



# COVID-19 Vaccine Claims Scheme – Authorising a person or organisation to act on your behalf (M0064)

## When to use this form

By completing this form, the injured person or claimant gives Services Australia authority to release information to an authorised person or organisation and gives permission for an authorised person or organisation to act for the injured person by signing the declaration in this form.

This form can also be used to demonstrate authority to act in the interests of a deceased person.

You can use this form to authorise a person or organisation to act on your behalf when applying for compensation under the COVID-19 Vaccine Claims Scheme (the Scheme).

## Definitions

**Injured person** is the person in respect of whose injury or death, the compensation may be paid.

**Claimant** is the person making a claim for compensation under the Scheme either on their own behalf or on behalf of another person.

**Authorised person or organisation** is either an organisation (such as a law firm) or an individual (such as a friend or relative) who is being authorised in this form to act on behalf of the injured person or claimant. This also includes a legal representative of the person who has been appointed by law to act on the injured person's behalf (such as an executor, court order, Power of Attorney).

## Who should complete this form

This form is to be completed by the injured person or claimant (such as a legal representative) who is seeking compensation on behalf of the injured person.

## Protecting you and your information

If you are affected by family and domestic violence, call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to one of our social workers or call **000** if you are in immediate danger.

For more information, go to [servicesaustralia.gov.au/domesticviolence](https://servicesaustralia.gov.au/domesticviolence)

## Important information

This authorisation **does not** apply to any other Medicare or Centrelink programs administered by Services Australia.

## For more information

Go to [servicesaustralia.gov.au/covid19vaccineclaims](https://servicesaustralia.gov.au/covid19vaccineclaims) or call **1800 653 809** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

We can translate documents you need for your claim for free. To speak to us in your language call **131 202**.

If you have a hearing or speech impairment, you can call the **TTY Service** on **1800 810 586**. A TTY phone is required to use this service.

## Returning this form

Return this form and any supporting documents by:

- **email to**  
**[COVID19.vaccine.claims.scheme@servicesaustralia.gov.au](mailto:COVID19.vaccine.claims.scheme@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.
- **post to**  
Services Australia  
COVID-19 Vaccine Claims Scheme  
PO Box 1001  
TUGGERANONG ACT 2901

## Access you are approving

By completing this form, you are giving full access to the authorised person or organisation to claim under the COVID-19 Vaccine Claims Scheme. This includes:

- submitting an application – including but not limited to:
  - provide an address where communication is sent, and
  - a bank account where payment will be made (if your claim is approved).
- updating claim details – this will also allow the claimant to consent to everything in the terms and conditions available at [servicesaustralia.gov.au/covid19vaccineclaims](https://servicesaustralia.gov.au/covid19vaccineclaims)
- signing a Deed.
- providing authority for Services Australia to collect, use and disclose your personal and sensitive information.
- providing authority for Services Australia to disclose personal and sensitive information related to the claim to the authorised person or organisation.

## Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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](https://servicesaustralia.gov.au/privacypolicy)

## Filling in this form

You can complete this form on your computer, print and sign it.

Part A and Part C – collect the injured person's details (the person requesting an authorised person or organisation).

Part B and Part D – collect the authorised person's or organisation's details.

Part E – Proof of Identity documents and Checklist .

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ► **Go to 1** skip to the question number shown.

## Part A

### Injured person's details (COVID-19 vaccine recipient)

1 Medicare card number (if known)

Ref no.

2 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Postal address

  
  

Postcode

5 Contact details

Home phone number (including area code)

Mobile phone number

Email

6 Is this form being completed on behalf of the injured person who:

- is younger than 14
- does not have the capacity to act on their own behalf, or
- is deceased?

No ☐ ► **Go to 10**

Yes ☐ ► Give details of the relationship to the injured person (for example, parent, guardian or legal representative)



Provide supporting documentation (Power of Attorney, court order, Last Will and Testament, probate or letter of administration).

### Claimant's details

7 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

8 Postal address

  
  

Postcode

9 Daytime phone number (including area code)

Mobile phone number



MCA0MO064 2506

## Part B

Make sure you have read **Privacy and your personal information** on page 1 of this form.

**10** Are you authorising a person or organisation?

Person ☐ **Go to 11**

Organisation ☐ **Go to 16**

### Authorised person's details

**11** Authorised person's Medicare card number

|   |   |                        |                                |
|---|---|------------------------|--------------------------------|
| <div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div></div> | Ref no. <div><div></div></div> |
|---|---|------------------------|--------------------------------|

**12** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

First given name

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

Second given name

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

**13** Date of birth (DD MM YYYY)

|                                   |                                   |   |
|-----------------------------------|-----------------------------------|---|
| <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|-----------------------------------|-----------------------------------|---|

**14** Has the authorised person been known by any other names?

No ☐

Yes ☐ Give details below

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

**15** Authorised person's contact details

Permanent address

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Postcode  |

Postal address (if different from above)

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Postcode  |

Contact phone number (including area code)

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

► **Go to Part C**

## Authorised organisation

**16** Business name of organisation

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

**17** Australian Business Number (ABN)

This is mandatory when nominating an organisation.

|   |   |   |   |
|---|---|---|---|
| <div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div><div></div></div> |
|---|---|---|---|

**18** Authorised organisation's contact details

Permanent address

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Postcode  |

Postal address (if different from above)

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Postcode  |

Organisation's email

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

Name of contact person

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

Contact phone number (including area code)

|   |
|---|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|---|

► **Go to Part C**

## Part C

Make sure you have read **Privacy and your personal information** on page 1 of this form.

**19** Is the injured person able to make their own decisions?

No ☐ **Go to 22**  
Yes ☐

### Injured person declaration

If the injured person is able to make their own decisions but is not able to sign this form, it may be signed by their Power of Attorney.

**20** Is a Power of Attorney signing the injured person's declaration?

No ☐  
Yes ☐ Name of the Power of Attorney



Provide a copy of the Power of Attorney. If there are multiple attorneys, you will need to copy this page and provide the name and signature of each attorney.

Provide photo identification, such as an Australian driver licence or valid passport.

**21** I declare that:

- the information I have provided in this form is complete and correct.

**I authorise:**

- the person or organisation named on this form, to deal with Services Australia in relation to any COVID-19 Vaccine Claims Scheme claims
- Services Australia to validate proof of identity documents through Document Verification Service.

**I understand that:**

- this is voluntary and I can cancel this arrangement at any time
- the authorisation may be rejected or cancelled at any time by Services Australia if the person or organisation is not able to meet their responsibilities and obligations
- authorising a third party to sign documentation on my behalf means that I will be bound by their actions
- any changes to this authority or any other authority/implied consent in relation to this case can only be revoked in writing by sending an email to **COVID19.vaccine.claims.scheme@servicesaustralia.gov.au**
- giving false or misleading information is a serious offence
- identification documents you provide to Services Australia will be checked with the issuing authority to confirm validity. In providing these documents, you consent to the agency validating the documents with the issuing authority.

Your signature



Date (DD MM YYYY)

You have now completed Part C

The **authorised person or organisation** is to complete **Part D**

## Part D – To be completed by the authorised person or organisation

**22** Do you have any of the following:

Power of Attorney ☐  
Enduring Power of Attorney ☐  
Guardianship ☐  
Financial management/administration order ☐  
None of the above ☐



Provide a copy of any documents ticked above.

### Authorised person or organisation declaration

Make sure the authorised person and/or organisation details are correct in **Part B**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the Notes.

Read **Privacy and your personal information** on page 1 of this form.

**23** I declare that:

- I understand and accept the responsibilities and obligations for the type of access requested in this form
- I will act in the best interest of the injured person
- the information I have provided in this form is complete and correct.

**I authorise:**

- Services Australia to validate proof of identity documents through Document Verification Service.

**I understand that:**

- Services Australia may validate proof of identity documents through Document Verification Service. Identification documents you provide to Services Australia will be checked with the issuing authority to confirm validity. In providing these documents, you consent to the agency validating the documents with the issuing authority
- any personal information I am given access to under this type of access is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates
- the type of access may be rejected or cancelled at any time by Services Australia, if I am not able to meet my responsibilities and obligations
- giving false or misleading information is a serious offence.

Signature of the authorised person or authorised organisation's contact person (the person listed at question 18)



Date (DD MM YYYY)

Your relationship with the injured person (for example, parent, child, guardian).

## Proof of identity

To verify that an individual is who they say they are, the agency must conduct a **proof of identity check**.

The injured person and the authorised person or Executor of the Estate will need to provide sufficient proof of identity.

If the authorisation is for an organisation, the proof of identity documents should be provided for the person named at question 18. The only exception is if the organisation is a law firm, a letter on their letterhead setting out their authorisation, the details of their authorisation and who gave them the authorisation is sufficient.



Provide proof of identity.

### 24 Individuals must provide the following to confirm their identity:

- 1 primary photographic document
- 2 secondary documents to show the use of their identity in the community.

#### Primary documents

The individual must provide one of the following:

- front and back of a current **Australian driver licence\***, learner permit or provisional licence issued by a state or territory, showing signature and/or photo and the same name as claimed
- current **Australian passport\***
- current **Australian visa\***
- current **proof of age or photo identity card** issued by an Australian government agency in your name with photo and signature
- current **shooter or firearms licence** showing signature and photo (not minor or junior permit or licence)
- for persons aged under 18 with no other Primary Use in Community Documents, a current **student identification card** with photo or signature.

#### Secondary documents

The individual must provide 2 of the following:

- **Medicare card\***
- **bank card/credit card** (front of card only)
- **enrolment with the Australian Electoral Commission**
- photo identity card issued:
  - to an officer by a police force
  - by the Australian Defence Force
  - by the Australian Government or a state or territory government.
- evidence of right to a **government benefit** (Centrelink or Veterans' Affairs)
- **credit reference check**
- **security guard or crowd control** photo licence
- **Australian secondary or tertiary student photo identity document**

\* These documents can be checked using the Document Verification Service

- certified **academic transcript** from an Australian university
- **Aviation Security Identification Card/Maritime Security Identification card**
- **certificate of identity** issued by the DFAT
- **convention travel document secondary** (United Nations) issued by the DFAT
- **foreign government** issued documents (for example driver licence)
- **consular photo identity card** issued by the DFAT
- **trusted referees report/letter** on company letterhead from a trusted source (for example your GP)
- state/territory government rates assessment notice
- **Australian Taxation Office assessment notice**
- **Australian utility bill** (for example, gas, electricity) showing name and address
- **Australian Private Health Insurance card.**

If an individual provides one or more identity documents in a former name, they must also provide additional documents to verify their change in name.

#### If providing an identity document in a former name

The individual must provide one of the following:

- change of name certificate issued by the Australian Registry of Births, Deaths and Marriages (RBDM), or
- an Australian Marriage Certificate issued by a state or territory (church or celebrant- issued certificates are not accepted), or
- divorce papers issued by the family court, or a Deed Poll document.

## Checklist

**25** Which of the following documents are you providing with this form?

**Provide a copy of the relevant documents.** They do not need to be certified and will not be returned to you.

| Tick all that apply   |                          |
|---|--------------------------|
| <b>Injured person declaration</b> – Injured person is able to make their own decisions ( <b>Question 19</b> )<br>If the Power of Attorney completes the injured person declaration, they will need to provide   |                          |
| <ul style="list-style-type: none"><li>the Power of Attorney document</li><li>– if there are multiple attorneys, you will need to copy page 3 of the form and provide the name and signature of each attorney</li></ul>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>photo identification, such as an Australian driver licence or valid passport</li></ul>  | <input type="checkbox"/> |
| <b>Authorised person or organisation</b> – the injured person is not able to make their own decisions ( <b>Question 23</b> )<br>If a third party provides authorisation, they must provide evidence as outlined below   |                          |
| <ul style="list-style-type: none"><li>a relevant professional, such as a treating doctor, nurse, case worker or social worker</li><li>– a letter or the medical evidence of the injured person's incapacity</li></ul>   | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>the holder of an Enduring Power of Attorney</li><li>– a copy of the legal document and medical evidence of the injured person's incapacity</li><li>– photo identification, such as an Australian driver licence or valid passport</li><li>– if there are multiple attorneys, they must all provide a letter or signature with their agreement</li></ul> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>the person or organisation holding a guardianship, financial management or administration order</li><li>– a copy of the order</li></ul>   | <input type="checkbox"/> |
| <b>If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (Question 22)</b>  |                          |
| <ul style="list-style-type: none"><li>Power of Attorney</li></ul>   | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Enduring Power of Attorney</li></ul>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Guardianship</li></ul>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Financial management/administration order</li></ul>   | <input type="checkbox"/> |
| <b>Proof of identity documents (Question 24)</b>  | <input type="checkbox"/> |