

Essential Medical Equipment Payment Equipment User Declaration (SA450)

centrelink

Purpose of this form

The Essential Medical Equipment Payment is an annual payment, calculated for each item of essential medical equipment and/or medically required heating/cooling. The purpose of this payment is to cover the additional costs of running essential medical equipment or medically required heating/cooling.

What you need to do

If you consent to the payment to be made to **your carer**, sign this declaration and keep this signed form for audit purposes.

If you do not sign this declaration

If you do not consent to this payment being made to **your carer**, you can lodge a claim to receive the payment yourself. You can do this by going to our website.

Information you should know

If you have any questions or would like more information, go to servicesaustralia.gov.au/emep or call us on **132 717**.

I certify that:

- a claim for the Essential Medical Equipment Payment be made to

Name of **Carer**

I declare that:


- the information given, about me, within the **Claim for the Essential Medical Equipment Payment** is complete and correct.
- I am not a dependent child as defined under social security law.

I understand that:

- I am no longer eligible to receive a payment for the same residence and essential medical equipment, or medically required heating/cooling at which this claim has been made for this financial year.
- I can withdraw my consent at any time and to do so would cancel this claim.
- giving false or misleading information is a serious offence.

Full name

Signature



Date

Do not return this document, it is for your carers records and may be asked for at an audit.



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