



Purpose of this form

Complete this form to register for Dahab Egypt health care costs assistance scheme benefits.

Important information

Definition of an immediate member of the family of a victim for the purpose of the scheme is:

- a parent, step-parent, sibling, step-sibling, child, step-child, grandparent, partner or ex-partner where he or she accompanies, or provides care for, a child or children of the victim, **or**
- the next-of-kin of the victim (other than those above), **or**
- another relative where the Australian Government Department of Human Services is satisfied that a close relationship exists, or existed, or that person is providing or has provided, key emotional support to the victim.

For more information

For more information, go to our website

humanservices.gov.au/customer/services/special-assistance-schemes

For assistance completing this form, or determining if you are eligible to register, call **1800 660 026** Monday to Friday, between 7.30 am and 5.00 pm, Australian Western Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form and any supporting documentation to:

Department of Human Services
Special Assistance
Reply Paid 9822
PERTH WA 6848

Applicant's details

1 Applicant's Medicare card number

-- Ref no.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Your date of birth

/ /

4 Your sex

Male

Female

5 Postal address

Postcode

6 Daytime phone number

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Privacy notice

7 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.

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 Dahab Egypt bombing health care benefits scheme under the following category:

Tick ONE only

Category A – Physically injured

I declare I am eligible for Medicare and:

- was in Dahab Egypt on 24 April 2006, **and**
- was physically injured by the bombing or was physically affected by the effects of the bombing (e.g. smoke inhalation, falling debris or other immediate effects)

Eligible for medical, hospital, pharmaceutical and allied health goods and services.

Not physically injured – Categories B, C and D

Australians who fall into the following categories will be eligible for assistance with the costs of counselling, psychological services and psychiatric services:

Category B – Australian not physically injured

I declare I am eligible for Medicare and was not physically injured but:

- was in Dahab, Egypt on 24 April 2006 and was directly exposed to the aftermath (for example by seeing injured or deceased people, or assisting in the event response by providing counselling etc)

Category C – Family member of an Australian resident who either died or who was physically injured:

I declare I am eligible for Medicare. An immediate family member of an Australian resident who either:

- died as a result of the Dahab Egypt bombing on 24 April 2006, **or**
- was physically injured, **or**
- was seriously psychologically injured, as a result of the bombing.

Category D – Family members of a non-Australian who died as a result of the bombing:

I declare I am eligible for Medicare. An immediate family member of a non-Australian who died as a result of the Dahab Egypt bombing.

Name of person who either died or was injured in the Dahab Egypt bombing

Relationship

I consent to:

- the Australian Government Department of Human Services using my Medicare card number to validate appropriate payments.
- the Australian Government Department of Human Services 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 the Australian Government Department of Human Services 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 the Australian Government Department of Human Services recovering benefits provided by this scheme.

Applicant's signature

Date

Checklist

Have you attached appropriate supporting documents?
(see information sheet)

Have you ticked one appropriate category?

Have you signed and dated this form?