

# **HEALTHCARE LEVY REGULATIONS 2012**

[Consolidated as at 24 May 2014 on the authority of the Administrator and in accordance with the *Enactments Reprinting Act 1980*]

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#### **Short title**

1. These Regulations may be cited as the *Healthcare Levy Regulations 2012*.

# Commencement

**2.** These Regulations take effect on 1 June 2012.

## **Principal Act**

**3.** The *Healthcare Levy Act 1990* is the principal Act.

# Exempt persons - prescribed amount

**4.** In accordance with subsection 10(2) of the principal Act, the amount prescribed for the purposes of subsection 10(1) is \$6,500 in lieu of the amount of \$3,500.

#### **Application for exemption under section 10**

**5.** For the purposes of section 10 of the *Healthcare Levy Act 1990*, Form 1 in the Schedule is prescribed.

# Application for suspension under section 11A

**6.** For the purposes of section 11A of the *Healthcare Levy Act 1990*, Form 2 in the Schedule is prescribed.

# Time for making an application under section 10 or 11A

7. An application made under section 10 or section 11A in respect of a levy period must be made and have been received by the Minister no later than 30 days after the levy day of that levy period.

# Time for lodging application for review

**8.** A person intending to apply under section 17 for the review of a declaration of the Minister made under section 10 must lodge the application with the Clerk no later than 28 days following the service upon the person of the declaration of the Minister.

#### **SCHEDULE**

#### Form 1

(Section 10 of the Healthcare Levy Act 1990)

#### STATUTORY DECLARATION

Commonwealth of Australia Statutory Declarations Act 1959

Insert the name/s, address and occupation of person/s making the declaration I / We, 1

make the following declaration under the Statutory Declarations Act 1959 (Commonwealth):

Set out matter declared to in number paragraphs

#### **HEALTHCARE LEVY ACT 1990**

#### INCOME DECLARATION

# THIS FORM IS TO BE USED WHEN CLAIMING AN EXEMPTION FROM PAYMENT OF THE LEVY ON GROUNDS OF INCOME (UNDER SECTION 10 OF THE HEALTHCARE LEVY ACT 1990)

#### **INCOME DETAILS**

Please complete the following: all questions should be answered stating total income received for the 6 months prior to the relevant levy day. If NIL state NIL.

•	INCOME TYPE	SELF	SPOUSE	TOTAL
Salaries and wage	es	\$	\$	\$
Self employed inc	come	\$	\$	\$
Superannuation		\$	\$	\$
Rents received		\$	\$	\$
Dividends receive	ed	\$	\$	\$
Income from prin	nary productions —			
(a)	Sale of palm seed	\$	\$	\$
(b)	Sale of cattle	\$	\$	\$
(c)	Sale of produce	\$	\$	\$
(d)	Other (specify)	\$	\$	\$
	from banks, building societies, credit le all overseas source income	\$	\$	\$
Other income —	please give details	\$	\$	\$
	TOTAL			

IMPORTANT: THIS DECLARATION FORM MUST BE RETURNED TO THE HEALTHCARE MANAGER FOR PROVISION TO THE MINISTER WITHIN 30 DAYS AFTER LEVY DAY. LATE DECLARATIONS WILL NOT BE ACCEPTED

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959 (Cth)*, and I believe that the statements in this declaration are true in every particular.

Signature person making the declaration 3 Declared at 4 on 5  $of^6$ Place Day 5 Month and year Before me, Signature of person before whom the declaration is made (see over) Full name, qualification and address of person whom beforedeclaration is made (in printed letters)

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959 (Cth).

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 (Cth) — see section 5A of the Statutory Declarations Act 1959 (Cth).

#### A statutory declaration under the Statutory Declarations Act 1959 may be made before -

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

 Chiropractor
 Dentist
 Legal practitioner

 Medical practitioner
 Nurse
 Optometrist

 Patent attorney
 Pharmacist
 Physiotherapist

 Psychologist
 Trade marks attorney
 Veterinary surgeon

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
- (3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955 (Cth))

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3(d) of the Consular Fees Act 1955 (Cth); and
- (c) exercising his or her function in that place

Employee of the Commonwealth who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3(c) of the Consular Fees Act 1955; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

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Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961 (Cth)

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

- (a) an officer; or
- (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 (Cth) with 5 or more years of continuous service; or
- (c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of

Accountants

Member of:

- (a) the Parliament of the Commonwealth; or
- (b) the Parliament of a State; or
- (c) a Territory legislature; or
- (d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961 (Cth)

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal

services to the public

Permanent employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority; or
- (c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution.

# Form 2

(Section 11A of the Healthcare Levy Act 1990 "the Act")

# HEALTHCARE LEVY ACT 1990 APPLICATION FOR SUSPENSION TO PAY HEALTHCARE LEVY AND MEDICAL EVACUATION (MEDIVAC) LEVY

THIS FORM IS TO BE USED WHEN CLAIMING A SUSPENSION OF LIABILITY TO PAY THE ABOVE LEVIES (UNDER SECTION 11A OF THE ACT) DUE TO ALTERNATIVE HEALTH COVER

NAME OF APPLICANT:	TELEPHONE:
POSTAL ADDRESS:	
TO THE MINISTER,	
I/Weliability to pay the Healthcare Levy and Medivac Levy	hereby apply for a suspension of y, as I/We have adequate alternative health cover.
DETAIL OF ALTERNATIVE HEALTH COVER	
Name of Health Cover:	
Date joined the Health Cover:	
Level of Cover (Plan/Table):	
Contributions paid up to-date:	
Attach a photocopy of your latest receipt to this Form	n as proof of Membership.
	ovides in regards to medical costs that may be incurred on Norfolk a copy of your Policy document or by written confirmation from your <i>form</i> ).
2. Please provide written confirmation from your Hea	alth Cover Insurer that your policy covers medical evacuation costs.
<ol> <li>I confirm that I do not suffer from any pre-existing my health insurer.</li> </ol>	g illness, injury or other health conditions that I have not disclosed to
I hereby declare that the above information i	is true and correct.
Signature of Applicant	Date of Application
IMPORTANT: THIS DECLARATION FORM MUST BE RETURN 30 DAYS AFTER LEVY DAY. LATE DECLARATION	NED TO THE HEALTHCARE MANAGER FOR PROVISION TO THE MINISTER WITHIN IONS WILL NOT BE ACCEPTED.
PLEASE NOTE THAT THE GRANTING OF A SU LEVY DAY. APPLICATIONS MUST BE MADE FO	USPENSION TO PAY THE LEVY IS ONLY VIABLE FOR THE PERIOD UP TO THE NEXT

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# **NOTES**

The *Healthcare Levy Regulations 2012* as shown in this consolidation comprises Regulations No. 2 of 2012 and amendments as indicated in the Tables below.

Enactment	Number and year	Date of commencement	Application saving or transitional provision
Healthcare Levy Regulations 2012	2, 2012	27.4.12	
Healthcare Levy (Amendment) Regulations 2014	3, 2014	23.5.14	

#### **Table of Amendments**

ad =	added	or	am = amended	rep = repealed	rs =	repealed	and
	inserted					substituted	

Provisions affected	How:	affected
5	ad	3, 2014
6	ad	3, 2014
7	ad	3, 2014
8	ad	3, 2014
Schedule	ad	3, 2014

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