



Bali 2002 registration (MS021)

When to use this form

Complete this form to register for Bali 2002 Disaster Health Care Assistance Scheme (the scheme) benefits.

Important information

Definition of a member of the family for the purpose of the scheme is:

- a parent, step-parent, sibling, step-sibling, child, step-child, grandparent, partner or ex-partner where they accompany or provide care for, a child or children of the victim
- the next-of-kin of the victim (other than those above)
- another relative where Services Australia is satisfied that a close relationship exists, or existed, or that person is providing or has provided, key emotional support to the victim.

Definition of a friend of a victim for the purpose of the scheme is:

- a person who has, or had, a direct personal relationship with a person eligible under Category B in the declaration, and has emotional, psychological or psychiatric distress or disability arising from the Bali bombings and his or her relationship with the injured or deceased person.

For more information

Go to servicesaustralia.gov.au/disasterhealthcare or call 1800 660 026 Monday to Friday, 7:30 am to 5 pm, local time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Applicant's details

1 Medicare card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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2 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

<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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4 Your gender

Male ☐

Female ☐

Non-binary ☐

5 Postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

6 Daytime phone number (including area code)

<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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Privacy notice

- 7** The privacy and security of your personal information is important to us, and is protected by law. We 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 the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

8 I declare that:

- the information I have provided in this form is complete and correct
- I am eligible to register for the Bali 2002 Disaster Health Care Assistance Scheme under the following category:

Tick one only

Category A – Foreign nationals

☐

A person covered under subsection 6(1) of the *Health Insurance Act 1973* for foreign nationals physically injured by the Bali bombings (and are lawfully in Australia for the treatment and care of their Bali related injuries)

Category B – Victims of the Bali 2002 bombings

☐

An Australian resident for the purposes of the *Health Insurance Act 1973*, and was in Kuta Bali on 12 October 2002, and was physically injured, or was present at the scene during the aftermath, or participated in assisting victims, or provided support services in Bali at that time.



Provide a certified copy of the passport used with Visa for travel at time of event. If passport cannot be supplied, provide a statutory declaration.

Category C – Family members or friends of a victim of the Bali 2002 bombings

☐

An Australian resident for the purposes of the *Health Insurance Act 1973* and a member of the family or a friend of a victim of the Bali bombings that occurred on 12 October 2002 and as a result of this relationship have an emotional, psychological or psychiatric distress or disability requiring treatment.

Name of victim

Relationship

I consent to:

- Services Australia using my Medicare card number to validate appropriate payments
- Services Australia checking Medicare Benefits Schedule payments, Pharmaceutical Benefits Schedule payments and private hospital payments, **or**
- undertaking verification related to any other benefit program or assistance provided by the Australian, state or territory governments, or by any other non government organisation to which the Disaster Health Care Assistance Scheme may be directly related
- and authorise Services Australia obtaining personal information from other agencies and organisations for the purpose of assessing registration and claims.

I understand that:

- benefits are provided under the Disaster Health Care Assistance Scheme as a result of information that I have provided
- giving false or misleading information may result in Services Australia recovering benefits provided by the Disaster Health Care Assistance Scheme
- giving false or misleading information is a serious offence.

Applicant's signature



Date (DD MM YYYY)

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Returning this form

Check that you have answered all the questions and the form is signed and dated.

Return this form and any supporting documents by post to

Services Australia
Special Assistance
Reply Paid 9822
PERTH WA 6848