



# NSW Medical Energy Rebate APPLICATION FORM Retail Customers

This form is to be used when the resident receives an electricity bill from an electricity retailer of their choice.

To be eligible for the NSW Medical Energy Rebate you must be a NSW resident, hold one of the concession cards listed in the Eligibility Criteria, and be responsible for the payment of the electricity account at your principal place of residence where you or another person living at the same address meets the qualifying conditions.

The NSW Medical Energy Rebate is for customers who have an inability to self-regulate body temperature when exposed to extremes (hot or cold) of environmental temperatures. It is associated with certain medical conditions such as Parkinson's disease and Multiple Sclerosis.

## APPLICANT DETAILS

*Applicant must be an electricity account holder.*

First Name: .....

Last Name: .....

Residential Address: .....

Suburb: ..... Postcode: ..... NSW

Home Phone: ..... Mobile: .....

Postal Address (if different from residential address): .....

Suburb: ..... Postcode: ..... NSW

Email Address: .....

## PATIENT DETAILS

Name of Patient: .....

Contact Phone: .....

*I consent to the release of my medical records relevant to this application to the Department of Planning & Environment if required as part of its responsibility in administering this Rebate.*

Signature of Patient: ..... Date: .....



# NSW Medical Energy Rebate

## APPLICATION FORM Retail Customers

### MEDICAL PRACTITIONER DETAILS

This section must be completed by a medical practitioner (GP/Specialist) who has been treating the patient for at least three months or a medical practitioner (GP/Specialist) treating the patient who has been under the care of the Royal Flying Doctor Service for remote and regional areas for at least three months.

Practitioner First Name: .....

Practitioner Last Name: .....

Provider Number: .....

Name of Patient: .....

Address of Patient: .....

### MEDICAL PRACTITIONER DECLARATION

*I certify that the patient has an inability to self-regulate body temperature. I have been treating the above patient for at least three months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least three months and they meet at least one primary and one secondary qualifying condition (tick the relevant boxes below):*

| Primary Qualifying Conditions (tick at least one condition)   | Please tick              |
|---|--------------------------|
| a) Autonomic system dysfunction (Medical conditions in which the autonomic system has been damaged (e.g. severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).  | <input type="checkbox"/> |
| b) Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20%, severe inflammatory skin conditions and some rare forms of disordered sweating).   | <input type="checkbox"/> |
| c) Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. Advanced multiple sclerosis).   | <input type="checkbox"/> |
| d) Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (e.g. complex regional pain syndrome and advanced peripheral vascular disease).                    | <input type="checkbox"/> |
| Secondary Qualifying criteria (tick at least one condition)   | Please tick              |
| e) Severe immobility (e.g. such as occurs with Quadriplegia or high level paraplegia, particularly above mid thoracic level (T7) resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control). | <input type="checkbox"/> |
| f) Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.   | <input type="checkbox"/> |
| g) Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.   | <input type="checkbox"/> |



# NSW Medical Energy Rebate

## APPLICATION FORM Retail Customers

### PRIVACY STATEMENT

*I note that the Department of Planning & Environment, as part of its responsibility for the administration of this Rebate, may request the release of medical records in support of this application. Medical records pertaining to this application will be maintained for future regular audit of the of the rebate recipients and the program to be conducted by the Department.*

Signature of Medical Practitioner: .....Date: .....

### ELECTRICITY RETAILER DETAILS

Name of Electricity Retailer: .....

Electricity Account Number: .....

### APPLICANT CARD DETAILS

*Note: Commonwealth Seniors Health Card holders are not eligible for this rebate.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>CRN Number (Dept. of Human Services)</b>    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DVA Number (Dept. of Veterans' Affairs)</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### APPLICANT CARD TYPE

*I hold the following eligible concession card issued by either Dept. of Human Services or Dept. of Veterans' Affairs:  
Please ✓ one of the below*

- Pensioner Concession Card** (Dept. of Human Services or Dept. of Veterans' Affairs) **OR**
- Health Care Card** (Dept. of Human Services) **OR**
- Gold Card** (Dept. of Veterans' Affairs)

Card Expiry Date:   /   /



# NSW Medical Energy Rebate

## APPLICATION FORM Retail Customers

### APPLICANT DECLARATION AND AUTHORISATION

I, (insert name): .....

Confirm my principal place of residence is (insert address): .....

.....

- Please ✓  I have read and understood the information contained within this application form.
- The electricity supply address for my electricity account is the primary place of residence for the above patient (if patient is different from the applicant/electricity account holder).
- I declare that all particulars provided on this application form are, to the best of my knowledge, true and correct.

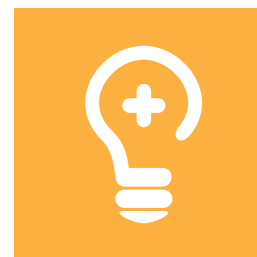
**I authorise:**

- my electricity retailer to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to my electricity retailer.

**I understand that:**

- it is my responsibility to notify my electricity retailer in writing if the patient ceases to reside with me or if my circumstances change including the validity of this application or my entitlement to the Medical Energy Rebate
- if I change my electricity retailer I will need to provide a new application form to my new electricity retailer if I wish to continue receiving the Medical Energy Rebate.
- the department will use information I have provided to my electricity retailer to confirm my eligibility for NSW energy rebates and will disclose to my electricity retailer information including my name/address/payment type/payment status and concession card type and status.
- this consent, once signed, remains valid while I am a customer of my electricity retailer unless I withdraw it by contacting my electricity retailer.
- I can get proof of my circumstances/details from the department and provide it to my electricity retailer so my eligibility for NSW energy rebates can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the NSW energy rebate provided by my electricity retailer.

Applicant Signature: ..... Date: .....



# NSW Medical Energy Rebate

## CHECKLIST Retail Customers

### PLEASE RETAIN THIS PAGE FOR YOUR OWN INFORMATION

Have you completed pages 1, 2, 3 and 4 and signed and dated your application form?

Once completed, this form should be posted to your electricity retailer.

You will need to complete a new form if you change electricity providers.

The Medical Energy Rebate is \$235 for the 2017/18 financial year and will be credited to your electricity bill at a rate of approximately \$60 each quarter (rates vary according to the number of billing days in the quarter).

Any questions regarding your Medical Energy Rebate should in the first instance be directed to your electricity retailer.

### ELIGIBILITY CRITERIA

To be eligible for the Medical Energy Rebate a person must:

- be a resident in New South Wales; and
- be a customer of the retailer, or a long term resident of an on-supplied residential community, or a resident of an on-supplied retirement village, or a resident of an on-supplied strata scheme; and whose name appears on the electricity account for supply to his or her principal place of residence; and
- submit a valid application form as provided by the Department of Planning & Environment (the Department) which will be made available to customers on the Department's website, duly signed by a registered medical practitioner (who is not the applicant) to verify that either the customer named on the bill or anyone residing at the residence has an inability to self-regulate body temperature as defined below; and
- hold either a: Pensioner Concession Card issued by the DHS/DVA; or DHS Health Care Card; or DVA Gold Card.

### PRIVACY POLICY

The personal information you provide in the application form is subject to the Privacy & Personal Information Protection Act 1998. It is being collected by the Department of Planning & Environment for purposes related to processing your application for an energy rebate and auditing the rebate program which may include surveying customer experiences. The Department of Planning & Environment will not disclose your personal information to anybody else unless authorised by law. Further information can be obtained from the Department of Planning & Environment website at [www.planning.nsw.gov.au/privacy](http://www.planning.nsw.gov.au/privacy).

*For the purpose of this rebate, an eligible customer has an inability to self-regulate body temperature where the eligible customer (or someone living at the supply address of the eligible customer) has been assessed by a registered treating medical practitioner (who is not the applicant) who has been treating them for at least three months as meeting one of the following four primary qualifying conditions and one of the three secondary qualifying conditions.*

### WHERE DO I SEND MY COMPLETED FORM?

**Send your application directly to your electricity retailer.**

The rebate will be paid from the day they receive your completed form.

**Need help filling in this form?**

Call Service NSW on 137 788

**Support Services:**

National Relay Service: 1300 555 727

TTY Users: 133 677

Translation & Interpreter Services: 131 450

Dept. of Human Services (Centrelink): 132 300

Dept. of Veterans' Affairs (DVA): 133 254

**More Information:** [www.resourcesandenergy.nsw.gov.au/rebates](http://www.resourcesandenergy.nsw.gov.au/rebates)