

Life Support Concession

Application Form

The life support concession provides a daily discount to eligible account holders who use an approved life support device/s or who live with someone who uses such a device.

Who should complete this form

If you, or someone in your household, uses an approved life support device in your principal place of residence.

How much will my bills be discounted by?

The daily discount depends on the machine used in the property. For the current daily discount rates, please contact your electricity retailer.

Where do I find my NMI No.?

The National Metering Identifier (NMI) Number is used to link the electricity meter at your property to your electricity account. It is usually listed on your electricity bill. If you cannot find your NMI Number, you are still able to apply for the concession.

Where do I send my completed concession form?

You need to send your completed concession form to your preferred electricity retailer. Contact details for electricity retailers currently operating in Tasmania can be found on the Concessions page at www.sro.tas.gov.au.

What if my machine is not listed?

A concession is only available for the devices listed over the page. However, your retailer may want to know if there are other devices at the premises for the purposes of registering your address for life support protections in the electricity market. If your medical practitioner approves a machine for you that is not on the list, please contact your retailer with the details.

Privacy statement

Your electricity retailer and the State Revenue Office are collecting this personal information for the sole purpose of assessing your eligibility for an electricity concession. The information collected on this form is deemed personal information for the purposes of the *Personal Information Protection Act 2004*. Without this information, your application for the concession will not be able to proceed. You are able to request access to the personal information held about you, and to request it be corrected if necessary, by contacting your electricity retailer. Please contact the State Revenue Office on (03) 6166 4400 with any questions about this statement.

Electricity account holder's details

First name/s	Surname
Residential address	
Suburb/Town	Postcode
Postal address (if different from above)	
Suburb/Town	Postcode
Home phone	Mobile

Electricity retailer's details

Electricity retailer	Account no.
National Metering Identifier (NMI) No.	

Applicant declaration over the page.

Applicant declaration and authorisation statement

I understand that:

- It is my responsibility to ensure that all the information provided in this application is, to the best of my knowledge, true and correct and I will notify my energy retailer of any changes to my information.
- I may be required to provide additional information about my eligibility.
- By signing this document, I can confirm that I have read and understood my energy retailer's privacy notice (please contact your energy retailer for the full privacy notice).
- It is a criminal offence under the *Crimes Act 1900* to provide false or misleading information.

Signature

Date

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Medical practitioner to complete this section

Medical practitioner's details

Practitioner's full name

Position

AHPRA no.

Clinic/practice where patient reviewed

Phone no.

Patient's details

Patient's full name

Patient's residential address

Suburb/Town

Postcode

Eligible life supporting devices

☐

Oxygen concentrator

☐

Chronic Positive pressure and airways regulator (CPPAR)

☐

Continuous positive airways pressure machine (CPAP)

☐

Combination oxygen concentrator chronic positive pressure and airways regulator

☐

Peritoneal machine

☐

Other equipment* please specify: _____

☐

Respirator (Iron lung)

☐

Phototherapy machine

☐

Left ventricular assist device

☐

Nebuliser machine (mains powered only)

☐

Haemodialysis machine

*Other equipment is not eligible for concession discounts. For more information contact your electricity retailer.

Medical practitioner certification

I certify that I am a registered medical practitioner as per the *Health Practitioner Regulation National Law Act 2009* and declare that this patient suffers from a condition that requires the use of one or more devices as indicated above for **life supporting purposes** at their primary place of residence.

Signature

Date

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