



EnergyAustralia

## Notice of installation of Life Support Equipment

I have Life Support Equipment in my home and I wish to register the residence as a Life Support Equipment address. I agree to inform EnergyAustralia if the person for whom the Life Support Equipment is required, vacates the residence or no longer requires the Life Support Equipment. I authorise EnergyAustralia to make any enquiries necessary to confirm eligibility for any benefit or rebate.

I acknowledge these conditions and certify any information given below is true and correct.

Title  (please circle) Retailer account number

First name  Surname

### Supply address where equipment is located

Street name and number

Suburb/town  State  Postcode

NMI number on bill (if known)  Telephone

Work / mobile telephone

I, or a member of my household, make use of the following class of approved electronically operated apparatus:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Positive Airways Pressure (PAP) Devices        | <input type="checkbox"/> Phototherapy Equipment | <input type="checkbox"/> Oxygen Concentrator                   |
| <input type="checkbox"/> Positive Airways Pressure (PAP) Devices (24hr) | <input type="checkbox"/> Home Dialysis Machine  | <input type="checkbox"/> External Heart Pump                   |
| <input type="checkbox"/> Enteral Feeding Pump                           | <input type="checkbox"/> Ventilators            | <input type="checkbox"/> Total Parenteral Nutrition (TPN) Pump |
| <input type="checkbox"/> Other Life Support Equipment (please detail)   | <input type="text"/>                            |  |

### Medical practitioner/hospital certification

I, (Doctor)

hereby certify that a person residing at the above address requires the Life Support Equipment indicated above.

*Please attach a current medical certificate confirming a medical condition requiring the indicated Life Support Equipment to this application.*

Signature and stamp of medical practitioner  Date

### Customer's certification

I,

certify that the details given above are true and correct and declare that I am responsible for the electricity accounts at the stated property where Life Support Equipment is installed.

*Please note: a new notification form must be completed each time you register Life Support Equipment at a new supply address.*

Signature of customer  Date

If you need assistance filling out this form, please call 133 466.

Please return this form to:

EnergyAustralia Customer Care  
Locked Bag 14060  
Melbourne City Mail Centre 8001