



London Assist registration

Purpose of this form

Complete this form to register for London Assist health care costs assistance scheme benefits.

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 ✗

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 ()

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 London Assist health care benefits scheme under the following category:

Tick ONE only

Category A – A person who was injured by the London Bombings

An Australian who is eligible for Medicare and was in London on 7 July 2005 and was injured as a direct result of the bombings.

Category B – A person who was at the scene of the London Bombings

An Australian who is eligible for Medicare and present at or near the aftermath of the London Bombings on 7 July 2005, and saw injured or deceased persons, or participated in viewing deceased persons or assisting injured persons either at the scene or in providing support services (e.g. counselling).

Category C – A family member of a person who either died or was injured by the London Bombings:

An Australian who is eligible for Medicare and is a family member of a person who died as a direct result of the London Bombings on 7 July 2005, or is a family member of an Australian who was injured by the London Bombings on 7 July 2005.

Special consideration for eligibility:

If you do not meet the above criteria because you have been eligible for Medicare but are no longer eligible, tick this box if you wish to seek special consideration. You may be asked to provide further information.

Category C applicant only to complete details below.

Name of victim

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?