

**Office use only** (tick as provided)

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| <input type="checkbox"/> Identification                    | <input type="checkbox"/> Form and supporting docs scanned to grants@dpac.tas.gov.au |
| <input type="checkbox"/> Bank statement                    | <input type="checkbox"/> Processed in STARS   |
| <input type="checkbox"/> Tas IVF/Fertility Tas declaration |   |

# Affordable IVF and fertility support initiative form

*Rebate of up to \$2,000 for fertility treatment expenses incurred through approved Tasmanian fertility service providers.*

## Can I apply?

The Affordable IVF and Fertility Support Initiative provides eligible Tasmanians with a rebate of up to \$2,000 to help with the cost of eligible fertility treatments.

To be eligible for the rebate you must:

- be a Tasmanian resident; **and**
- have incurred costs for eligible treatments on or after 1 July 2026 to 30 June 2028; **and**
- have received treatment from Tas IVF or Fertility Tasmania; **and**
- be the person undergoing treatment with the intention of becoming pregnant.

Please ensure you meet the full criteria before applying. View detailed requirements and information on our website at [servicetas.fyi/IVFrebate](http://servicetas.fyi/IVFrebate)

## How to apply

### Online

**i** You can complete this form online and apply at [servicetas.fyi/IVFrebate](http://servicetas.fyi/IVFrebate)

### In-person

**i** You can apply in-person at any **Service Tasmania** service centre using this form.

If you apply in-person you must:

- complete this application form; **and**
- show proof of identity; **and**
- provide recent bank statement from your financial institution (showing name, address and bank account details that match information provided in this form); **and**
- provide the signed declaration form from Tas IVF or Fertility Tasmania confirming treatment received.

## Proving your identity

Accepted identity documents include:

- Tasmanian driver licence; **or**
- Tasmanian personal information card; **or**
- Birth certificate; **or**
- Passport.

Your name must be the same on all documents provided. If your name has changed, or your documents do not include your current residential address, you must provide additional proof.

## Please provide your details here

**I confirm that I have read the eligibility criteria and meet the requirements for this application.**

### ▶▶ Your personal details

**1** Your full name (as shown on your identity documents)

First / given name(s)

Last / family name

**2** Date of birth

**3** Phone number

**4** Email

**5** Residential address



Postcode

**6** Which local government area are you located in?

### ▶▶ Evidence of treatment

**I confirm that I have included a copy of the signed declaration form from Tas IVF or Fertility Tasmania confirming my treatment in this application.**

**1** Treatment provider

- Fertility Tasmania    Tas IVF

**2** What treatment have you received?

- IVF Treatment    Artificial Insemination

**3** Treatment date

**4** Do you expect to make another claim for eligible treatment under this initiative?

- Yes    No

## ▶▶ Bank statement

I confirm that I have included a copy of my most recent bank statement or account confirmation letter from my financial institution that shows my name, address and bank account details.

## ▶▶ Bank account details

Please provide the bank account details where you would like the rebate to be deposited if your application is approved.

**Important: details must match the bank statement or account confirmation letter you are providing with this application.**

Account name

BSB number

Account number



## Applicant declaration and authorisation statement

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if my request is approved, this request and any subsequent documentation in relation to this application will form the terms and conditions of any funding provided. I also agree to cooperate with the department to provide any additional information on request that relates to this application. I authorise officers of the Tasmanian State Service to make any enquiries thought necessary to verify the information I have provided. I understand that if this claim is fraudulent, it will be reported to the relevant authorities.

**I confirm that I have read and agree to the declaration and authorisation statement.**

Date of declaration

Applicant signature



### Service Tasmania CSC MUST complete

**Declared at:**

(place)

**on**

(date)

**before me**

(authorised officer)


**Your privacy** - Personal information collected from you will be used for the purpose of administering the Affordable In Vitro Fertilisation (IVF) and Fertility Support Initiative. Failure to provide information requested may result in your application not being processed or the rebate not being able to be provided. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* (Tasmania) and the *Privacy Act 1988* (Commonwealth) and may be accessed by the individual to whom it relates upon request.