

Applicant's 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 special health care benefits 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 bombing

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 your passport.

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

Refer to Definition of a member of a family, or Definition of a friend of a victim for the purpose of the scheme under **Important information** section on page 1.

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 bombing that occurred on 12 October 2002 and as a result of this relationship have an emotional, psychological or psychiatric distress or disability requiring treatment.

Category C applicant only to complete details below.

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/Territory Governments, or by any other non government organisation to which the 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 scheme as a result of information that I have provided and that providing false or misleading information may result in Services Australia recovering benefits provided by this scheme.

Applicant's signature

Date

Checklist

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The relevant attachments need to be provided with this form.

- Certified copy of passport (if applicable)

Make sure you have:

- ticked one appropriate category
- signed and dated this form.

Returning this form

Return this form and any supporting documents by post to:
Services Australia
Special Assistance
Reply Paid 9822
PERTH WA 6848