



Tsunami 2004 registration

When to use this form

Complete this form to register for Tsunami 2004 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 Services Australia 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 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

-- 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

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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

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 Tsunami 2004 special health care benefits scheme under the following category:

Tick one only

Category B – Victim of a 2004 Tsunami who is an Australian resident

An Australian resident for the purposes of the *Health Insurance Act 1973*, and was at a location affected by a tsunami on 26 December 2004, and was physically injured as a result of the tsunami, or was present at or near the scene of a tsunami during the aftermath and saw injured or deceased persons, or participated in viewing deceased persons or assisting injured persons, either at the scene, in a hospital or in providing support services (for example, counselling).

Category BX – Victim of a 2004 Tsunami who is not an Australian resident

An Australian citizen or holds a permanent resident visa and has not resided in Australia since 26 December 1999, and is not currently enrolled as eligible for Medicare purposes by the Department of Human Services and was at a location affected by a tsunami on 26 December 2004 and was physically injured as a result of the tsunami or was present at or near the scene of a tsunami during the aftermath and saw injured persons or deceased persons, or participated in viewing deceased persons or assisting injured persons, either at the scene, in a hospital or in providing support services (for example, counselling).

Category C – Family of a victim of a 2004 Tsunami

An Australian resident for the purposes of the *Health Insurance Act 1973*, and a member of the family of a victim who was in a tsunami affected location on 26 December 2004, and was physically injured in a tsunami incident on 26 December 2004 and underwent surgery as a result or has a long term serious disability or has died or is missing as a result of a tsunami incident on 26 December 2004.

Category C applicant only to complete details below.

Name of injured person

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