



London Assist registration

Complete this form to register for London Assist Special Health Care benefits
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?

(leave blank if you do not have access
to your Medicare card number)

2. What is your name?

Title eg. Mr/Mrs Family name

First name

3. What is your date of birth?

4. What is your current mailing address?

Postcode

5. What is your daytime telephone number

mobile

Section 2 Declaration

I declare that I am eligible to register for the London Assist Scheme under the following category (please tick one only):

Category A—A person who was injured by the London Bombings

- An Australian who is eligible for Medicare and was in London on 7 July 2005 and was injured as a direct result of the bombings.

Category B—A person who was at the scene of the London Bombings

- An Australian who is eligible for Medicare and was present at or near the aftermath of the London Bombings on 7 July 2005, and saw injured or deceased persons, or participated in viewing deceased persons or assisting injured persons either at the scene or in providing support services (e.g. counselling).

Category C—A family member of a person who either died or was injured by the London Bombings

- An Australian who is eligible for Medicare and is a family member of a person who died as a direct result of the London Bombings on 7 July 2005, or is a family member of a Australian who was injured by the London Bombings on 7 July 2005.

Special consideration for eligibility

- If you do not meet the above criteria because you have been eligible for Medicare but are no longer eligible, tick this box if you wish to seek special consideration. You may be asked to provide further information.

(for category C applicants only)

Name of victim

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 Government 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 disclosed 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 organisation) 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