# Affordable IVF and Fertility Support Initiative

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## Before you start

The Affordable In Vitro Fertilisation (IVF) and Fertility Support Initiative provides a rebate of up to **$2,000** to help with the cost of eligible fertility treatment.

You can apply for the rebate if you received eligible treatment from **TasIVF** or **Fertility Tasmania** on or after **1 July 2026**.

**Who can apply**

You may be eligible if you:

- are a Tasmanian resident
- received eligible fertility treatment between **1 July 2026 and 30 June 2028**
- received treatment from **TasIVF** or **Fertility Tasmania**
- are the person undergoing treatment with the intention of becoming pregnant.

**What you can claim**

The rebate is designed to help with the cost of your IVF and other Assisted Reproductive Technology (ART) journey. Eligible treatments include:

- IVF treatment cycles (including for those individuals seeking this procedure for fertility preservationreasons)
- Artificial Insemination.

These are the only treatments eligible under the Initiative

**What you cannot claim**

- The rebate only applies to IVF and Artificial Insemination – it cannot be used for fertility testing by third party providers.
- Storage fees for eggs, sperm, or embryos.
- Genetic screening.
- Treatment provided outside Tasmania.
- Services received before **1 July 2026** or after **30 June 2028**.

You cannot claim costs that have been reimbursed by another government program or rebate, such as Medicare.

If you are unsure whether a cost is eligible, please refer to the guidelines or your fertility provider can help.

**How the rebate works**

- You can claim up to **$2,000** in total.
- You may submit more than one claim until you reach the $2,000 limit.

Read the program guidelines before you apply.

The guidelines explain eligibility, evidence requirements, eligible treatments and the payment process.

## Documents you need before applying

Before you start, please have:

- proof of your identity
- a recent bank statement or account confirmation letter
- your completed Affordable IVF and Fertility Support Initiative Declaration Form, signed by you and an authorised representative of TasIVF or Fertility Tasmania

Your application cannot be assessed until all required information and documents are provided.

## Eligibility

Before you continue, please confirm that you meet the eligibility requirements.

You may be eligible if you:

- are a Tasmanian resident
- received eligible fertility-related services between **1 July 2026 and 30 June 2028**
- received treatment from **TasIVF** or **Fertility Tasmania**
- are the person who received the treatment with the intention of becoming pregnant.

**Eligibility Check** *
○ I confirm that I meet the eligibility requirements listed above.

## Privacy and consent

The Department of Health and Service Tasmania will collect, use and store the information you provide in this form to administer the Affordable IVF and Fertility Support Initiative.

This may include using your information to:

- confirm your identity
- check your eligibility
- assess and process your application
- make payment if your application is approved
- meet reporting, audit and program administration requirements.

Your information may be checked with fertility providers or other relevant agencies where this is required or authorised by law.

Your information will be managed in line with Tasmanian privacy, health information, data security and record-keeping requirements, including the *Personal Information Protection Act 2004* and *the Archives Act 1983*.

By continuing, you confirm that you understand how your information will be collected, used and checked for this application.

**Confirmation** *
○ I understand and agree to continue with this application.

## About You

* indicates a required field

### Applicant details

Please provide your details below.

**Name** *
First Name Last Name

Please enter your name as shown on your identification evidence

**Date of birth** *

Please enter your date of birth (dd/mm/yyyy)

### Contact details

**Email address** *

Must be an email address.

**Primary phone number** *

Must be an Australian phone number.

**Residential address** *
Address

Please provide the address of your current primary place of residence.

**Which Local Government Area are you located in?** *

## Eligibility confirmation

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You must provide evidence to show that you meet the eligibility requirements.

Your application cannot be assessed until all required documents are provided.

### Proof of identity

You must provide evidence of your identity.

Accepted identity documents include:

- Driver Licence
- Passport
- Personal Information Card
- Birth Certificate.

**Which identity document will you be providing?** *
☐ Driver Licence
☐ Passport
☐ Personal Information Card
☐ Birth Certificate

If you upload a driver licence, or personal information card, please include photos or scanned images of both the front and back of the card.

If you upload a passport, please include the page that shows your photo and personal details.

If you upload a birth certificate, please include the full certificate.

**Upload identity document** *
Attach a file:

## Change of name evidence

If your current name is different from the name shown on your identity or bank documents, please upload one of the following:

- marriage certificate
- divorce papers
- deed poll
- change of name certificate.

**Upload change of name evidence**
Attach a file:

## Bank account details

If your application is approved, the rebate will be paid by direct deposit into your nominated bank account.

Please enter the bank account details for the account you want the rebate paid into.

**Important:** Please check that your bank account details are correct. Incorrect details may delay or prevent payment.

Your bank account details are shown on your bank statement. They are not the numbers shown on your debit or credit card.

**Bank account** *
Account Name

BSB Number Account Number

BSB will be validated and must be 6 numbers only

**Bank account evidence**

The document must show your:

- Name
- Address
- BSB
- Account Number.

We use this document to confirm that the bank account details you entered are correct and belong to you.

**Please upload a recent bank statement or account confirmation letter from your financial institution.** *
Attach a file:

## Treatment details

Please provide details of the treatment you are claiming for.

**Treatment provider** *
○ TasIVF
○ Fertility Tasmania

**Treatment received** *
○ IVF
○ Artificial Insemination

**Treatment date** *

**Please upload your completed Affordable IVF and Fertility Support Initiative Declaration Form.** *
Attach a file:

The rebate cannot proceed without this form attached.

The form must be signed by:

- you, as the person claiming the rebate
- an authorised representative of TasIVF or Fertility Tasmania.

## IVF Rebate Amount

**The maximum rebate for your treatment received**

2000

This number/amount is calculated.

## AI Rebate Amount

**The maximum rebate for your treatment received**

900

This number/amount is calculated.

## Total Rebate

The amount shown is the maximum rebate for that treatment. The amount approved may be lower if you have already received a payment under this initiative or if the eligible cost is lower than the maximum rebate.

This number/amount is calculated.

## Further treatment

You can claim up to **$2,000** in total under this initiative.

If this claim is for less than $2,000, you may be able to make another claim later.

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

○ Yes ○ No

If you select Yes, you may be able to submit further evidence against this application later, instead of completing a new application form.

## Declaration

Before you submit this application, please read and confirm the statements below.

By submitting this application, I declare that:

- the information I have provided is true, accurate and complete to the best of my knowledge
- I am the person claiming the rebate
- I meet the eligibility requirements for this initiative
- I understand that I may be asked to provide more information to support my application
- I agree to cooperate with the Department of Health, Service Tasmania and other Tasmanian State Service officers in relation to my application

- I authorise Tasmanian State Service officers to make enquiries to verify the information I have provided
- I understand that false or misleading information may affect my application
- I understand that suspected fraudulent claims may be referred to the relevant authorities.

*

○ I have read and agree to the declaration above.

**Additional Comments - Optional**

Please provide any additional comments you may have in relation to this application

**Additional supporting evidence - Optional**
Attach a file:

You can attach any additional information here to support your application.

## Before you finish

Your application has not yet been submitted.

Select **Next Page →** to review your application.After reviewing all information, select **Submit** to complete your application.

You will receive an email confirmation once your application has been successfully submitted.