

centrelink

When to use this form

Use this form if you are receiving or going to receive:

- Age Pension
- Carer Payment
- Disability Support Pension, or
- Parenting Payment Single

and you are living in an institution such as an aged care facility, and you would like your payment to be paid to that organisation. This is a group payment arrangement.

An organisation must be registered for the Group Payment Scheme to use this method of payment.

Information for customers



If you choose to have your payment sent directly to an institution, they will get your payment and where appropriate, be responsible for deducting any relevant fees. They must then give you, or a person you nominate to handle your affairs, any balance owing to you. Or, you can ask for the balance to be put into a bank account in your name.

- Fill in **Part A** and sign **Part B** if you want your Centrelink payments made directly to the institution where you live.
- Once the Australian Government agency, Services Australia gets your application, payments will go to the institution. This may take 2 weeks.
- You must tell us if any of your circumstances change.
- This arrangement is voluntary. You can cancel or change it at any time by contacting us. If you cancel it, you must provide your current bank details.
- If you have a partner (married, registered partner or de facto) and they also want their Centrelink payments made directly to the institution, your partner will need to complete a separate form.
- **Part C** of the form **must be completed and signed by a representative of the institution** when starting a group payment arrangement.
- **Part D** of the form **must be completed and signed by a representative of the institution** when ending a group payment arrangement.

Assistance in managing your affairs

If you receive a Centrelink payment and/or service, you may at some time need to appoint someone to act on your behalf when dealing with us. This is a nominee arrangement.

Your nominee may receive your mail, enquire about your payment or make changes to the information used to assess your payment and/or receive your payment.

If you want a nominee arrangement, you will need to complete an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. To get this form, go to servicesaustralia.gov.au/nominees

Information for institutions

- Once you and the customer or the authorised third party have completed this form, all applicable Centrelink payments for the customer will be sent to your institution in the group payment schedule.
- **Part C** of the form **must be completed and signed by a representative of the institution** when starting a group payment arrangement.
- This group payment arrangement is voluntary and the customer may cancel it at any time.
- You must notify us if the customer changes address or is discharged from your institution.
- You must tell us if a group payment arrangement should end. You can do this by calling Services Australia or completing **PART D** of the form.
- The authority to request this information is contained in the social security law.
- Make sure that the customer's payments are used exclusively for their benefit. You should keep a record of the payments you receive and the expenditure you make on the customer's behalf, as we may review this arrangement.

Online account



You can upload this form, with any supporting documents, online.

For more information about how to access an online account or how to lodge documents online, go to servicesaustralia.gov.au/submitdocumentsonline

For more information

Go to servicesaustralia.gov.au/nominees or visit one of our service centres.

Call us on

Older Australians **132 300**

Disability and Carers **132 717**

or for other payments contact number, go to servicesaustralia.gov.au/phoneus



Information in your language

We can translate documents you need for your claim for free.

To speak to us in other languages, call **131 202**.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to servicesaustralia.gov.au/submitdocumentsonline
- by fax to **1300 786 102**
- by post to
Services Australia
PO Box 7800
Canberra BC ACT 2600
- in person at one of our service centres.

6 Read this before answering the following questions.

The customer's nominee, legal guardian or the person holding the power of attorney may sign for the customer. A copy of the power of attorney, guardianship or financial management order must be provided.

Where the customer is unable to sign this form due to physical or mental disability, and the customer has no legal guardian and no one holds a power of attorney for the customer, the signature of an appropriate responsible person must be obtained, for example, a treating medical officer or social worker.

Under no circumstances can the responsible person signing for the customer be a representative of the institution.

Are you a representative of the institution?

No



Provide a copy of the power of attorney, guardianship or financial management order (if applicable).

▶ *Go to next question*

Yes  You cannot sign on behalf of the customer.

7 Details of person signing on behalf of the customer

Family name

Given name(s)

Position held or relationship to customer

Address

Postcode

Contact phone number (including area code)

Reason why customer cannot sign personally

8 Privacy notice

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We 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/privacypolicy

Third party declaration

I declare that:

- the customer is unable to sign this form due to physical or mental disability.
- it is in the customer's interests to enter into a group payment arrangement with this institution.
- the information I have provided in this form is complete and correct.

Signature

Date (DD MM YYYY)

A representative of the institution must complete and sign Part C.

▶ ***Go to Part C***

Part C – Start a group payment arrangement

9 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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/privacypolicy

10 Certification by a representative of the institution

These details are to be completed by a representative of the institution.

Name of representative

Title (if applicable, for example, manager, supervisor)

Name of institution

Institution's Customer Reference Number

Date customer became a resident (DD MM YYYY)

Group payment code

Postal Address

Postcode

Phone number (including area code)

Email

I certify that as a representative of the institution:

- I have read the information provided on the front of this form and understand my obligations.
- I am the representative of the institution nominated on this form.
- I will notify Services Australia if it is necessary to change or cancel this arrangement.

Signature



Date (DD MM YYYY)

Part D – End a group payment arrangement

11 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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/privacypolicy

12 Certification by a representative of the institution

These details are to be completed by a representative of the institution.

Name of representative

Title (if applicable, for example, manager, supervisor)

Name of institution

Institution's Customer Reference Number

Date customer left the residence (DD MM YYYY)

Group payment code

Postal Address

Postcode

Phone number (including area code)

Email

I certify that as a representative of the institution:

- I have read the information provided on the front of this form and understand my obligations.
- I am the representative of the institution nominated on this form.
- I am notifying Services Australia of the cancellation of this arrangement.

Signature



Date (DD MM YYYY)