Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium



Complete this registration form and send it to GMHBA Health Insurance to receive the Australian Government Rebate on private health insurance. If at any stage you wish to stop claiming the rebate as a reduced premium, or nominate a new rebate tier, you must notify GMHBA as soon as possible.

More information

For more information about the Australian Government Rebate on private health insurance, visit www.privatehealth.gov.au

Filling in this form

Use black or blue pen and print in BLOCK LETTERS, or complete the form digitally and email to rebates@gmhba.com.au.

Section 1: Eligibility & Medicare details Are all the people on this policy listed on a Medicare card or entitled to a Medicare card? Yes No If no, you can not proceed with this application. All people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium. Please contact GMHBA if you have any questions.	Would you like the premium reduction to commence from your membership start date? Yes No If no, please nominate the date you would like the premium reduction to start Section 3: Personal details
Medicare number Ref. number Expiry date (MM/YYYY) Section 2: Health fund details	First name (as listed on your Medicare card) Last name (as listed on your Medicare card) Residential address
Name of private insurance health fund GMHBA Health Insurance	Postcode:
Health fund membership number (if known)	Postal address (if different to above)
Are you covered by this policy? Yes No If no, applicants not covered by the policy cannot claim the Australian Government Rebate on private health insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on private health insurance on policies paid on behalf of employees. When a child only policy is established, the parent or legal guardian needs to register the rebate in the parents' name.	Postcode: Daytime phone number Date of birth (DD/MM/YYY) Gender (required by Medicare) Male Female

Please nominate a rebate tier based on your estimated annual taxable income. If at any stage you want to nominate a new rebate tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify GMHBA as soon as possible.				
Base tier (Single earning ≤ \$9	3 000 or couple/family parning < \$186	000)		
Tier 2 (Single earning \$108,001-\$144,000 or couple/family earning \$216,001-\$288,000)				
Tier 3 (Single earning ≥ \$144,001 or couple/family earning ≥ \$288,001)				
No rebate				
Section 5: Partner details (if app	olicable)			
First name as listed on Medicare card	Last name as listed on Medicare card	Gender required by Medicare	Date of birth	
		Male Female		
Section 6: Dependants details (i	f applicable)			
A child is a dependant if:				
The child is under 21 years old, or the c and is under the age of 25 (student de	hild is not a partner of another person, opendant).	or the child is undertaking f	ull-time education	
and is under the age of 25 (stadent de				
First name	Last name	Gender	Date of birth	
		Gender required by Medicare Male Female	Date of birth	
First name as listed on Medicare card 1.	Last name	required by Medicare Male Female	Date of birth	
First name as listed on Medicare card 1. 2.	Last name	required by Medicare	Date of birth	
First name as listed on Medicare card 1.	Last name	required by Medicare Male Female	Date of birth	
First name as listed on Medicare card 1. 2.	Last name	required by Medicare Male Female Male Female	Date of birth	
First name as listed on Medicare card 1. 2. 3.	Last name	required by Medicare Male Female Male Female Male Female	Date of birth	
First name as listed on Medicare card 1. 2. 3. 4. 5.	Last name as listed on Medicare card	required by Medicare Male Female Male Female Male Female Male Female	Date of birth	
First name as listed on Medicare card 1. 2. 3.	Last name as listed on Medicare card	required by Medicare Male Female Male Female Male Female Male Female	Date of birth	
First name as listed on Medicare card 1. 2. 3. 4. 5. Section 7: Applicant's declaration I declare that the information that I have	Last name as listed on Medicare card	required by Medicare Male Female Male Female Male Female Male Female Male Female Male Female		
First name as listed on Medicare card 1. 2. 3. 4. 5. Section 7: Applicant's declaration	Last name as listed on Medicare card	required by Medicare Male Female Male Female Male Female Male Female Male Female Male Female Male Female		
First name as listed on Medicare card 1. 2. 3. 4. 5. Section 7: Applicant's declaration I declare that the information that I have information is a serious offence.	Last name as listed on Medicare card	required by Medicare Male Female Male Female Male Female Male Female Male Female Male Female Male Female		
First name as listed on Medicare card 1. 2. 3. 4. 5. Section 7: Applicant's declaration I declare that the information that I have information is a serious offence.	Last name as listed on Medicare card	required by Medicare Male Female Male Female Male Female Male Female Male Female Male Female Male Female		

The privacy and security of your personal information is important to us, 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 law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Section 4: Nominate your rebate tier

Privacy and your personal information