

Application to receive the Federal Government Rebate as a Reduced Contribution

- Complete this registration form and lodge it with GMHBA Limited to receive the Federal Government Rebate as a reduced contribution.
- This application must be completed in black pen using block letters.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced contribution.
- If at any stage you wish to stop receiving the Federal Government Rebate as a reduced contribution, you must notify GMHBA Limited as soon as possible.

Name of private health fund issuing the policy to which this application relates: **GMHBA Limited**

Membership number: _____

Are you covered by this policy? Yes No

Employers and trustees of organisations cannot claim the Federal Government Rebate on policies paid on behalf of employees.

Date contribution reduction commenced ____ / ____ / 200__

Your Medicare card details:

Number _____

Valid to ____ / ____ Your full name as it appears on your Medicare card _____

Your current postal address: _____

Postcode _____

Your residential address (If same as above please write "as above")

Postcode _____

Your day time phone number (should we need to contact you)

() _____ work () _____ home

Your date of birth ____ / ____ / ____ Your sex Male Female

Details of all people covered by the policy (do not include yourself)

Surname	Given name	Date of birth	Sex	<input checked="" type="checkbox"/> Dependant child	<input checked="" type="checkbox"/>
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	
			M F	Y N	

- A child is a dependant if
- the child is under the age of 18 years, or a full-time student under the age of 25.
 - the child is covered by your insurance policy and GMHBA Limited accepts the child as a dependant child on the policy.
 - the child is not a partner of another person.

Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

Yes No

You are entitled to a Medicare card if

- you are a person who lives in Australia.
- you are an Australian citizen.
- a holder of a permanent resident visa.
- a New Zealand citizen, or, in some cases an applicant for a permanent resident visa.

Any inquiries about Medicare eligibility can be made at any Medicare office or by phoning 132 011 for the cost of a local call.

Declaration

I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

Signature

Date: ____ / ____ / 200__

The information provided on this form will be used for the purposes of registering you for the Federal Government Rebate. Its collection is authorised by law, and information collected may be disclosed to the Department of Health and Ageing, the Health Insurance Commission, and the Australian Taxation Office.

Please send this registration form to GMHBA Limited

Need more information about the Federal Government Rebate?

If you need to know more about reduced contributions through your health fund, contact the Department of Health and Ageing.

- Internet home page at www.health.gov.au



GMHBA Limited

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