

ACT Life Support medical confirmation and rebate form.



This form is to be completed when you or a member of your household requires the use of Life Support equipment.

To be eligible for Life Support protections and the ACT Life Support rebate, you must reside in the ACT. The energy account listed must be the principal place of residence for a person who relies on energy to operate approved Life Support equipment.

Applicant details

Applicant must be an energy account holder.

Please select one Ms Mrs Miss Mr

First name:

Last name:

Address:

Suburb: Postcode: State:

Phone: Mobile:

Postal address (if different from residential address):

Suburb: Postcode: State:

Email:

Account details

Life Support equipment requires: Electricity Gas Both

Retailer name: ActewAGL Retail

Electricity account number:																			
Gas account number:																			

Life Support recipient

Name of person who uses Life Support equipment:

Phone:

Medical practitioner details

Practitioner first name:

Practitioner last name:

Provider number:

Name of patient:

Address of patient:

Name of place where the patient was reviewed (hospital/clinic/practice):

Phone number of the place where patient was reviewed (hospital/clinic/practice):

Approved Life Support equipment prescribed for the patient

The medical practitioner is required to tick the relevant boxes below.

PLEASE SELECT	EQUIPMENT	QUALIFICATION	STATE/ TERRITORY
<input type="checkbox"/>	Continuous positive airways pressure respirator (CPAP) – full time use	Equipment is continuously used 24 hours per day	ACT
<input type="checkbox"/>	Continuous positive airways pressure respirator (CPAP) – part time use	Equipment is used less than 24 hours per day	ACT
<input type="checkbox"/>	Oxygen concentrator – full time	Equipment is continuously used 24 hours per day	ACT
<input type="checkbox"/>	Oxygen concentrator – part time	Equipment is used less than 24 hours per day	ACT
<input type="checkbox"/>	Kidney dialysis		ACT
<input type="checkbox"/>	Intermittent peritoneal dialysis equipment		ACT
<input type="checkbox"/>	Crigler najjar syndrome phototherapy equipment		ACT
<input type="checkbox"/>	Ventilator for Life Support		ACT
<input type="checkbox"/>	Total parenteral nutrition (TPN) pump		ACT
<input type="checkbox"/>	Medical heating and cooling	Must have a Centrelink/ Department of Veteran Affairs concession card. Card number:	ACT
<input type="checkbox"/>	Any other equipment that a registered medical practitioner certifies is required for a person residing at the customer's premises for Life Support. Please specify equipment:		ACT

Medical practitioner declaration

I certify the above patient requires the use of the selected Life Support equipment.

Signature of medical practitioner:	Date:
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Applicant Declaration and Authorisation

- All particulars provided on this application form are, to the best of my knowledge, true and correct.
- The supply address for my energy account is the primary place of residence for the above patient (if patient is different from the application/electricity account holder).
- I understand that to ensure priority of supply for the Life Support equipment, my energy supplier will need to provide my application details to the relevant energy distributor.
- I will notify my energy supplier in writing if my circumstances change including the validity of this application or my entitlements to the Life Support Rebate.

Applicant name (please print):

Signature of applicant:	Date:
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Please tick each of the below once completed.

- I have filled in pages 1, 2, 3 and 4 of this application form.
- My medical practitioner has completed and signed the relevant sections.
- I have signed and dated the Applicant Declaration and Authorisation.

Privacy Policy

The personal information you provide in the application form is subject to the *Privacy Act 1998*. It is being collected by ActewAGL for purposes related to processing your application for Life Support protections and an energy rebate. Further information can be obtained from the ACT Government website at act.gov.au/privacy.

Eligibility criteria

You are eligible for Life Support protections and the ACT Life Support rebate if:

- you are a resident of the Australian Capital Territory; and
- you are a customer of ActewAGL; and
- the address the rebate is to be applied to is the sole or principal place of residence of the person requiring Life Support equipment (see approved list on page 3); and
- you submit a valid ACT Life Support medical confirmation and rebate form, duly signed by the account holder and a registered medical practitioner (who is not the applicant) to verify that the use of the approved Life Support equipment is required by the person at the principal place of residence.

Life Support rebates are only applied to electricity accounts, however, gas accounts may still be eligible for Life Support protections.

Send your application directly to:

ActewAGL Retail
Life Support
GPO Box 366
Canberra ACT 2601
or
life.support@actewagl.com.au

Need help filling in this form?

Call 13 14 93

More information:

www.revenue.act.gov.au/community-assistance/life-support-rebate

Support services:

National Relay Service: 1300 555 727
TTY users: 133 677
Translation and interpreter Services: 13 14 50
Services Australia (Centrelink): 13 23 00
Dept. of Veterans' Affairs (DVA): 13 32 54

Emergencies and faults:

Contact your local distributor.

Distributor	Phone
Evoenergy	13 10 93
Essential Energy	13 20 80
Endeavour Energy	13 10 03