

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 (for example, 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:

- 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 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

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

Have you ticked one appropriate category?

Have you signed and dated this form?

Returning this form

Return this form and any supporting documents:

- by post to:**
Services Australia
Special Assistance
PO Box 9822
PERTH WA 6848