

## When to use this form



Use this form to re-claim a Commonwealth Seniors Health Card for yourself and your partner if it has been less than 26 weeks since your Commonwealth Seniors Health Card was cancelled.

The Commonwealth Seniors Health Card provides holders with access to Pharmaceutical Benefits Scheme (PBS) prescription medicines and certain Medicare services at the concessional rate. State, territory, and local governments, and some private providers may offer additional concessions at their own discretion.

## What else you may need to provide

You may need to provide **identity documents**. There is a list of acceptable documents in the *Information you need to know about your claim for concession and health care cards (Ci010)*.

**Important Note:** You must return **all** supporting documents at the same time you lodge this claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

## Online services



### Completing this form online is faster and easier.

You can claim for the Commonwealth Seniors Health Card using your Centrelink online account through myGov. For help, go to [servicesaustralia.gov.au/onlineguides](https://servicesaustralia.gov.au/onlineguides)

If you do not have a myGov account, you can create one at [my.gov.au](https://my.gov.au) and link it to your Centrelink online account.

## For more information



Go to [servicesaustralia.gov.au/seniorshealthcard](https://servicesaustralia.gov.au/seniorshealthcard)

Call us on **132 300**.

We can translate documents you need for your claim or payment for free.

To speak to us in your language, call **131 202**.

Call charges may apply.

If you have a hearing or speech impairment, you can call the **TTY service** on **1800 810 586**.

A TTY phone is required to use this service.



## Partner Permitted to Enquire

Giving your partner permission to enquire will save you and your partner time in the future. It will let your partner speak to us on your behalf if you want or need them to.

A partner permitted to enquire can:

- ask questions about your Centrelink payments and services
- advise us of your earnings and changes in your circumstances
- lodge a claim or review using information you have previously provided (if it has not changed), and
- view your details online.

Your partner is required to only use the information we give them according to the limitations of the arrangement.

### Changing your arrangement

You can change your partner permitted to enquire arrangement at any time by calling us. Call us on **132 300**. If you think your partner is misusing the arrangement, call **132 300** or visit one of our service centres.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, between 8 am and 5 pm, local time and ask to speak to a social worker.

For more information, go to [servicesaustralia.gov.au/domesticviolence](https://servicesaustralia.gov.au/domesticviolence) or call **000** if you are in immediate danger.

## Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  ► **Go to 1** skip to the question number shown. You do not need to answer the questions in between.

### 1 Read this before answering the following questions.

Complete the left hand column for yourself.

Your partner (if you have one) should complete **all** questions in the right hand column where the heading 'Your partner' appears, even if they are not claiming a Commonwealth Seniors Health Card. This will enable your entitlement to be assessed.

Do you have a partner?

No  ► **Go to 3**

Yes  ► *Go to next question*

### 2 Is your partner also claiming the Commonwealth Seniors Health Card?

No  ► You will still need to give your partner's personal and income details. You will not be required to provide identity documents for your partner.

Yes  ► If you are both eligible you will both get a Commonwealth Seniors Health Card.

#### You

### 3 Your Centrelink Reference Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 4 Your name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

#### Your partner

### 3 Your Centrelink Reference Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 4 Your name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name



CLK0SA296a 2212

## You

5 Have you been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No  Go to next question

Yes  Give details below

**1** Other name

Type of name (for example, name at birth)

**2** Other name

Type of name (for example, name before marriage)

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

6 Your gender

Male

Female

Non-binary

7 Your date of birth (DD MM YYYY)

8 Your permanent address

Postcode

9 Your postal address (if different to above)

Postcode

## Your partner

5 Have you been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No  Go to next question

Yes  Give details below

**1** Other name

Type of name (for example, name at birth)

**2** Other name

Type of name (for example, name before marriage)

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

6 Your gender

Male

Female

Non-binary

7 Your date of birth (DD MM YYYY)

8 Your permanent address

Postcode

9 Your postal address (if different to above)

Postcode

## You

### 10 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 [servicesaustralia.gov.au/em](http://servicesaustralia.gov.au/em) or visit one of our service centres.

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

## Your partner

### 10 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 [servicesaustralia.gov.au/em](http://servicesaustralia.gov.au/em) or visit one of our service centres.

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

**11** Tick **one** of the boxes below to tell us about your relationship status right now.

If you have ever been separated from your current partner, give the date that you most recently got back together (reconciled) with your partner.

This will update your Centrelink record only. Contact Medicare and/or Child Support to update your record if you have one.

**Married**

Date married or last reconciled with your partner (DD MM YYYY)

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▶ **Go to 12**

**Registered relationship**

(your relationship is registered under Australian state or territory law)

Date registered or last reconciled with your partner (DD MM YYYY)

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▶ **Go to 12**

**De facto**

(your relationship is similar to a married couple but you are not married or in a registered relationship)

Date you started your relationship or last reconciled with your partner (DD MM YYYY)

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▶ **Go to 12**

**Separated**

(previously in a marriage, registered or de facto relationship)

Date of last separation (DD MM YYYY)

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▶ **Go to 16**

**Divorced**

Date of divorce (DD MM YYYY)

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▶ **Go to 16**

**Widowed**

(previously in a marriage, registered or de facto relationship)

Date of partner's death (DD MM YYYY)

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▶ **Go to 16**

**Never married or lived with a partner**

**Go to 16**

**12** Do you currently live in the same home as your partner?

No  ▶ **Go to next question**

Yes  ▶ **Go to 15**

**13** Why are you not living with your partner?

Partner's illness

Your illness

Partner in prison

Partner's employment

Other  ▶ Give details below


**14** Period not living with your partner (DD MM YYYY)

From 

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To 

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▶ **Go to 16**

or indefinite

**You**

- 15** Do you give permission for your partner to speak with us on your behalf?

For more information, read page 1.


No

Yes

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

No  *Go to next question*

Yes

 You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form or want more information about nominee arrangements, go to [servicessaustralia.gov.au/nominees](http://servicessaustralia.gov.au/nominees)

- 17** Read this before answering the following questions.

You are not breaking the law if you do not give us your tax file number, but if you do not provide it to us, or authorise us to get it from the Australian Taxation Office, you (and your partner if you have one) may not be granted a Commonwealth Seniors Health Card.

In giving us your tax file number in relation to this claim you authorise us to use your tax file number for other social security payments and services in future where necessary.

Have you given us your tax file number before?

No  *Go to next question*

Not sure  *Go to next question*

Yes  **Go to 19**

- 18** Do you have a tax file number?

No  Call us on **132 300**

Yes  Your tax file number

**Your partner**

- 15** Do you give permission for your partner to speak with us on your behalf?

For more information, read page 1.


No

Yes

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

No  *Go to next question*

Yes

 You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form or want more information about nominee arrangements, go to [servicessaustralia.gov.au/nominees](http://servicessaustralia.gov.au/nominees)

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In giving us your tax file number in relation to this claim you authorise us to use your tax file number for other social security payments and services in future where necessary.

Have you given us your tax file number before?

No  *Go to next question*

Not sure  *Go to next question*

Yes  **Go to 19**

- 18** Do you have a tax file number?

No  Call us on **132 300**

Yes  Your tax file number

**19** Have the details of your (and/or your partner's) dependent child(ren) and students changed since you were last granted a Commonwealth Seniors Health Card?

Not applicable  **Go to 23**

No  **Go to 23**

Yes  **Go to next question**

**20** Has any child left your (and/or your partner's) care?

No  **Go to next question**

Yes  Give details below

**1** Child's name

Date of birth (DD MM YYYY)

**2** Child's name

Date of birth (DD MM YYYY)

If more than 2 children, provide a separate sheet with details.

**21** Has any child entered your (and/or your partner's) care?

No  **Go to next question**

Yes  Give details below

**1** Child's name

Date of birth (DD MM YYYY)

**2** Child's name

Date of birth (DD MM YYYY)

If more than 2 children, provide a separate sheet with details.

**22** How many dependent children and students are in your care?

**23** Read this before answering the following questions.

In certain circumstances, you (and/or your partner) may be entitled to a payment from us. Providing your (and your partner's) bank details ensures you can receive any payment you (and/or your partner) become entitled to. You do not have to provide your bank details at this time, however providing them can prevent any future payment being delayed.

**You**

Do you wish to provide your bank details?

No  **Go to 25**

Yes  **Go to next question**

**Your partner**

Do you wish to provide your bank details?

No  **Go to 25**

Yes  **Go to next question**

**24** Where do you want your payment made?

The account must be in your name. A joint account is acceptable.

Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

**You**

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

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**Your partner**

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

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**25 Read this before answering the following questions.**

The income details you provide can be for either of the 2 financial years preceding the current financial year. They should be the most recent verifiable details. You and your partner **MUST** provide income details for the **same financial year**.

**26** For which financial year are you (and your partner) providing income details?  /

**27** Give the following income details for the financial year you have indicated in question 26.

**A Taxable income**

Write an amount and provide an original Notice of Assessment issued by the Australian Taxation Office.\*

**OR**

If your (and/or your partner's) income was too low and you are not required to lodge a tax return, give the amount of income you (and/or your partner) received. Only include income that is taxable and is not income from sources requested in Parts B to E of this question. Provide documents to verify this amount.\*

**B Foreign income** you did not pay Australian income tax on (write the amount in Australian dollars). Provide your tax return or if you (and/or your partner) are not required to lodge a tax return, other documents to verify this amount.\*

**C Total net investment loss**

Total net investment loss is the sum of:

**Net rental property losses** (see the Income tests section of your tax return)—the amount by which the expenses incurred for a rental property exceed the gross rental income from that property.

**AND**

**Net financial investment losses** (see the Income tests section of your tax return)—the amount by which allowable deductions in respect of financial investments exceed the gross income from those investments. For Commonwealth Seniors Health Card purposes most deductions allowed by the Australian Taxation Office are allowed as a deduction.

**Note:** You must **ADD** this amount even though it is a loss because such a loss will have reduced your taxable income.

Provide your tax return or if you (and/or your partner) are not required to lodge a tax return, other documents to verify this amount.\*

**D** Value of **employer provided benefits** above \$1,000. Write the total amount of your employer provided benefits less the first \$1,000. Provide payment summary.\*

**E Reportable superannuation contributions** are the sum of your:

- reportable employer superannuation contributions (see the Income tests section of your tax return), for example, salary sacrifice contributions. Provide payment summary.\*

**and**

- personal deductible superannuation contributions (see the Supplementary section of your tax return). Contributions for which an individual can claim a deduction on their individual tax return. Provide tax return or if you (and/or your partner) are not required to lodge a tax return, other documents to verify this amount.\*

**F** Total income (A + B + C + D + E = F)

**G** Your (and your partner's) **COMBINED TOTAL ADJUSTED TAXABLE INCOME**.

You	Your partner
<b>OR</b>	<b>OR</b>
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<b>+</b>	<b>+</b>
AUD <input style="width: 100%;" type="text"/>	AUD <input style="width: 100%;" type="text"/>
<b>+</b>	<b>+</b>
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<b>+</b>	<b>+</b>
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<b>=</b>	<b>=</b>
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

\$

\* Provide the required documents if you have written an amount for **A, B, C, D** and/or **E**.



**28 Read this before answering the following question.**


An account-based pension (also known as an allocated pension or transition to retirement pension) is a retirement income stream product purchased with superannuation money. Unlike other annuities and superannuation pensions, most investors have full access to their capital. Although there is a minimum amount that must be paid each year, the investor may nominate to receive an amount above the minimum. Account-based pensions are tax free from 60 years of age.

If you (or your partner) own any account-based pensions, income may be deemed on the account balance of the pension and added to any other income amounts you have declared to determine whether you are entitled to a Commonwealth Seniors Health Card.

Do you (or your partner) receive income from an account-based pension?

No  **Go to 30**

Yes  Give details below

 You (and/or your partner) will need to return a **Details of income stream product (SA330)** form or a similar schedule, for each account-based pension. 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 [servicessaustralia.gov.au/forms](http://servicessaustralia.gov.au/forms)

**1** Name of product provider/SMSF/SAF

Product reference number

Commencement date (DD MM YYYY)

Owned by: You  Your partner

**2** Name of product provider/SMSF/SAF

Product reference number

Commencement date (DD MM YYYY)

Owned by: You  Your partner

If you (and/or your partner) have more than 2 account-based pensions, provide a separate sheet with details.

**29** Is the **COMBINED TOTAL ADJUSTED TAXABLE INCOME** listed at 27G plus any deemed income from your (and your partner's) account-based pension, below or above the income limit for the Commonwealth Seniors Health Card?

Go to [servicessaustralia.gov.au/deeming](http://servicessaustralia.gov.au/deeming) for the current deeming rates, and [servicessaustralia.gov.au/seniorshealthcard](http://servicessaustralia.gov.au/seniorshealthcard) for the current income limits.

**Below** the income limit  **Go to 33**

**Above** the income limit  You may still be eligible if your income will be below the income limits in the current financial year.  
**Go to 31**

**30** The **COMBINED TOTAL ADJUSTED TAXABLE INCOME** listed at 27G is the income we will use to work out your eligibility.


Is the **COMBINED TOTAL ADJUSTED TAXABLE INCOME** listed at 27G, below or above the income limit for the Commonwealth Seniors Health Card?

Go to [servicessaustralia.gov.au/seniorshealthcard](http://servicessaustralia.gov.au/seniorshealthcard) for the current income limits.

**Below** the income limit  **Go to 33**

**Above** the income limit  You may still be eligible if your income will be below the income limits in the current financial year.  
**Go to next question**

**31** Will your (and your partner's) combined income in the **current financial year** be the same, higher or lower than it was in the financial year you indicated at question 26?

**The same**   You are not eligible for a Commonwealth Seniors Health Card because your income is too high. Do NOT continue with this claim.

**Higher**  **Lower**  Give details below

Why will your income be lower (for example, stopped working, previously sold significant asset(s) to pay for medical expenses, ceased operating a business)?

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 You will need to provide evidence to support the reason your (and your partner's) income will be lower.

**32** Give an **estimate** of the income you (and your partner) expect to receive in the current financial year.

**A Estimated taxable income**

**OR**

If your (and/or your partner's) income will be too low and you are not required to lodge a tax return, give the amount of income you (and/or your partner) expect to receive. Only include income that is taxable and is not income from sources requested in Parts B to E of this question.

You	Your Partner
\$ <input type="text"/>	\$ <input type="text"/>
<b>OR</b>	<b>OR</b>
\$ <input type="text"/>	\$ <input type="text"/>

**B Foreign income** you do not pay Australian income tax on (write the amount in Australian dollars).

+	+
AUD <input type="text"/>	AUD <input type="text"/>

**C Total net investment loss**

Total net investment loss is the sum of:

**Net rental property losses**—the amount by which the expenses incurred for a rental property exceed the gross rental income from that property.

**AND**

**Net financial investment losses**—the amount by which allowable deductions in respect of financial investments exceed the gross income from those investments.

For Commonwealth Seniors Health Card purposes most deductions allowed by the Australian Taxation Office are allowed as a deduction.

**Note:** You must **ADD** this amount even though it is a loss because such a loss will have reduced your taxable income.

+	+
\$ <input type="text"/>	\$ <input type="text"/>

**D** Value of **employer provided benefits** above \$1,000. Write the total amount of your employer provided benefits less the first \$1,000.

+	+
\$ <input type="text"/>	\$ <input type="text"/>

**E Reportable superannuation contributions** are the sum of your:

- reportable employer superannuation contributions, for example, salary sacrifice contributions, **and**
- personal deductible superannuation contributions. Contributions for which an individual can claim a deduction on their individual tax return.

+	+
\$ <input type="text"/>	\$ <input type="text"/>

**F** Total income (A + B + C + D + E = F)

=	=
\$ <input type="text"/>	\$ <input type="text"/>

**G** Your (and your partner's) **COMBINED ESTIMATED ADJUSTED TAXABLE INCOME.**

\$

**This total adjusted taxable income plus** any deemed income you (and your partner) may have from any account-based pensions will be used to work out your eligibility.

**You**

**33** Which of the following forms and/or documents are you providing with this form?

Where you are asked to supply identity documents, provide original documents.

If you are not sure, check the question to see if you should provide the documents.

**Tick all that apply**

Identity documents for yourself  You will need to confirm your identity as part of this claim. For more information, go to <a href="http://servicesaustralia.gov.au/identity">servicesaustralia.gov.au/identity</a>	<input type="checkbox"/>
<b>Authorising a person or organisation to enquire or act on your behalf (SS313) form</b> (If you answered Yes at <b>question 16</b> )	<input type="checkbox"/>
Original Notice of Assessment or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27A</b> )	<input type="checkbox"/>
Tax return or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27B</b> )	<input type="checkbox"/>
Tax return or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27C</b> )	<input type="checkbox"/>
Payment summary (see <b>question 27D</b> )	<input type="checkbox"/>
Payment summary and/or tax return or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27E</b> )	<input type="checkbox"/>
A <b>Details of income stream product (SA330) form</b> or a similar schedule (see <b>question 28</b> )	<input type="checkbox"/>
Documents to support the reason your income will be lower (see <b>question 31</b> )	<input type="checkbox"/>

Continue on next page

**Your partner**

**33** Which of the following forms and/or documents are you providing with this form?

Where you are asked to supply identity documents, provide original documents.

If you are not sure, check the question to see if you should provide the documents.

**Tick all that apply**

Identity documents for yourself  If you answered 'Yes' at question 2 and are re-claiming, you will need to provide identity documents. For more information, go to <a href="http://servicesaustralia.gov.au/identity">servicesaustralia.gov.au/identity</a>	<input type="checkbox"/>
<b>Authorising a person or organisation to enquire or act on your behalf (SS313) form</b> (If you answered Yes at <b>question 16</b> )	<input type="checkbox"/>
Original Notice of Assessment or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27A</b> )	<input type="checkbox"/>
Tax return or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27B</b> )	<input type="checkbox"/>
Tax return or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27C</b> )	<input type="checkbox"/>
Payment summary (see <b>question 27D</b> )	<input type="checkbox"/>
Payment summary and/or tax return or if you are not required to lodge a tax return, other documents to verify this amount (see <b>question 27E</b> )	<input type="checkbox"/>
A <b>Details of income stream product (SA330) form</b> or a similar schedule (see <b>question 28</b> )	<input type="checkbox"/>
Documents to support the reason your income will be lower (see <b>question 31</b> )	<input type="checkbox"/>

Continue on next page

## Privacy notice

### 34 You (and your partner) need to read this

#### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration

### 35 I/We declare that:

- the information I/we have provided in this form is complete and correct.

#### I/We understand that:

- I/we must return **all** supporting documents at the same time as I/we lodge my/our claim form. If I/we do not return all documents, my/our claim may not be accepted. The only exception will be if I am/we are waiting for medical evidence or other documents from a third party.
- Centrelink can make relevant enquiries to make sure I/we receive the correct entitlement.
- I/we may need to give further information if requested.
- I/we must notify Centrelink of any changes to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

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Your partner's signature



Date (DD MM YYYY)

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## Returning your form

Return this form and any supporting documents:

- online** (excluding identity documents) using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/submitdocumentsonline](https://servicesaustralia.gov.au/submitdocumentsonline)
- by post to:
  - Services Australia
  - Centrelink
  - PO Box 7800
  - CANBERRA BC ACT 2610
- in person at one of our service centres.