



## Privacy notice

- 7** 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](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### **8 I declare that:**

- the information I have provided in this form is complete and correct
- I am eligible to register for the Bali 2005 Disaster Health Care Assistance Scheme under the following category:

**Tick one only**

#### **Category A – Foreign nationals**

A person covered under subsection 6(1) of the *Health Insurance Act 1973* for foreign nationals physically injured by the Bali bombings on 1 October 2005 (and are lawfully in Australia for the treatment and care of their Bali related injuries)

Eligible for medical, hospital, pharmaceutical and allied health goods and services.

#### **Category B – Victims of the Bali 2005 bombings**

An Australian who is eligible for Medicare and was physically injured as a direct result of the Bali bombings on 1 October 2005, or was present at or near the aftermath, or participated in viewing deceased persons or assisting injured persons (for example, counselling).

Eligible for medical, hospital, pharmaceutical and allied health goods and services.



Provide a certified copy of the passport used with Visa for travel at time of event. If passport cannot be supplied, provide a statutory declaration.

#### **Category C – Family members of a victim of the Bali 2005 bombings**

An Australian who is eligible for Medicare and is a family member of a person who died as a direct result of the Bali bombings on 1 October 2005, or is a family member of an Australian who was injured by the Bali bombings on 1 October 2005.

Eligible for counselling, psychological services, psychiatric services and pharmaceutical where prescribed by a psychiatrist.

Name of person who either died or was injured by the Bali bombings

Relationship

### **I consent to:**

- Services Australia using my Medicare card number to validate appropriate payments
- Services Australia checking Medicare Benefits Schedule payments, Pharmaceutical Benefits Schedule payments and private hospital payments, **or**
- undertaking verification related to any other benefit program or assistance provided by the Australian, state or territory governments, or by any other non government organisation to which the Disaster Health Care Assistance Scheme may be directly related
- and authorise Services Australia obtaining personal information from other agencies and organisations for the purpose of assessing registration and claims.

### **I understand that:**

- benefits are provided under the Disaster Health Care Assistance Scheme as a result of information that I have provided
- giving false or misleading information may result in Services Australia recovering benefits provided by the Disaster Health Care Assistance Scheme
- giving false or misleading information is a serious offence.

Applicant's signature

Date (DD MM YYYY)

## Returning this form

Check that you have answered all the questions and the form is signed and dated.

Return this form and any supporting documents by post to

Services Australia  
Special Assistance  
Reply Paid 9822  
PERTH WA 6848