



## When to use this form

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

## For more information

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

If you need help completing this form, or to check if you are eligible to register, call **1800 660 026** Monday to Friday, 7.30 am to 5 pm, Australian Western Standard Time.

Call charges may apply.

## Filling in this form

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

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Applicant's details

1 Your Medicare card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no.	<input type="text"/>
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2 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

3 Your date of birth

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4 Your sex

Male

Female

5 Postal address



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Postcode

6 Daytime phone number

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## Privacy notice

7 The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacy](https://servicesaustralia.gov.au/privacy)

## 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 (for example, 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:

- 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