



# NSW Life Support Rebate

## APPLICATION FORM

To be eligible for the NSW Life Support Rebate you must be a NSW resident, be responsible for the payment of the electricity account at your principal place of residence where either yourself or another person living at the same address relies on electricity to operate approved Life Support Equipment.

**You will need to reapply for this rebate every 2 years**

### APPLICANT DETAILS

*Applicant must be an electricity account holder.*

Please ✓ ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Other .....

First Name: .....

Last Name: .....

Residential Address: .....

Suburb: ..... Postcode: ..... NSW

Home Phone: ..... Mobile: .....

Postal Address (if different from residential address): .....

Suburb: ..... Postcode: ..... NSW

Email Address: .....

### ELECTRICITY RETAILER DETAILS

Electricity Retailer Name: .....

**Electricity Account Number:**

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### PATIENT DETAILS

Name of Patient who uses Life Support Equipment: .....

Contact Phone: .....



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### MEDICAL PRACTITIONER DETAILS

Practitioner First Name: .....

Practitioner Last Name: .....

Provider Number: .....

Name of Patient: .....

Address of Patient: .....

Name of Place where the Patient was Reviewed: .....  
(Hospital/clinic/practice)

Phone Number of the Place where the Patient was Reviewed: .....  
(Hospital/clinic/practice)

### LIST OF APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

See 'attachment 1' for the list of approved Life Support Equipment

1	
2	

*Important: For PAP Devices and Oxygen Concentrators, please specify if the machine is used 12 hours or 24 hours a day.*

### MEDICAL PRACTITIONER DECLARATION

I certify the above patient requires the use of the above mentioned life support equipment.

Signature of Medical Practitioner: ..... Date: .....

### APPLICANT DECLARATION AND AUTHORISATION

- All particulars provided on this application form are, to the best of my knowledge, true and correct.
- The electricity supply address for my electricity account is the primary place of residence for the above patient (if patient is different from the applicant/electricity account holder).
- I understand that this application is only valid for 24 months and will need to be renewed and validated by a medical practitioner (my GP/Specialist) after this time.
- I understand that to ensure priority of supply for the life support machine, my electricity supplier will need to provide my application details to the relevant electricity distributor.
- I will notify my electricity supplier in writing if my circumstances change including the validity of this application or my entitlements to the Life Support Medical Rebate.

Applicant Name (please print): .....

Applicant Signature: ..... Date: .....



# NSW Life Support Rebate CHECKLIST

**PLEASE ✓ EACH OF THE BELOW IF YOU HAVE COMPLETED THE ACTIVITY**

- ☐ I have filled in pages 1 & 2 of this application form.
- ☐ My medical practitioner has completed and signed the relevant sections.
- ☐ I have signed and dated the Applicant Declaration & Authorisation.

## PRIVACY POLICY

The personal information you provide in the application form is subject to the Privacy & Personal Information Protection Act 1998. It is being collected by your electricity retailer for purposes related to processing your application for an energy rebate. Further information can be obtained from the NSW Trade & Investment website at [www.trade.nsw.gov.au/legal/privacy](http://www.trade.nsw.gov.au/legal/privacy).

## ELIGIBILITY CRITERIA

To be eligible for the Life Support Rebate a person must:

- be resident in New South Wales; and
- be a customer of an electricity retailer, or a long-term resident of an on-supplied residential community (formerly known as residential park), and whose name appears on the electricity account for supply to her or his principal place of residence where approved equipment (see approved list in Attachment 1) is used by the customer or another person who lives at the same address; and
- submit a valid application form as provided by NSW Trade & Investment (the Department), which will be made available to customers on the Department's website, duly signed by a registered medical practitioner (who is not the applicant) to verify that the use of the approved life support equipment is required at her or his principal place of residence.

## WHERE DO I SEND MY COMPLETED FORM?

**Send your application directly to your electricity retailer.**

The rebate will be paid from the day they receive your completed form.

**Need help filling in this form?**

Call ServiceNSW on 13 77 88

**Support Services:**

National Relay Service: 1300 555 727

TTY Users: 13 36 77

Translation & Interpreter Services: 13 14 50

**More Information:**

[www.resourcesandenergy.nsw.gov.au/info/lifesupportrebates](http://www.resourcesandenergy.nsw.gov.au/info/lifesupportrebates)



# NSW Life Support Rebate

## ATTACHMENT 1 - Approved Life Support Equipment List

### FOR MEDICAL PRACTITIONER'S USE List of Approved Life Support Equipment

Equipment	Examples of brand names*	Daily rate
<b>Positive Airways Pressure (PAP) Device</b>	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.16 for less than 24 hour usage \$0.32 for 24 hour usage
<b>Enteral feeding pump</b>	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$0.20
<b>Phototherapy equipment</b>	Blue light therapy	\$1.66
<b>Home dialysis</b>	Haemodialysis or Peritoneal automated cyclers machines – Brand names include: Fresenius, Gambro, Baxter	\$0.69
<b>Ventilators</b>	LTV series, Breas, PLV-100 etc, Iron Lung	\$1.66
<b>Oxygen concentrators</b>	Devilbiss etc	\$0.83 for less than 24 hour usage \$1.40 for 24 hour usage
<b>Total Parenteral Nutrition (TPN) pump</b>	Volumatic pump Flowguard pump	\$0.38
<b>External heart pump</b>	Left Ventricular Assist Device	\$0.05

NOTE: List of brand names against each piece of equipment has been included for information only, and is not exhaustive.