



NSW Medical Energy Rebate

APPLICATION FORM On-supplied Household

APPLICANT BANK DETAILS

If eligible you will receive the rebate as either an electronic funds transfer into your bank account.

Bank Name:

Account Name: e.g. Ms S Smith

BSB Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

Account 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"/>
-----------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

APPLICANT DECLARATION AND AUTHORISATION

I, (insert name):

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

- Please ☒ I am not currently receiving the Medical Energy Rebate for the supply of electricity at any other property in NSW.
- ☐ 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 have included a copy of my most recent electricity bill/invoice with this application. **Note: Do not submit your application without the correct electricity bill.**

I authorise:

- the Department of Planning and Environment 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 the Department of Planning and Environment.

I understand that:

- it is my responsibility to notify the Department of Planning and Environment 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.
- the department will use information I have provided to the Department of Planning and Environment to confirm my eligibility for NSW energy rebates and will disclose to the Department of Planning and Environment personal 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 the Department of Planning and Environment unless I withdraw it by contacting the Department of Planning and Environment or the department.
- I can get proof of my circumstances/details from the department and provide it to the Department of Planning and Environment 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 the Department of Planning and Environment.

Applicant Signature: Date:



NSW Medical Energy Rebate CHECKLIST

On-supplied Household

PLEASE RETAIN THIS PAGE FOR YOUR OWN INFORMATION

This form was authorised for use on 1 July 2018. To check if you are using the most current form go to: www.resourcesandenergy.nsw.gov.au/rebates

Have you completed pages 1 & 2, signed your form and included the completed Attachment A Medical Declaration?

The Medical Energy Rebate is paid once each financial year and applications will be processed according to the date they are received by the Department.

IMPORTANT INFORMATION ABOUT YOUR ELECTRICITY BILL

You must include with your application a copy of your most recent electricity bill issued by, or on behalf of, the management of your residential community, retirement village or strata scheme. The bill must include your name, address and site/unit number and confirm you receive metered electricity. The meter reading on your electricity bill must have been taken after 1 July of the current financial year AND be less than three months old.

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 and 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 and Personal Information Protection Act 1998. It is being collected by the Department of Planning and 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 and Environment will not disclose your personal information to anybody else unless authorised by law. Further information can be obtained from the Department of Planning and Environment website at www.planning.nsw.gov.au/privacy.

WHERE DO I SEND MY COMPLETED FORM?

Post to:

Medical Energy Rebate
PO Box 435 – Parramatta NSW 2124

Email to: rebates.info@planning.nsw.gov.au

Need more information?

Call the energy rebates team on: 02 8073 9255

Support Services:

National Relay Service: 1300 555 727

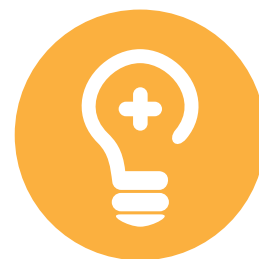
TTY Users: 133 677

Translation & Interpreter Services: 131 450

Dept. of Human Services (Centrelink): 132 300

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

More Information: www.energy.nsw.gov.au/energy-consumers/financial-assistance/rebates



NSW Medical Energy Rebate

ATTACHMENT A Medical Declaration

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 and Environment if required as part of its responsibility in administering this Rebate.

Signature of Patient:Date:

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:

Phone Number of the Place where the Patient was Reviewed:
(Hospital/clinic/practice)

Name of Patient:

Address of Patient:



NSW Medical Energy Rebate

ATTACHMENT A Medical Declaration

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.

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"/>

PRIVACY STATEMENT

I note that the Department of Planning and 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 rebate recipients and the program to be conducted by the Department.

Signature of Medical Practitioner:Date: