

# Fertility Treatment Rebate-2 Declaration Form

To claim the Fertility Treatment Rebate-2, Part 1 and Part 2 of this form must be completed. Part 1 must be completed by an authorised representative of the Eligible Provider providing the fertility treatment. Part 2 must be completed by the Applicant (that is, the Eligible Woman). The Applicant can claim \$2,000 towards eligible out-of-pocket costs for fertility treatment which meets the criteria in the Policy Guidelines including receiving the treatment on or after 19 February 2025.

For Policy Guidelines, eligibility and how to apply, go to:

<https://www.service.nsw.gov.au/transaction/apply-for-the-fertility-treatment-rebate-2>

**Important note:** You must refer to the Checklist and Policy Guidelines prior to completing this Declaration Form. The Checklist is available at:

<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/Documents/fertility-rebate-2-checklist.pdf>

## PART 1 – To be completed by an authorised representative of the Eligible Provider

I declare the following:

- I am authorised to complete and sign this Declaration Form on behalf of \_\_\_\_\_ (full clinic name) at \_\_\_\_\_ (clinic address) (“the Clinic”) and the Eligible Provider named below (“the Provider”).
- \_\_\_\_\_ (Applicant’s full name) (“the Applicant”) is a patient of the Clinic and the Provider.
- On or after, 19 February 2025 but before 30 August 2028, the e Applicant was provided with Assisted Reproductive Technology (ART) treatment at the Clinic by the Provider and has incurred an out-of-pocket expense associated with that treatment.
- The ART treatment provided to the Applicant was not for the sole purpose of fertility preservation.
- The Clinic is:
  - certified to deliver the ART treatment by the Reproductive Technology Accreditation Committee (“RTAC”) of the Fertility Society of Australia and New Zealand, in accordance with the RTAC Australia & New Zealand Code of Practice.
  - authorised to operate in Australia.
- The Provider is a registered medical practitioner and is responsible for the provision and oversight of the ART treatment. The Provider has agreed to their details being provided on this form.
- I acknowledge Service NSW will use the information provided on this form to assess and manage the rebate. I understand Service NSW will handle this information in line with their privacy collection notice at <https://www.service.nsw.gov.au/privacy-collection-notice/fertility-treatment-rebate-program>.

### Details of clinic, Provider and clinic representative:

Full name of Clinic: \_\_\_\_\_

RTAC Accredited Unit Number: \_\_\_\_\_

Provider’s full name: \_\_\_\_\_

Clinic representative’s full name: \_\_\_\_\_

Clinic representative’s signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ (dd/mm/yyyy)

# Fertility Treatment Rebate-2 Declaration Form



## PART 2 – To be completed by the Applicant

**NSW Health and Service NSW acknowledge people may receive fertility treatment but may not identify as a woman. The person seeking to become pregnant must lodge the claim.**

**Important note:** You must refer to the Checklist and Policy Guidelines prior to completing this Declaration Form. The Declaration form must be accompanied by one receipt for out-of-pocket expenses incurred during fertility treatment on or after 19 February 2025.

**I declare the following:**

- I am a resident of NSW.
- I have not previously claimed the Fertility Treatment Rebate (available 1 January 2023 to 18 February 2025) or Fertility Treatment Rebate -2, and/or I have not had the rebate claimed on my behalf
- On or after 19 February 2025 but before 30 August 2028, I was provided with ART treatment at the Clinic, and I incurred an out-of-pocket expense associated with that treatment.
- I meet the household income eligibility criteria as set out in the Policy Guidelines.
- The ART treatment provided to me by the Clinic was not:
  - already reimbursed by another government program or rebate,
  - for the sole purpose of fertility preservation,
  - part of lower cost fertility treatment provided at a publicly supported IVF clinic (as set out in the Policy Guidelines), or
  - for male treatments
- I acknowledge Service NSW will use the information provided on this form to assess and manage the rebate. I understand Service NSW will handle this information in line with their privacy collection notice at <https://www.service.nsw.gov.au/privacy-collection-notice/fertility-treatment-rebate-program>.
- I consent to Service NSW contacting the Clinic to confirm they completed part one of this declaration.

### Details of Applicant:

Applicant's full name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date ART Treatment was received \_\_\_\_\_ (dd/mm/yyyy)

Date signed: \_\_\_\_\_ (dd/mm/yyyy)