



# Bali 2005 Special Assistance registration

Complete this form to register for Bali 2005 Special Assistance

If you are unsure about how to complete this form or whether you are eligible, please call the Medicare Australia Special Assistance enquiry line on **1800 660 026\*\***  
(Monday to Friday between 7.30 am and 5.00 pm Australian Western Standard Time)

## Section 1 Applicant's details

1. What is your Medicare number?

2. What is the name of the applicant?

Title eg. Mr/Mrs

Family name

First name

3. What is the applicant's date of birth?

4. What is your current mailing address?

Postcode

5. What is your daytime telephone number

## Section 2 Declaration

I declare that I am eligible to register for the Bali 2005 Special Assistance under the following category (please tick one only):

### Category A—Foreign Nationals who were injured by the Bali bombings

- 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—Survivors of the Bali 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 (e.g. counselling). Please attach a certified copy of your passport.  
Eligible for medical, hospital, pharmaceutical and allied health goods and services.

### Category C—Family members<sup>1</sup> of a person who either died or of an Australian who was injured by the Bali 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.

#### (for category C applicants only)

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

Relationship

**Privacy note:** I consent to Medicare Australia using my Medicare card number to validate appropriate payments. I also consent to Medicare 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/Territory Governments or by any other non-government organisation to which this scheme may be directly related. I consent to and authorise Medicare Australia obtaining personal information from other agencies and organisations on the understanding that the information will be handled sensitively and appropriately for the purpose of assessing registration and claims. Information obtained from this form may be released to the Department of Health and Ageing, the Department of Human Services, the Department of Family and Community Services, Centrelink, other relevant Australian Government and State/Territory government agencies and other organisations providing relevant assistance for monitoring and assessment purposes (for example charities or overseas organisations) and/or to enable those bodies to offer assistance. I understand that benefits are provided under the scheme as a result of information that I have provided and that providing false or misleading information may result in Medicare Australia recovering benefits.

Applicant's signature

Date

\*\* Call charges apply from mobile or pay phones only

### Section 3 Checklist

Have you attached appropriate supporting documents? (see fact sheet)

Have you ticked one appropriate category?

Have you signed and dated this form?

Please complete and return this form to:

- your local Medicare office
- fax to **08 9214 8129**
- post to **Medicare Australia Special Assistance  
Reply Paid 9822  
Perth WA 6848** (no stamp required)

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<sup>1</sup> 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 he or she accompanies, or provides care for, a child or children of the person who either died or was injured by the Bali bombings;
- the next-of-kin of the person who either died or was injured by the Bali bombings (other than those above); or
- another relative where Medicare Australia is satisfied that a close relationship exists, or existed, or that person is providing or has provided, key emotional support to the person who either died or was injured by the Bali bombings.