

Medical Energy Rebate



Application form: Retail customers

This form is to be used by residents who receive an energy bill from a retailer of their choice.

\$285



The NSW Medical Energy Rebate helps you pay your electricity bills if you or someone living with you has been diagnosed as unable to self-regulate body temperature when exposed to extreme hot or cold environmental temperatures. To be eligible for the rebate, you'll need to have a medical diagnosis that you're unable to self-regulate your body temperature.

Contact your energy retailer if you have any questions about this rebate.

Before you start

Before filling in this application please ensure you have:

- your customer reference number (CRN - issued by Services Australia) or your Department of Veterans' Affairs (DVA) number
- your personal and contact details
- a signed and completed medical practitioner declaration (PDF/JPEG format) to upload with this form (the medical practitioner declaration is on page 5 below)
- your energy retailer's details.

Checklist

Eligibility criteria

To be eligible for this rebate you must:

- be a current NSW resident
- be a customer of the retailer, and be named on the electricity account for supply to the applicant's principal place of residence
- submit a valid application form provided by the Department, signed by a registered medical practitioner (who is not the applicant) to verify that the customer named on the bill or another person who lives at the residence is unable to self-regulate body temperature as defined by the qualifying conditions in the medical declaration on page 7, and
- hold a Pensioner Concession Card issued by Services Australia/DVA, a Services Australia Health Care Card, or a DVA Gold Card.

Commonwealth Seniors Health Card (CSHC) holders are not eligible for this rebate.

If you hold a CSHC you can instead apply for the Seniors Energy Rebate online at:

<https://www.service.nsw.gov.au/transaction/apply-seniors-energy-rebate>

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Important information

The rebate for qualifying applicants is calculated at a daily rate and applies from the date your application is received by your electricity retailer. The rebate will be credited to your electricity account and displayed on your bill. You will receive \$285 per year, or approximately \$71 per quarter.

The rebate will continue to be applied to your account providing you remain eligible. If you change electricity retailers you will need to complete a new application, including providing a new signed medical declaration from your doctor.

Any questions regarding your Medical Energy Rebate should first be directed to your retailer.

If you are submitting this application under a power of attorney you must attach a certified copy of the power of attorney with this application.

More information

Visit the Service NSW website at: www.service.nsw.gov.au/services/concessions-rebates-and-assistance or

Call Service NSW: 137 788

Privacy Notice

The Department of Planning, Industry and Environment (the Department), located at 4 Parramatta Square, 12 Darcy Street, Parramatta NSW 2150, is subject to the *Privacy and Personal Information Protection Act 1998* in managing your personal information.

Your energy retailer and the Department are collecting your personal information for the purposes of processing your application for an energy rebate (including assessing your eligibility), paying a rebate to you if you are eligible, administering the energy rebates scheme and auditing the rebate program which may include surveying customer experiences. In completing this form you may provide the personal information of another person. Before you provide this information you must seek the consent of that person to disclose their information to your energy retailer and the Department, and for it to be used in accordance with this Privacy Notice.

Your energy retailer will disclose your CRN or DVA number to Services Australia to determine whether you qualify for the rebate. Your energy retailer and the Department may disclose your personal information to a third party engaged to carry out an audit of the rebate. Your energy retailer and the Department will not disclose your personal information to anybody else unless authorised by law.

Applying for this rebate is voluntary. However, if you decide to apply, unless otherwise noted, all personal information requested directly from you must be provided to your energy retailer for your retailer to process your application.

You have the right to access the personal information that the Department holds about you. You also have the right to request that the Department updates or amends this information. For further details, email: rebates@energysaver.nsw.gov.au.

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Filling in this form

- Please use CAPITAL letters.
- The applicant name must match the name printed on your energy bill/invoice.
- The address included on the application must be the applicant's principal place of residence.

Applicant details

CRN (Services Australia):

DVA number:

First name:

Last name:

Street address:

Suburb:

Postcode:

Contact phone number:

Email address:

Postal address (if different from above):

Suburb:

Postcode:

Electricity retailer details

Electricity retailer name:

Electricity account holder name:

Electricity account number:

National meter identifier (NMI) number:

Your NMI number is located on your electricity bill. It starts with the number 4 and is 11 digits long, with no letters or symbols. If you cannot locate your NMI number please send a full copy of your bill with this application and we will add the information for you.

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Consent for person to act on your behalf (optional)

Only complete this section if you would like someone to act on your behalf in relation to this application.

- I authorise _____, who can be contacted by phone on _____ to:
- speak to my energy retailer on my behalf to assist with processing this application
 - clarify any information provided in this form to assist with processing this application.
- I have confirmed with the above nominated person that they agree to act on my behalf and advised them that their information will be collected and managed in accordance with the Privacy Notice in this form.
- I understand that this consent is only provided to act in relation to this application and is not provided to act on behalf of or in relation to my electricity account with my retailer.
- I understand that I can withdraw this consent at any time by contacting my energy retailer.

Applicant declaration and authorisation statement

I (insert name), _____ of (insert principal place of residence) _____ :

- have read and understood all information in this application form, including the Checklist and Privacy Notice
- declare that all information provided in this application is, to the best of my knowledge, true and correct
- understand that it is my responsibility to notify my retailer of any changes to the information I have provided in this form
- agree to provide additional information about my eligibility on request
- understand that this application, once signed, remains valid unless I withdraw it by contacting my retailer
- understand that my energy retailer will use Services Australia eServices to perform a Services Australia enquiry of my Services Australia customer details and concession card status to enable my retailer to determine if I qualify for the rebate.

Power of attorney (when application signed under power of attorney)

- I have attached the certified copy of the power of attorney with this application.

Applicant signature:

Date:

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Medical declaration

Patient details

Name of patient:

Address of patient:

Patient daytime contact number:

I consent to the release of my medical records relevant to this application to the applicant's energy retailer and the Department if required as part of their responsibilities in delivering and administering this rebate. I have read and understood the Privacy Notice.

Patient signature:

Date:

Medical practitioner details

This section must be completed by the patient's medical practitioner.

Practitioner name:

Provider number:

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

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

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Medical assessment

To meet the criteria for this rebate, the patient must have been assessed by registered medical professional who has been treating them for at least 3 months, where the patient:

- has an inability to self-regulate body temperature, and
- meets one of the four primary qualifying conditions and one of the three secondary qualifying conditions listed in the table.

Medical practitioner declaration

I certify that the patient has an inability to self-regulate body temperature. I have been treating the patient for at least 3 months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least 3 months, and they meet at least one primary and one secondary qualifying condition as indicated in this table:

Primary qualifying conditions (select at least one)	Check box
Autonomic system dysfunction (medical conditions in which the autonomic system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20% of the body, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. advanced multiple sclerosis).	<input type="checkbox"/>
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 conditions (select at least one)	Check box
Severe immobility, 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"/>
Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>

Privacy statement

I declare that all information provided in this application is, to the best of my knowledge, true and correct.

I consent to the applicant's energy retailer and the Department contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

Submitting this form

Send your completed form to your energy retailer.