

Request for a Medicare benefit tax statement

Purpose of this form

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

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

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

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

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed 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.

Returning your form

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

Email the completed form to:

medicare.disclosure@servicesaustralia.gov.au

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

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

For more information

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

Call charges may apply.

Applicant's details

1 Medicare card number

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Ref no.

2 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Your date of birth

/ /

4 Your postal address

.....
.....
Postcode

5 Daytime phone number

()

Medicare benefit tax statement

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

Tick ALL that apply

1/07/2012 – 30/06/2013

1/07/2013 – 30/06/2014

1/07/2014 – 30/06/2015

Receiving your Medicare benefit tax statement

7 Do you want to receive your statement by email?

No **Go to next question**

Yes Provide your email address below

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

.....
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8

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

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

No **Go to 9**

Yes Give details below

Family member 1

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

Date of birth

 / /

Family member 2

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

Date of birth

 / /

Family member 3

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

Date of birth

 / /

Family member 4

Mr Mrs Miss Ms Other


Family name

First given name

Second given name

Date of birth

 / /

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

Privacy notice

9 The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to 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

Declaration

10 I declare that:

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

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature



Date

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