

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

Complete this registration form and send it to Frank 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 Frank as soon as possible.

More information

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

Submitting this form

Complete this form and submit via the **Frank app** or post to **Frank Health Insurance, Reply Paid 761, Geelong VIC 3220.**

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 Frank if you have any questions.

Medicare number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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Ref. number

Expiry date (MM /YYYY)

Section 2: Health fund details

Name of private insurance health fund

GMHBA (trading as Frank Health Insurance)

Health fund membership number (if known)

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.

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

First name (as listed on your Medicare card)

Last name (as listed on your Medicare card)

Residential address

Postcode:

Postal address (if different to above)

Postcode:

Daytime phone number

Date of birth (DD/MM/YYYY)

Gender (required by Medicare)

Male Female

Section 4: Nominate your rebate tier

Please nominate a rebate tier based on your estimated annual taxable income. The income thresholds below are effective from **1 July 2024**. 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 Frank as soon as possible.

Note: Single parents and couples (including de facto couples) are subject to the family tiers. For families with children, the thresholds are increased by \$1,500 for each dependent child after the first.

- Base tier (Single earning \leq \$97,000 or couple/family earning \leq \$194,000)
- Tier 1 (Single earning \$97,001 - \$113,000 or couple/family earning \$194,001-\$226,000)
- Tier 2 (Single earning \$113,001-\$151,000 or couple/family earning \$226,001-\$302,000)
- Tier 3 (Single earning \geq \$151,001 or couple/family earning \geq \$302,001)
- No rebate

Section 5: Partner details (if applicable)

First name

as listed on Medicare card

Last name

as listed on Medicare card

Gender

required by Medicare

Male Female

Date of birth

Section 6: Dependants details (if applicable)

A child is a dependant if:

The child is under 21 years old, or the child is not a partner of another person, or the child is undertaking full-time education and is under the age of 25 (student dependant).

First name

as listed on Medicare card

Last name

as listed on Medicare card

Gender

required by Medicare

Date of birth

1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

Section 7: Applicant's declaration

I declare that the information that I have provided is complete and correct. I understand that giving false or misleading information is a serious offence.

Signature

Date (DD/MM/YYYY)

Privacy and your personal information

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