

Medical Confirmation Form

Date

To ensure that your account remains registered with Pacific Blue Retail and your distributor, use this form to provide medical confirmation. As part of managing your life support registration we will disclose your personal information, including health information to your distributor and field vendors. **We may deregister your premises as having requirements for life support equipment if you do not complete and return this form within 50 business days of receiving it.**

You must send your completed form by:

- Post to:
Pacific Blue Retail, PO Box 320 Geelong North Vic 3215
- Scan and email to lifesupport@pacificblue.com.au

If you have any queries regarding this form, wish to request more time to complete and return or require further assistance, please contact us on 133 669 from Monday to Friday between 8:30am and 6:00m (AET)

I have life support equipment at my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform Pacific Blue Retail if the person for whom the life support equipment is required for vacates the premises or no longer requires the life support equipment.

I acknowledge these conditions and certify any information given below is true and correct.

Returning your completed form will satisfy your requirement to provide medical confirmation under the relevant rules and regulations in order to maintain life support registration at your premises. Please be advised, VIC or NSW residents may be eligible for any applicable state government life support concessions or rebates. To ensure you receive any eligible concessions or rebates, you are required to complete the relevant state government forms.

1. Personal Information

Title: First Name: Surname:

Energy supply required for life support equipment: Electricity: Gas:

Electricity account number:

Gas account number:

SERVICE ADDRESS

Street No: Street Name:

Suburb: State: Postcode:

Telephone: Work/Mobile Number:

Date you require energy supply for the purposes of life support equipment:

2. Life Support Equipment

I, or a member of my household use the following life support equipment at this premises:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chronic positive airways pressure respirator/devices | <input type="checkbox"/> Phototherapy equipment | <input type="checkbox"/> Oxygen concentrator |
| <input type="checkbox"/> Chronic positive airways pressure respirator/devices (24hr) | <input type="checkbox"/> Intermittent peritoneal dialysis machine | <input type="checkbox"/> Crigler Najjar syndrome phototherapy equipment |
| <input type="checkbox"/> External heart pump | <input type="checkbox"/> Kidney dialysis machine | <input type="checkbox"/> Enteral feeding pump |
| <input type="checkbox"/> Ventilator for life support | <input type="checkbox"/> Total Parenteral Nutrition (TPN) pump | |

Other equipment certified by a medical practitioner (please detail):

3. Medical Practitioner Confirmation

I, (Doctor)
hereby certify that a person residing at the above address requires the life support equipment indicated above.

Provider Number: Name of medical practice/hospital where patient was reviewed:

Signature and stamp of the medical practitioner: Date:

4. Customer Confirmation

I,
hereby certify that the details provided above are true and correct, and I declare that I am responsible for the accounts at this service address where life support equipment is installed.

Customer's signature: Date:

Our Privacy Policy is available at <https://www.pacificblue.com/privacy>. It explains how your personal information is used (including health information), your access rights to your information and third parties we exchange information with.

Queensland Rebate Form

This Application Form applies only where the applicant is a consumer of electricity purchased from a Retail Entity.

This form must be completed by the applicant and lodged with Pacific Blue Retail at least fourteen (14) days prior to billing of your electricity account to which the rebate will apply. Further assistance is available by contacting Pacific Blue Retail.

Given Name _____ (Please Print)		Surname _____
Full Residential Address _____ (Please Print)		Telephone Number _____
My electricity account number is:		
I hold <u>one</u> of the following current and valid cards: (Please tick appropriate box/boxes)		PLEASE PROVIDE CARD/FILE NUMBER
<input type="checkbox"/>	PENSIONER CONCESSION CARD <i>Card Issued by: (Please tick appropriate box)</i> <input type="checkbox"/> Department of Veterans' Affairs: or <input type="checkbox"/> Services Australia (Centrelink)	Veterans' Affairs File Number □□□□□□□□ Centrelink CRN □□□-□□□-□□□ □
<input type="checkbox"/>	HEALTH CARE CARD issued by Services Australia (Centrelink) (excluding Commonwealth Seniors Health Card)	Centrelink CRN □□□-□□□-□□□ □
<input type="checkbox"/>	DVA VETERAN CARD - ALL CONDITIONS WITHIN AUSTRALIA (GOLD CARD) issued by Department of Veterans' Affairs <input type="checkbox"/> TOTALLY & PERMANENTLY INCAPACITATED (TPI) <input type="checkbox"/> WAR WIDOW/WIDOWER	Veterans' Affairs File Number □□□□□□□□
<input type="checkbox"/>	QUEENSLAND SENIORS CARD issued by Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships	Card Number □□□□□□□□
<input type="checkbox"/>	ASYLUM SEEKERS – Visa issued by Department of Home Affairs	Card Number □□□□□□□□
Who I live with: (Please read the following statement carefully and tick the box to confirm that this applies to your living arrangements)		
<input type="checkbox"/>	I live alone or only with persons as described below: - With my spouse/defacto and/or other persons who are wholly dependent on me - With other people who hold a concession card or Queensland Seniors Card - With other people who receive a Centrelink, Family Assistance or Dept of Veterans' Affairs payment, and who <u>DO NOT</u> pay rent - With other people who provide care and assistance, and who <u>DO NOT</u> pay rent AND - I DO NOT share my residence with any other persons except casual visitors.	
Services Australia CCeS customer consent		
I authorise: <ul style="list-style-type: none"> • Pacific Blue Retail Pty Ltd to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service; • Services Australia (the agency) to provide the results of that enquiry to Pacific Blue Retail Pty Ltd. I understand that: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The agency will disclose personal information to Pacific Blue Retail Pty Ltd including my name/address/payment type/payment status and concession card type and status to confirm my eligibility for my relevant concession/rebate/service; • this consent, once signed, remains valid while I am a customer of Pacific Blue Retail Pty Ltd unless I withdraw it by contacting Pacific Blue Retail Pty Ltd or the agency. I can get proof of my circumstances/details from the agency and provide it to Pacific Blue Retail Pty Ltd so my eligibility for the electricity rebate can be determined; • if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the electricity rebate provided by Pacific Blue Retail Pty Ltd. 		
Declaration		

I advise that the above address is my principal place of residence and is the only residence within Queensland for which the rebate is claimed by me and the above electricity account is solely or jointly in my name.

- I will notify Pacific Blue Retail Pty Ltd immediately of any change in my circumstances which may affect my eligibility for the electricity rebate. I authorise:
Pacific Blue Retail Pty Ltd to disclose my personal information to the Department of Home Affairs (DHA) or Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP) and their service delivery agent (Card and Concession Services, Smart Service Queensland) to confirm my eligibility for the electricity rebate.
- DHA or DSDSATSIP to provide the results of that enquiry to Pacific Blue Retail Pty Ltd.

I understand that:

- DHA or DSDSATSIP will use information I have provided to Pacific Blue Retail Pty Ltd to confirm my eligibility for the electricity rebate and will disclose to Pacific Blue Retail Pty Ltd personal information including my name, address and card number and status.
- This consent, once signed, remains valid while I am a customer of Pacific Blue Retail Pty Ltd unless I withdraw it by contacting Pacific Blue Retail Pty Ltd.
- I can obtain proof of my circumstances/details from DHA or DSDSATSIP and provide it to Pacific Blue Retail Pty Ltd so that my eligibility for the electricity rebate can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the electricity rebate provided by the Queensland Government.

I declare that all the information that I have given is true and correct.

Signature of Applicant: _____

Date: _____/_____/_____