

Tsunami 2004 registration (MS029)

When to use this form

Complete this form to register for Tsunami 2004 Disaster Health Care Assistance Scheme (the scheme) benefits.

Important information

Definition of a member of the family for the purpose of the scheme is:

- a parent, step-parent, sibling, step-sibling, child, step-child, grandparent, partner or ex-partner where they accompany or provide care for, a child or children of the victim
- the next-of-kin of the victim (other than those above)
- another relative where Services Australia is satisfied that a close relationship exists, or existed, or that person is providing or has provided, key emotional support to the victim.

For more information

Go to **servicesaustralia.gov.au/disasterhealthcare** or call 1800 660 026 Monday to Friday, 7:30 am to 5 pm, local time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Applicant's details

- 1** Medicare card number Ref no.
- 2** Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other
Family name
First given name
Second given name
- 3** Your date of birth (DD MM YYYY)
- 4** Your gender
Male ☐
Female ☐
Non-binary ☐
- 5** Postal address

 Postcode
- 6** Daytime phone number (including area code)



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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

Declaration

8 I declare that:

- the information I have provided in this form is complete and correct
- I am eligible to register for the Tsunami 2004 Disaster Health Care Assistance Scheme under the following category:

Tick one only

Category B – Victim of the Tsunami 2004 who is an Australian resident

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An Australian resident for the purposes of the *Health Insurance Act 1973*, and was at a location affected by a tsunami on 26 December 2004, and was physically injured as a result of the tsunami, or was present at or near the scene of a tsunami during the aftermath and saw injured or deceased persons, or participated in viewing deceased persons or assisting injured persons, either at the scene, in a hospital or in providing support services (for example, counselling).

Category BX – Victim of the Tsunami 2004 who is not an Australian resident

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An Australian citizen or holds a permanent resident visa and has not resided in Australia since 26 December 1999, and is not currently enrolled as eligible for Medicare purposes by the Department of Human Services and was at a location affected by a tsunami on 26 December 2004 and was physically injured as a result of the tsunami or was present at or near the scene of a tsunami during the aftermath and saw injured persons or deceased persons, or participated in viewing deceased persons or assisting injured persons, either at the scene, in a hospital or in providing support services (for example, counselling).



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 Tsunami 2004

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An Australian resident for the purposes of the *Health Insurance Act 1973*, and a member of the family of a victim who was in a tsunami affected location on 26 December 2004, and was physically injured in a tsunami incident on 26 December 2004 and underwent surgery as a result or has a long term serious disability or has died or is missing as a result of a tsunami incident on 26 December 2004.

Name of injured person

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)

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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
PO Box 9822
PERTH WA 6848