

Application for Australian Government Rebate on Private Health Insurance as a reduced membership contribution

Please print in black ink, using capital letters and mark check boxes with an X.

GU Health Membership No. (if you have one) <input type="text"/>	
Are you covered by this policy? Yes <input type="checkbox"/>	No <input type="checkbox"/> <small>(If No) Applicants not covered by the policy can't 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.</small>
I wish to (please indicate with an X)	
Nominate my rebate tier <input type="checkbox"/> <small>(Must already be claiming Australian Government Rebate on Private Health Insurance as a reduced membership contribution) (Complete Sections: 1, 2, 5)</small>	or Apply for the Australian Government Rebate on Private Health Insurance <input type="checkbox"/> <small>(Complete all Sections)</small>

All the people listed on the membership must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

Please complete the information requested below and send your completed form by:

- Scan and email to corporate@guhealth.com.au; or
- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required)

For assistance or more information call your GU Health Member Relations Team on **1800 249 966** between 8.30am and 5pm (AEST) Monday to Friday or email corporate@guhealth.com.au

Section 1: Policyholder's details (the person in whose name membership is held)

Title <input type="text"/>	Surname <input type="text"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Given name <input type="text"/>		Date of birth <input type="text"/>
Home address <input type="text"/>		
		State <input type="text"/> Postcode <input type="text"/>
Postal address (if different from above) <input type="text"/>		
		State <input type="text"/> Postcode <input type="text"/>
Daytime telephone number <input type="text"/>		

Section 2: Australian Government Rebate on Private Health Insurance

Date membership contribution reduction and/or rebate tier nomination to commence from <input type="text"/>
Medicare card number <input type="text"/> Valid to <input type="text"/>
Policyholder's name and initial (exactly as they appear on your Medicare card) <input type="text"/>
Please nominate a rebate tier that best reflects your entitlement
<input type="checkbox"/> Base Tier <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
<small>If the rebate tier you select doesn't accurately reflect your actual entitlement as determined by the Australian Taxation Office (ATO), this will be reconciled as part of your tax return.</small>
<small>Health insurers are not permitted to provide tax advice. For assistance in determining your appropriate rebate tier, please contact your registered tax agent or the Australian Tax Office at ato.gov.au</small>

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Section 3: About your dependant/s

Each person covered on this membership must have Medicare entitlements (do not include policyholder).

Surname	Given name(s)	Date of birth (DD / MM / YYYY)	Gender	Dependant Child
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Section 4: Eligibility

Are all the people on the membership listed on a Medicare card or entitled to a Medicare card? Yes No

If **NO**, you can't apply for the Australian Government Rebate on Private Health Insurance until each person to be covered on the membership has Medicare entitlements.

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, **and**
- an Australian citizen, **or**
- a holder of a permanent resident visa, **or**
- a New Zealand citizen, **or**
- an applicant for a permanent resident visa.

If you're from a country with which Australia has a Reciprocal Health Care Agreement (RHCA), you may be eligible for an RHCA Medicare card.

For more information about the Australian Government Rebate on Private Health Insurance, go to: humanservices.gov.au/privatehealth.

Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling **132 011**

or go to: humanservices.gov.au/customer/services/medicare/medicare-card.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Section 5: Declaration (must be signed)

I declare and acknowledge that all the information provided in this form is correct and complete. I understand that there are penalties for giving false or misleading information. Should any of the above details change, I'll notify GU Health immediately.

If at any stage you wish to stop receiving the Australian Government Rebate on Private Health Insurance as a reduced membership contribution or wish to update your rebate tier, you should notify GU Health.

Policyholder's signature

Date signed

The information provided on this form will be used for the purposes of registering you for the Australian Government Rebate on Private Health Insurance. Collection of this information is authorised by the Private Health Insurance Act 2007.

This information may be disclosed to the Department of Health, the Department of Human Services and the Australian Taxation Office or as authorised or required by law.

Privacy statement

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.



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