit this form and any supporting documents online or by post, you can provide them in person to one of our service centres.

For more information

Go to **humanservices.gov.au/healthcarecard** or call us on **132 490** or visit one of our service centres.

If you need a **translation** of any documents for our business, we can arrange this for you free of charge.

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, you can contact the **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.

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, go to **humanservices.gov.au/concessioncards**

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 Australian Government Department of Human Services (including Parental Leave Pay and Dad and Partner 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 **humanservices.gov.au/lic**

Medical treatment already provided

If you have received medical treatment, your entitlement to a Low Income Card may 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 before 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.

Certain dependants are not eligible to claim their own Health Care Card. This applies to claimants aged under 19 years of age 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: Children under 19 years of age 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 eliqible 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

For information about residence requirements for a Low Income Health Care Card or a Health Care Card for a foster child, go to **humanservices.gov.au/healthcarecard**

For information about how your payment or concession card may be affected and when you should tell us about your travel plans, go to **humanservices.gov.au/paymentsoverseas**

Confirming your identity

As a customer you (and your partner) may be required to provide identity documents when claiming a service. To claim a Health Care Card, you must provide **original** documents (not copies) for you (and your partner) **OR** you and your foster child. There is a list of acceptable documents in the *Confirming your identity* form (**SS231**) which is available at **humanservices.gov.au/forms**

If you have any difficulty in obtaining or providing these documents, you should contact us as soon as possible.

Information in other languages

English

To speak to us in a language other than English, call 131 202. Call charges apply. Calls from mobile phones may be charged at a higher rate. Go to humanservices.gov.au and select the language button to find information in your language.

Arabic

للتحدّث إلينا باللغة العربيّة، انّصل بالرقم 202 131. تنطبق رسوم على المكالمات. وقد بنمّ خصيل رسوم بعدل أعلى على المكالمات الجراة من الهواتف النقّالة. اذهب إلى الموقع humanservices.gov.au واختر زر اللغة للعثور على معلومات بلغتك.

Assvrian

قَعْ هِمَوْمَكُمْ بُخِي حَلِقْتُمْ نُمُهُمْنَ، مِينَ عَمَنَ كَمِنْ كَبِمُحْبُونُ مِدِنَدُهُ 131. كيه فَهُمُونُ غيم فَهُمُكُنْهُ قَعْ مَنْكُمْ، مَقْنَهُمْ هِي هِنْحَبُونُ مِنْهُونُكُنْهُ (مَعْفُنْهُ) مَعْمِعِي وَعَدِي تَمِدُ وَهُنْ. فَسَمِعُنْ فَعْ humanservices.gov.au مَكْدُومُهُمْ مِنْهُ فِي مُنْفَعِيْهُمْ وَهُومُنْهُمْ مِنْهُمْ مُنْمُمُ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مُنْهُمْ مُنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مِنْهُمْ مُنْهُمْ مُنْهُمْ مِنْهُمْ مُنْهُمْ مِنْهُمْ مُنْهُمْ مِنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمْ مُنْهُمُ مُنْهُمُونُ مُنْهُمْ مُنْهُمْ مُنْهُمُ مِنْهُمْ مُنْهُمُ مِنْهُمْ مُنْهُمُ مُنْهُمُ مِنْهُمْ مُنْهُمُ مِنْهُمُ مُنْهُمُ مُعْمُ مُعْمُ مُعْ

Bosnian

Da razgovarate sa nama na bosanskom jeziku pozovite 131 202. Pozivi se naplaćuju. Pozivi sa mobilnih telefona mogu se naplaćivati po skupljoj tarifi. Pogledajte humanservices.gov.au i odaberite tipku za jezik da biste pronašli informacije na svom jeziku.

Chinese

您可以撥打電話131 202 · 使用中文與我們交談。致電該號碼需付費。如使用移動電話致電·則收費可能會較高。訪問humanservices.gov.au網站·點擊語言鏈接後可獲取用您的語言編寫的資訊。

Croatian

Da biste s nama razgovarali na hrvatskom, nazovite **131 202**. Poziv se naplaćuje. Pozivi s mobitela se mogu naplaćivati po višoj tarifi. Za informacije na svom jeziku, posjetite **humanservices.gov.au** i izaberite tipku za strane jezike.

Farsi

برای اینکه با ما به زبان فارسی صحبت کنید، به شماره 131 130 تلفن بزنید. تلفن زدن برایتان هزینه خواهد داشت و از گوشیهای همراه مکن است هزینه بیشتری داشته باشد. برای دریافت اطلاعات به زبان خودتان از وب سایت humanservices.gov.au

Greek

Για να μιλήσετε μαζί μας στα Ελληνικά, καλέστε 131 202. Ισχύουν τηλεφωνικές χρεώσεις. Για τις κλήσεις από κινητά τηλέφωνα ενδεχομένως να ισχύουν υψηλότερες χρεώσεις. Επισκεφθείτε την ιστοσελίδα humanservices.gov.au και επιλέξτε το κουμπί γλώσσας για να βρείτε πληροφορίες στη γλώσσα σας.

Italian

Per parlare con noi in italiano, chiamate il numero 131 202. Vigono tariffe di chiamata. Le chiamate da telefoni cellulari possono essere soggette a tariffe superiori. Visitate il sito humanservices.gov.au e selezionate il comando delle lingue per trovare informazioni nella vostra lingua.

Khmer

ដើម្បីនិយាយជាមួយយើងខ្ញុំជាភាសាខ្មែរ សូមទូរស័ព្ទទៅលេខ **131 202**។ គិតថ្លៃទូរស័ព្ទ។ ការប្រើទូរស័ព្ទដៃ អាចអស់ថ្លៃច្រើនជាងធម្មតា។ សូមបើកមើលវ៉ិបសាយថ៍ humanservices.gov.au ហើយចុចយក ប្រអប់កាសា ដើម្បីទទួលព័ត៌មានជាកាសាលោកអ្នក។

Macedonian

За да зборувате со нас на македонски јавете се на **131 202**. Повикот се наплатува. Повиците од мобилни телефони може да се наплаќаат по повисока стапка. Одете на **humanservices.gov.au** и одберете го името на јазикот за да најдете информации на вашиот јазик,

Serbian

Да бисте разговарали са нама на српском, назовите 131 202. Позиви се наплаћују. Позиви са мобилних телефона могу да се наплате по вишој тарифи. Погледајте humanservices.gov.au и притисните дугме за ваш језик да бисте нашли информације на вашем језику.

Spanish

Para hablar con nosotros en español, llame al **131 202**. Llamada tarifada. Llamadas desde teléfonos móviles pueden estar sujetas a cargos adicionales. Visite **humanservices.gov.au** y seleccione el botón de idioma para encontrar información en su lengua.

Turkish

Bizimle Türkçe konuşmak için 131 202 numaralı telefonu arayınız. Aramalar ücretlidir. Cep telefonlarından yapılan aramalar daha yüksek bir ücrete tabi olabilirler. Kendi lisanınızda bilgi bulabilmek için humanservices.gov.au internet sitesine girip ilgili lisanın düğmesine basınız.

Vietnamese

Muốn nói chuyện với chúng tôi bằng tiếng Việt, xin gọi số 131 202. Các cuộc gọi sẽ bị tính cước phí. Gọi bằng điện thoại di động có thể bị tính theo giá cao hơn. Hãy vào trang mạng humanservices.gov.au và chọn nút ngôn ngữ để tìm thông tin bằng ngôn ngữ của quý vị.

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SS050.1609

5	
No Please make sure the partner's details questions are completed. Your partner's details will be required to assess your eligibility and you may also be required to provide documents to confirm their identity.	
► Go to next question	
You may need to provide identity documents for yourself and your foster child. Your partner's details are NOT required if you are claiming a Health Care Card for a foster child.	
► Go to next question	
Do you have a partner?	
No Do not complete Your partner details. Go to 4	
Yes Go to next question	
iso ac to none queenen	
Is your partner also applying for a Health Care Card?	
Note: You may need to provide identity documents for your partner. Although your partner may not also be applying, they may still need to provide identity documents and will need to sign.	
No Go to next question	
Yes If you are both eligible you will both get a Health Care Card.	
► Go to next question	
y so to title question	
Vari	Varia Daukaan
You	Your Partner
Do you need an interpreter when dealing with us?	4 Do you need an interpreter when dealing with us?
	To you need an interpreter when dealing with do:
This includes an interpreter for people who have a hearing or speech impairment.	This includes an interpreter for people who have a hearing or speech impairment.
, , ,	This includes an interpreter for people who have a hearing or
speech impairment.	This includes an interpreter for people who have a hearing or speech impairment.
speech impairment. No Go to 7	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7
speech impairment. No Go to 7	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question What is your preferred spoken language?
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question What is your preferred spoken language?
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question What is your preferred spoken language? What is your preferred written language? Do you currently get another type of Centrelink payment or Family Tax Benefit?
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No Go to 7 Yes Go to next question What is your preferred spoken language? What is your preferred written language? Do you currently get another type of Centrelink payment or Family Tax Benefit?
speech impairment. No	This includes an interpreter for people who have a hearing or speech impairment. No



	You		Your Partner
8	Your name	8	Your name
	Mr Mrs Miss Ms Other		Mr Mrs Miss Ms Other
	Family name		Family name
	First given name		First given name
	Second given name		Second given name
9	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	9	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)		Type of name (e.g. name at birth)
	2 Other name		2 Other name
	Type of name (e.g. maiden name)		Type of name (e.g. maiden name)
	If you have more than 2 other names, attach a separate sheet with details.		If you have more than 2 other names, attach a separate sheet with details.
10	Your gender Male Female	10	Your gender Male Female

	You		Your Partner
11	Your date of birth	11	Your date of birth
			1 1
12	Your permanent address	12	Your permanent address
	LOCATION 625 LOT 3 GIBSON ROAD		
	GIBSON WA Postcode 6448		Postcode
13	Your postal address (if different to above)	13	Your postal address (if different to above)
	PO BOX 101		
	GIBSON WA Postcode 6448		Postcode
14	Please read this before answering the following question.	14	Please read this before answering the following question.
	If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to humanservices.gov.au/em or visit one of our service centres.		If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to humanservices.gov.au/em or visit one of our service centres.
	Your contact details		Your contact details
	Home phone number (08) 9075 4011		Home phone number ()
	Is this a silent number? No X Yes		Is this a silent number? No Yes
	Mobile phone number		Mobile phone number
	Work phone number ()		Work phone number ()
	Email		Email
			Entail
	@		@
15	Do you give permission for your partner to speak to us on your behalf?	15	Do you give permission for your partner to speak to us on you behalf?
	You can change this authority any time.		You can change this authority any time.
	No 🔀 Yes 🗌		No Yes

16

Questions 16 and 17 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 and Torres Strait Islander Australians and Australian South Sea Islanders. Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

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

No ☐ Yes – Aboriginal Australian ☒ Yes – Torres Strait Islander Australian ☐

17 Are you of Australian South Sea Islander origin?

No X

Do you want to authorise another person or organisation to make enquiries, get payments and/or act on your behalf?

No Go to next question

Yes 🔀

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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 or want more information about nominee arrangements, go to **humanservices.gov.au/nominees**

19 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 20
Registered relationship	
(opposite-sex or same-sex relationship registered under state or territory law)	Go to 20
Partnered	
(living together in an opposite-sex or same-sex relationship, including de facto)	Go to 21
Separated	
(previously lived with an opposite-sex or same sex partner, including in a marriage, registered or de facto relationship)	Go to 22
Divorced	Go to 22
Widowed	
(previously partnered with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship)	Go to 22
Never married or lived with a partner	★ Go to 22

Your Partner

16

Questions 16 and 17 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 and Torres Strait Islander Australians and Australian South Sea Islanders. Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

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

No ____

Yes – Aboriginal Australian ____

Yes – Torres Strait Islander Australian ____

17 Are you of Australian South Sea Islander origin?

No _ Yes

Do you want to authorise another person or organisation to make enquiries, get payments and/or act on your behalf?

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 or want more information about nominee arrangements, go to **humanservices.gov.au/nominees**

20	/ / Go to 22		
21	When did you and your partner start living together as a member of a couple?		
	You		Your Partner
22	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 Student – part-time Self-funded retiree Farmer Self-employed non-farmer Apprentice—secondary school Apprentice—tertiary/technical school Religious worker Not employed – receiving Parental Leave Pay Not employed Other Give details below	22	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 Student – part-time Self-funded retiree Farmer Self-employed non-farmer Apprentice—secondary school Apprentice—tertiary/technical school Religious worker Not employed – receiving Parental Leave Pay Not employed Other Give details below
23	Are you in receipt of any educational payments (e.g. ABSTUDY, Student Financial Supplement Scheme, Veterans' Children Education Scheme, Military Rehabilitation and Compensation Act Education and Training Scheme or Australian Postgraduate Awards)? No Go to next question Yes Go to 26	23	Are you in receipt of any educational payments (e.g. ABSTUDY, Student Financial Supplement Scheme, Veterans' Children Education Scheme, Military Rehabilitation and Compensation Act Education and Training Scheme or Australian Postgraduate Awards)? No 60 to next question Yes 60 to 26
24	Are you being financially supported by your parent(s)/guardian(s) or any other person? No Yes	24	Are you being financially supported by your parent(s)/guardian(s) or any other person? No Yes
25	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 Course title (e.g. Yr 11, Cert III)	25	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 Course title (e.g. Yr 11, Cert III)

Temporary Go to next question

Go to 34

Your Partner

26 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

27 Have you EVER lived or travelled outside Australia, including short trips and holidays?

This question assists us to verify your Australian residence.

No Go to next question

Yes Give details below

Year you last entered Australia

Passport number

Country of issue

28 Are you an Australian citizen who was born in Australia?

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**

29 What is your country of birth?

When did you start living in Australia?

/ /

31 What is your country of citizenship?

Australia Date granted

/ / Go to 37

Other Give details below

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 Go to 34
on parent's passport)

Unknown (e.g. arrived

on parent's passport)

	You		Your Partner			
33	Your visa details on arrival	33	Your visa details on arrival			
	Visa sub class Date visa granted		Visa sub class Date visa granted			
34	Has your visa changed since you arrived in Australia?	34	Has your visa changed since you arrived in Australia?			
	No Go to next question		No Go to next question			
	Yes Most recent visa details		Yes Most recent visa details			
	Visa sub class Date visa granted		Visa sub class Date visa granted			
35	Are you a refugee or former refugee?	35	Are you a refugee or former refugee?			
	No		No			
	Yes		Yes			
36	Did your partner or either of your parents arrive on a refugee or	36	Did your partner or either of your parents arrive on a refugee or			
	humanitarian visa?		humanitarian visa?			
	No		No			
	Yes		Yes			
37	Please read this before answering the following question.	37	Please read this before answering the following question.			
	We need to know if you have lived in any countries other		We need to know if you have lived in any countries other			
	than Australia from birth through to the present. 'Lived' means where you/your family made your home or spent a		than Australia from birth through to the present. 'Lived' means where you/your family made your home or spent a			
	long period of time – it does not include places you visited.		long period of time – it does not include places you visited.			
	Except for short trips or holidays, have you EVER lived outside Australia?		Except for short trips or holidays, have you EVER lived outside Australia?			
	No ★ Go to next question		No Description Go to next question			
	Yes List ALL countries, INCLUDING AUSTRALIA, you have		Yes List ALL countries, INCLUDING AUSTRALIA, you have			
	lived in SINCE BIRTH . If you were born outside Australia, include the country		lived in SINCE BIRTH . If you were born outside Australia, include the country			
	where you were born.		where you were born.			
	Include the period(s) you have lived in each country.		Include the period(s) you have lived in each country.			
	Do NOT include short trips or holidays.		Do NOT include short trips or holidays.			
	1 Country of residence		1 Country of residence			
	From / / To / /		From / / To / /			
	2 Country of residence		2 Country of residence			
	From / / To / /		From / / To / /			
	3 Country of residence		3 Country of residence			
	From / / To / /		From / / To / /			
	If you require more space, attach a separate sheet with details.		If you require more space, attach a separate sheet with details.			

ner	ou have more than 2 foster children for whom you wish to claim ore completing the details for foster child 1.		oster child, go to humanservices.gov.au/families n Care Card, copy and attach page 13 for each additional ch
Fos	ster child 1		
40	Full name	48	Who cared for this child before you (if known)? This information helps us to confirm your foster child's identity.
41	Gender Male Female		Full name Address
42	Date of birth / /		Postcode
43	What is this child's country of birth?		Attach legal or other documents to show that you have the day-to-day care and responsibility for the foster child(ren).
	Has this child EVER lived or travelled outside Australia, including short trips and holidays? This question assists us to verify this child's Australian residence.	49	Do you have more than 2 foster children in your care for whom you wish to claim a Health Care Card? No Go to 50 on page 15 Yes Go to next question If you are claiming a Health Care Card for
	No Go to 45 Yes Give details below Passport number Country of issue		more than 2 foster children, and you have not already copied page 13, copy and attach page 14 for each additional foster child before completing the details for foster child 2. • Go to next question
	Yes Give details below Passport number		attach page 14 for each additional foster child before completing the details for foster child 2.

12 of 28

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

SS050.1609

Foster child 2	
40 Full name	48 Who cared for this child before you (if known)?
	This information helps us to confirm your foster child's identity.
	Full name
41 Gender	
Male	
Female	Address
-	
42 Date of birth	
/ /	Postcode
42 What is this ability assument of binths	Attach legal or other documents to show that you
43 What is this child's country of birth?	have the day-to-day care and responsibility for the foster child(ren).
44 Has this child EVER lived or travelled outside Australia, including short trips and holidays?	49 Do you have more than 2 foster children in your care for whom you wish to claim a Health Care Card?
This question assists us to verify this child's Australian residence.	No Go to next question
No Go to 45	Yes Attach details of each additional foster child.
Yes Give details below	Go to next question
Passport number	
Country of issue	
45 Relationship to you (e.g. niece, grandchild, unrelated)	
46 Date this child entered your care	
47 How long will this child be in your care?	

You **Your Partner** 50 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 51 to 77.** Go to 78 Do you have any children under 19 years of age who are Do you have any children under 19 years of age who are dependent on you? dependent on you? Dependent child means a child for whom you have legal Dependent child means a child for whom you have legal responsibility, either alone or jointly with another person for responsibility, either alone or jointly with another person for the child's day-to-day care, welfare and development. the child's day-to-day care, welfare and development. For more information about Dependents, refer to page 2 of For more information about Dependents, refer to page 2 of this claim form. If the dependent child is 19 years of age or this claim form. If the dependent child is 19 years of age or over, they can claim their own Low Income Health Care Card. over, they can claim their own Low Income Health Care Card. No **X** Go to 57 Go to 57 Yes Go to next question Go to next question 52 Do you receive Family Tax Benefit? **52** Do you receive Family Tax Benefit? No No For more information about whether you For more information about whether you may be eligible for Family Tax Benefit, go to may be eligible for Family Tax Benefit, go to humanservices.gov.au/families humanservices.gov.au/families Go to next question Go to next question Yes Yes Any child under 19 years of age for whom Any child under 19 years of age for whom you receive Family Tax Benefit will appear you receive Family Tax Benefit will appear as a dependant on your Health Care as a dependant on your Health Care Card. Dependants aged 16 to 18 must Card. Dependants aged 16 to 18 must be undertaking secondary studies to be be undertaking secondary studies to be eligible to appear on your card. eligible to appear on your card. Go to 57 Go to 57 Do any of these children receive an income support payment Do any of these children receive an income support payment such as Youth Allowance or ABSTUDY? such as Youth Allowance or ABSTUDY? No For more information about whether this child may For more information about whether this child may be eligible, go to humanservices.gov.au or call us be eligible, go to humanservices.gov.au or call us for Youth Allowance on 132 490 or for ABSTUDY on for Youth Allowance on 132 490 or for ABSTUDY on 1800 132 317. 1800 132 317. Yes Yes This child(ren) cannot be a dependant for this card This child(ren) cannot be a dependant for this card but may be eligible to claim their own card. but may be eligible to claim their own card.

54 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 **humanservices.gov.au/families**

No 📄	Go to 57	
/es	Go to next question	

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 **humanservices.gov.au/families**

No	•	Go	to	<i>57</i>			
/es	•	Go	to	nex	t qu	esti	on

	You			Your Partner			
55	Is your Parental Leave Pay No Go to 57 Yes Go to next question	provided by your employer?	55	ed by your employer?			
56	Has your employer shown y amount to your earned incoming to your earned incoming the second sec	our Parental Leave Pay as a separate me on your payslip(s)?	56	Has your employer shown your Parental Leave Pay as separate amount to your earned income on your payslingNoYes			
57	Did you earn any income fro	om employment in the last 8 weeks?	57	Did you earn any incom	e from emp	loyment in the last 8 weeks?	
	Do not include income fro Leave Pay or Dad and Par	m self-employment or any Parental tner Pay.		Do not include incom Leave Pay or Dad and		-employment or any Parental y.	
	No Go to 59			No Go to 59			
	Yes Give details below	V		Yes Give details below			
	1 Employer's name			1 Employer's name			
	Address			Address			
		Postcode				Postcode	
	Phone number	()		Phone number	()	
	2 Employer's name			2 Employer's name			
	Address			Address			
		Postcode				Postcode	
	Phone number	()		Phone number	()	
	If you received income from separate sheet with details	m more than 2 employers, attach a s.		If you received income separate sheet with de		e than 2 employers, attach a	

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 or Dad and Partner 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)

other deductions)	
\$	Week 1
\$	Week 2
\$	Week 3
\$	Week 4
\$	Week 5
\$	Week 6
\$	Week 7
\$	Week 8
Total (Add weeks 1 to 8)	
\$	

OR GROSS amount earned per fortnight (before tax and other deductions)

\$ Fortnight 1
\$ Fortnight 2
\$ Fortnight 3
\$ Fortnight 4

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, \mathbf{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

58 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 or Dad and Partner 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)

Week 1

other deduc	110115)
\$	Week 1
\$	Week 2
\$	Week 3
\$	Week 4
\$	Week 5
\$	Week 6
\$	Week 7
\$	Week 8
Total (Add weeks 1 to 8)	
\$	

OR GROSS amount earned per fortnight (before tax and other deductions)

\$ Fortnight 1
\$ Fortnight 2
\$ Fortnight 3
\$ Fortnight 4

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, ${\bf or}$

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).

59 Please read this before answering the following question.

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 retirement savings account
- · a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF).

Types of income streams include:

- · account-based pension (also known as allocated pension)
- market-linked pension (also known as term allocated pension)
- annuities
- defined benefit pension (e.g. ComSuper pension, State Super pension)
- superannuation pension (non-defined benefit).

Do you receive income from any income stream products?

No Go to next question
Yes Give details below



separate sheet with details.

You will need to attach a *Details of income stream product* form (SA330) or a similar schedule, for each income stream product. The form or similar schedule must be completed by your product provider or the trustee of the Self Managed Superannuation Fund (SMSF) or Small APRA Fund (SAF) or the SMSF administrator.

If you do not have this form, go to **humanservices.gov.au/forms**

Name of product provider/	
Type of income stream	
Product reference number	Commencement date
	/ /
Name of product provider/ Type of income stream	SMSF/SAF
ivoe oi income siream	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Product reference number	Commencement date

59 Please read this before answering the following question.

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 retirement savings account
- · a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF).

Types of income streams include:

- account-based pension (also known as allocated pension)
- market-linked pension (also known as term allocated pension)
- annuities

Your Partner

- defined benefit pension (e.g. ComSuper pension, State Super pension)
- superannuation pension (non-defined benefit).

Do you receive income from any income stream products?		
No Go to next question		
Yes Give details below		

P	You will need to attach a Details of income stream product form (SA330
	income su cam product form (SASSO
	or a similar schedule, for each incom
	stream product. The form or similar
	schedule must be completed by your

schedule must be completed by your product provider or the trustee of the Self Managed Superannuation Fund (SMSF) or Small APRA Fund (SAF) or the SMSF administrator.

If you do not have this form, go to humanservices.gov.au/forms

Name of product provider/	SMSF/SAF
Type of income stream	
Product reference number	Commencement date
	/ /
Name of product provider/	/SMSF/SAF
Type of income stream	
Product reference number	Commencement date
	/ /

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

60 Please read this before answering the following question.

You may be, or have been:

- a trustee
- · an appointor
- · a beneficiary

of a trust that has not been vested (that is a trust that has ceased),

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 in any of the ways detailed above?

No **Go to 63**

Yes Go to next question

61 Have you told us about this private trust before?

No Go to next question

Yes **Go to 63**

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

No D

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 humanservices.gov.au/forms

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 humanservices.gov.au/forms

Your Partner

60 Please read this before answering the following question.

You may be, or have been:

- a trustee
- an appointor
- a beneficiary

of a trust that has not been vested (that is a trust that has ceased),

OR have:

- made a loan to a private trust
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- 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 in any of the ways detailed above?

No **Go to 63**

Yes Go to next question

61 Have you told us about this private trust before?

No Go to next question

Yes **Go to 63**

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

Ŋ

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 humanservices.gov.au/forms

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 **humanservices.gov.au/forms**

Please read this before answering the following question.

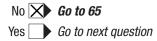
You may be, or have been in the last 5 years:

- · a director of a company that is still registered
- · a shareholder of a company that is still registered

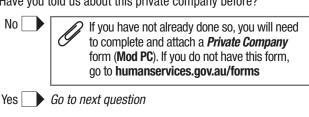
OR have:

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

Are you or have you been involved in a private trust in any of the ways detailed above?



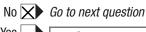
Have you told us about this private company before? 64



65 Are you involved in any type of business?

Include:

- farming
- self-employed
- sole-trader
- partnership
- sub-contractor. If you are a sub-contractor but are not sure if you should be declaring your income as a business or as an employee at question 57, call us on 132 490.



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 humanservices.gov.au/forms

Your Partner

Please read this before answering the following question.

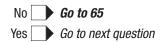
You may be, or have been in the last 5 years:

- a director of a company that is still registered
- a shareholder of a company that is still registered

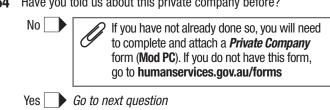
OR have:

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

Are you or have you been involved in a private trust in any of the ways detailed above?



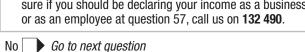
Have you told us about this private company before?

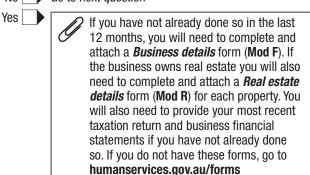


Are you involved in any type of business?

Include:

- farming
- self-employed
- sole-trader
- partnership
- sub-contractor. If you are a sub-contractor but are not sure if you should be declaring your income as a business or as an employee at question 57, call us on 132 490.





66 Do you receive any rental income?

Do not include income received from boarders who live with you, this should be provided at question 78.

No Go to next question



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 humanservices.gov.au/forms

Please read this before answering the following questions.

Include:

- workers' compensation/damages as a result of a work
- 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 X 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 humanservices.gov.au/forms

68 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 humanservices.gov.au/forms

Your Partner

Do you receive any rental income?

Do not include income received from boarders who live with you, this should be provided at question 78.

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 humanservices.gov.au/forms

67 Please read this before answering the following questions.

Include:

- workers' compensation/damages as a result of a work
- 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?

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 humanservices.gov.au/forms

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

Go to next question



You will need to complete and attach a Compensation and damages form (Mod C). If you do not have this form, go to humanservices.gov.au/forms

69 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, managed investments or an account used exclusively for funding from the National Disability Insurance Scheme.

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, pass	000Ks).
Name of bank, building society or credit union Account number (this may not be your card number) Type of account	
Balance of account	
Currency if not AUD	
Your share	%
Name of bank, building society or credit union Account number (this may not be your card number)	
Type of account	
Balance of account	
Currency if not AUD	
Your share	%
Name of bank, building society or credit union Account number (this may not be your card number)	
Type of account	
Balance of account	
Currency if not AUD	
Your share	%
If you have more than 3	accounts, attach a separate sheet

Your Partner

Insurance Scheme.

69 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, managed investments or an account used exclusively for funding from the National Disability

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, passi	books).
Name of bank, building society or credit union Account number (this may not be your card number)	
Type of account	
Balance of account	
Currency if not AUD	
Your share	%
Name of bank, building society or credit union Account number (this may not be your	
card number) Type of account	
Balance of account	
Currency if not AUD	
Your share	%
Name of bank, building society or credit union Account number (this may not be your card number)	
Type of account	
Balance of account	
Currency if not AUD	
Your share	%
If you have more than 3	accounts, attach a separate sheet

with details.

with details.

70 Do you own any shares, options, rights, convertible notes or other securities LISTED on an Australian Stock Exchange (e.g. ASX, NSX, APX or Chi-X) 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.

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

70 Do you own any shares, options, rights, convertible notes or other securities LISTED on an Australian Stock Exchange (e.g. ASX, NSX, APX or Chi-X) 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

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.

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
	%

Number of shares
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



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.

Go to next question

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.

72 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.

Go to next question

Yes



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

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

Do NOT include:

- · compensation, insurance or damages lump sum payments
- funding from the National Disability Insurance Scheme.

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
\$	/ /

If you have received more than 1 lump sum payment, attach a separate sheet with details.

74 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

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

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

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

Do NOT include:

- · compensation, insurance or damages lump sum payments
- funding from the National Disability Insurance Scheme.

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
\$	/ /

If you have received more than 1 lump sum payment, attach a separate sheet with details.

74 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

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 it was worth
	/	/	\$

What you got for it

Your share

\$

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

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

Yes

Date given or sold	What it was worth
/ /	\$
What you got for it	Your share
\$	%
Was this gift to a Special Disabili	ty 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.

75 Do you have money on loan to another person or organisation?

Include all loans, whether they are made to family members, other people or organisations or trusts.

Do NOT include loans to get accommodation in a hostel.

No Go to next question
Yes Give details below

Attach a document which gives details for each loan (if available).

1 Who did you lend the money to?		
Date lent	Amount lent	
/ /	\$	
Current balance on loan	Lent by you	
\$	%	

2 Who did you lend the mone	ey to?
Date lent	Amount lent
/ /	\$
Current balance on loan	Lent by you
\$	%

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

Your Partner

75 Do you have money on loan to another person or organisation?

Include all loans, whether they are made to family members, other people or organisations or trusts.

Do NOT include loans to get accommodation in a hostel.

No Go to next question
Yes Give details below

Attach a document which gives details for each loan (if available).

1 Who did you lend the mor	ney to?
Date lent	Amount lent
/ /	\$
Current balance on loan	Lent by you
\$	%

2 Who did you lend the money	y to?
Date lent	Amount lent
/ /	\$
Current balance on loan	Lent by you
\$	%

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

Please read this before answering the question below.

You should answer this question ONLY if you are over age pension age.

From 1 July 2017, the qualifying age for Age Pension will increase from 65 years to 65 years and 6 months. The qualifying age will then rise by 6 months every 2 years. reaching 67 years by 1 July 2023. See table below.

Date of birth Qualifying age at 65 years and 6 months 1 July 1952 to 31 December 1953 1 January 1954 to 30 June 1955 66 years 1 July 1955 to 31 December 1956 66 years and 6 months From 1 January 1957 67 years

Note: If you are over age pension age you may also be entitled to a Commonwealth Seniors Health Card. For more information, go to humanservices.gov.au/agepension

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

Include:

- superannuation funds such as retail, industry, corporate or employer and public sector
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

No	X	Go to next question
Yes		Give details below



Attach the latest statements for retirement savings accounts and superannuation funds. If you have a SMSF or SAF, attach the financial statement including income tax return and member statement.

1 Name of institution/fund mana	ager
Name of fund	
Date of joining/investment (Current market value
	\$
2 Name of institution/fund mana	ager
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

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- 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



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1 Name of institution/fund ma	inager
Name of fund	
Date of joining/investment	Current market value
/ /	\$
2 Name of institution/fund ma	nager
Name of fund	
Date of joining/investment	Current market value
/ /	\$

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

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



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.

Do NOT include an account used exclusively for funding from the National Disability Insurance Scheme.

No **Go to 79**

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.

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- income from boarders who live WITH you
- annuities
- regular gifts, or
- any other income.

Do NOT include an account used exclusively for funding from the National Disability Insurance Scheme.

No | Go to 79

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	

or act on your hebalf from [SS313] (if) you answered wearborn 78) Proof of your Australian residence status (if your answered wearborn 78) Proof of responsibility of the foster child(ren) (if) you answered wearborn 78) Details of additional foster child(ren) (if) you answered wearborn 78) Payslip(s) for the last 8 weeks or a letter from each employer (if required at question 78) Latest schedules for income stream products 0R Details of income stream products 0R Details of income stream products 0R Details of income stream products 0R (if) you answered wearborn 78) Private Trust form (Mod PT) (if) you answered wearborn 78) (if) you answered wearborn 78) Private Trust form (Mod PT) (if) you answered wearborn 78) Private Company form (Mod PT) (if) you answered wearborn 78) Real estate details form (Mod R) and most recent taxation return and business financial statements if required (if) you answered wearborn 78) Real estate details form (Mod R) and most recent taxation return and business financial statements if required (if) you answered wearborn 78) Real estate details form (Mod R) and most recent taxation return and business financial statements if required (if) you answered wearborn 78) Real estate details form (Mod R) and most recent taxation return and business financial statements if required (if) you answered wearborn 78) Share certificates or latest statement for each share holding NOT Listed on a stock exchange (if) you answered wearborn 79 Share certificates or latest statement for each share holding NOT Listed on a stock exchange (if) you answered wearborn 79 Managed investment certificates or similar documents (if) you answered wearborn 79 Document(s) which show adealist of the money on loan (if) you answered wearborn 79 Document(s) which show details of the money on loan (if) you answered wearborn 79 Document(s) which show adealist of the money on loan (if) you answered wearborn 79
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