

# Life support concession application



A State Government concession is available to holders of an eligible Commonwealth Government concession card who use a qualifying life support machine, or where a member of the concession cardholder's household is a user of an eligible life support machine.

The information on this form is required to assess your eligibility for the concession. The information will be provided to your electricity retailer and/or water agency for the purpose of applying the concession. Your concession card number may be verified with Centrelink or the Department of Veterans' Affairs. Your machine details may be verified with the issuing hospital. The information will not be used for any other purpose without your consent. You are entitled to access your personal information held by the Department of Human Services.

Name of account holder:	
(Please tick box to indicate card held and attach a photocopy of your concession card)	
<input type="checkbox"/> Pensioner Concession Card	<input type="checkbox"/> DVA Gold Card
<input type="checkbox"/> Centrelink Health Care Card	<input type="checkbox"/> Commonwealth Seniors Health Card (Not eligible for concessions)
Concession card number:	Card expiry date:
Type of machine: (Please tick box)	
<input type="checkbox"/> Ventilator for life support (Polio only) (Electricity concession only)	<input type="checkbox"/> Intermittent peritoneal dialysis machine (Electricity concession only)
<input type="checkbox"/> Oxygen concentrator (Electricity concession only)	<input type="checkbox"/> Haemodialysis machine (Electricity and water concession)
Please complete separate applications forms for (a) electricity and (b) water	
I (insert name in full) _____ certify that the details stated above are true and correct and declare that I hold an eligible concession card and I reside at and am responsible for the electricity and/or water accounts at the stated residential property where an eligible life support machine is installed.	
Signature of applicant/concession cardholder:	

Hospital authorisation

I certify that the machine indicated above will be located at the address:

\_\_\_\_\_

for the use of Mr/Mrs/Ms:

Signature:

Hospital:

Title:

Tel:

PLEASE NOTIFY THE ELECTRICITY RETAILER AND/OR WATER AGENCY WHEN THE MACHINE HAS BEEN REMOVED.

**IF ELIGIBLE FOR THE CONCESSION PLEASE COMPLETE BOTH SIDES OF THIS FORM**

OFFICE USE ONLY	
Account number:	Process date:    /    /

# Notification of installation of life support machine

Please complete this side of the form to ensure that your electricity retailer and/or water agency is aware of the presence of a life support machine at your residential address. All persons with a life support machine should complete this section, regardless of whether they hold a concession card.

Information on this form is provided to your electricity retailer and/or water agency.

Date     /     /	
I have a life support machine in my home. Please notify me prior to any withdrawal of the electricity or water supply that might affect my property.	
Patient's name: Mr/Mrs/Ms	
Address where machine is located:	Tel:
Name of electricity retailer:	
NMI number (if known- please refer to your bill)	
Electricity account number:	
<b>Type of machine:</b> (Please tick box)	
<input type="checkbox"/> Ventilator for life support (Polio only) (Electricity concession only)	<input type="checkbox"/> Continuous positive airways pressure (CPAP) machine (Not eligible for concession)
<input type="checkbox"/> Oxygen concentrator (Electricity concession only)	<input type="checkbox"/> Ventilator (Not eligible for concession)
<input type="checkbox"/> Intermittent peritoneal dialysis machine (Electricity concession only)	<input type="checkbox"/> Ventolin nebuliser (Not eligible for concession)
<input type="checkbox"/> Haemodialysis machine (Electricity and water concession)	<input type="checkbox"/> Other (please specify) (Not eligible for concession)
<b>Date of installation:</b>	<input type="text" value=" / /"/>

**Please return this form to your electricity retailer or water agency.**

**For further information, please contact your local electricity retailer or water agency.**

TRUenergy  
Life Support Administrator  
Locked Bag 14060  
Melbourne City Mail Centre  
Melbourne Vic 8001  
Tel: 133 466

Origin Energy  
Life Support Administrator  
Locked Bag 14090  
Melbourne City Mail Centre  
Melbourne Vic 8001  
Tel: 132 114

Victoria Electricity  
Life Support Administrator  
PO Box 1519  
Box Hill Vic 3128  
Tel: 1300 136 749

South East Water  
Billings & Collections  
PO Box 1382  
Moorabbin Vic 3189  
Tel: 131 851

AGL Sales  
Life Support Administrator  
Locked Bag 60  
Mount Waverley Vic 3149  
Tel: 131 245

Country Energy  
Life Support Administrator  
PO Box 718  
Queanbeyan NSW 2620  
Tel: 132 356

Yarra Valley Water  
Service Assistance Centre  
Private Bag 1  
Mitcham Vic 3132  
Tel: 131 721

City West Water  
Retail Services  
Locked Bag 350  
Sunshine Vic 3020  
Tel: 131 691

Energy Australia  
Life Support Administrator  
Locked Bag 9004  
Richmond Vic 3121  
Tel: 138 808

*If your electricity retailer is not listed here, please contact the account enquiries number that appears on your electricity bill.*

*For regional water agencies, please contact the account enquiries number that appears on your water bill.*

PLEASE NOTIFY THE ELECTRICITY RETAILER AND/OR WATER AGENCY WHEN THE MACHINE HAS BEEN REMOVED.

**IF YOU ARE NOT ELIGIBLE FOR A CONCESSION ONLY COMPLETE THIS SIDE OF THE FORM**

OFFICE USE ONLY

Process date:     /     /