## Your Life Support Equipment registration



#### **NSW**

If you've let us know that Life Support Equipment is in use at your home, there's a few things you need to do to complete your Life Support Equipment registration.

- 1. Check the list of machines eligible for Life Support Equipment registration to ensure your equipment is listed.
- 2. Complete your Medical Confirmation form and return it to us by the due date.
- 3. Prepare an action plan in case of an outage, planned or unplanned.
- 4. Check **agl.com.au/concessions** for the full list of rebates you may be eligible for as a Life Support customer.
- 5. If you are making this application under power of attorney then you must attach a certified copy of your power of attorney with this form.

#### Planning for the unexpected

If your home loses energy unexpectedly, it's important that everyone in your house knows what to do:

- Keep your action plan and the phone numbers for AGL and your energy distributor in a convenient location so you can find them easily.
- Remember to check that your electricity main switch and gas meter handle are in the correct positions.
- Consider contacting your distributor to see how long the outage will last.
- If you're totally dependent on your equipment, follow your plan and call **000** for emergency medical assistance if required.

#### Why should I register my Life Support Equipment?

By registering your Life Support Equipment, AGL and your distributor will give you four days advance written notice of any planned outages. Other restrictions on disconnecting power to your home will also be applied.

# What happens if I move house or I'm no longer with AGL?

If you move house, you'll need to complete a new Medical Confirmation form to ensure your equipment is registered at your new address.

Similarly, if you change energy retailers, you'll need to contact them to register your Life Support Equipment as you'll no longer be covered by AGL.

### Who to call during an outage

Here are the 24-hour emergency numbers for the energy distributors in your state:



Ausgrid 131 388
Endeavour Energy 131 003
Essential Energy 132 080



#### Gas

Jemena Gas Networks (NSW) 131 909
Australian Gas Networks 1800 898 220
Central Ranges Pipeline 1800 676 300

#### Am I eligible for a rebate?

Once we receive your Medical Confirmation form, the NSW Government Life Support rebate will be applied to your account. You don't need to be a concession card holder to receive the rebate.

Check **agl.com.au/concessions** for a full list of energy rebates you may be eligible for.

# What happens if I don't need Life Support Equipment registration anymore?

If you no longer need your Life Support Equipment registered, call us on **131 245** to let us know. We'll send you a letter to confirm that you're no longer a Life Support customer and remove the protections on your home.

### Looking for more information?

For more information on being an AGL Life Support customer, visit **agl.com.au/lifesupport** or call us on **131 245** anytime, 24/7.

## Medical Confirmation form - New South Wales



By completing and returning this form you'll satisfy the regulatory requirement to provide Medical Confirmation for Life Support Equipment.

If your Life Support Equipment is already registered, you still need to complete this form to apply or reapply for the NSW Government Life Support rebate or other rebates. To continue receiving the NSW Government Life Support rebate, you'll need to provide a new Medical Confirmation form every four years.

Issue date:	
Due date:	

#### How to complete this form

- 1. Check the list of machines to ensure that your equipment is eligible for Life Support registration. You can view the full list in **Section 2** below or at **agl.com.au/lifesupport**
- 2. Complete **Sections 1 and 2** to provide details of the AGL account holder and the patient.
- 3. Have **your medical practitioner** complete the declaration in **Section 3**. This section needs to be signed and dated by your medical practitioner to be accepted by AGL.
- 4. Provide any concession details in **Section 5 (see overleaf).** Please note that you don't need to be a concession holder to receive the NSW Government Life Support rebate.
- 5. Ensure you read, sign and date the declaration in **Section 6 (see overleaf)** and return the form to AGL by the due date above. We suggest you also keep a copy of this form for your records.

If you need mo	ore time to complete	this form, call us	on <b>131 245</b> before the	due date above to	o request an e	extension.		
Section 1 – AC	L account holder de	tails						
Title:	Full name:							
Address:			Suburb:					
State:		Postcode:		Telephone:				
Email:								
AGL account num	ber:							
Section 2 – Pa	itient details							
Title:	Patient's name:							
Address:			l re use	eside at the address e at this address	in Section 1 & m	y equipme	nt is in	
	(please tick appropriate be		Date energy supply for I	Life Support Equipme	ent is required:	/	/	
Machines eligible	for Life Support registration	and electricity rebate	2					
External feed	ding pump		External heart pump		Home di	ialysis mach	ine	
Oxygen conc	entrator – 24 hr use		Oxygen concentrator – less th	nan 24 hr use	Phototh	erapy equip	ment	
Positive Airw	ays Pressure Device (PAP)	- 24 hr use	Positive Airways Pressure De	vice (PAP) – less than	24 hr use			
Power wheel	lchair – for quadriplegics		Total Parenteral Nutrition (TP	'N) pump	Ventilato	ors for Life S	upport	
Machines eligible j	for Life Support registration	n only						
Other (requir	red for Life Support – pleas	e specify equipment)						
Section 3 – M	edical practitioner de	eclaration						
MANDATORY INI	FORMATION: Fuel require	d for Life Support Equ	uipment use Electricit	ty Gas				
Name:			Job title:					
Provider number:	Name	of medical practice/h	ospital where patient was rev	viewed: Phone	number of medic	cal practice/	hospital:	
						, p		
I certify that the machine(s) indicated on this form is required for the patient detailed in Section 2.								
					/ /			
Signature:				Date:	/ /			

Section 4 – Consent for	r person to act on your behalf (opt	ional)						
	you would like someone to act on your beha							
I authorise				, who can be				
contacted by phone on		to:						
	retailer on my behalf to assist with process ion provided in this form to assist with proc							
I have confirmed with the above nominated person that they agree to act on my behalf and advised them that their information will be collected and managed in accordance with the Privacy Notice in this form.								
I understand that this consent is only provided to act in relation to this application and is not provided to act on behalf of or in relation to my electricity account with my retailer.								
I understand that I can withdraw this consent at any time by contacting my energy retailer.								
Section 5 – Concession	ıs							
	<b>concession you hold, if applicable.</b> ssion holder to receive the NSW Governmer	nt Life Support rebate.						
Pensioner concession card number:		Department of Veteran's Affairs Gold card number:						
Healthcare card number:		Date concession card was granted:	/ /					
Section 6 – AGL accoun	nt holder declaration and authoris	ation statement						
l (insert name),			of (inse	rt principal place)				
of residence),				:				
The supply address electricity account h	s for my electricity account is the primary pla nolder).	ace of residence for this patient (if	patient is different from	the applicant/				
<ul> <li>I understand that to ensure priority of supply for the Life Support machine, AGL will need to provide my application details to the relevant electricity distributor.</li> </ul>								
	gree that AGL will retain a record of this con rticulars and all information provided in this		nowledge, true and cor	ect.				
I have read and unc	derstood all information in this application f	form, including the Checklist and F	Privacy Notice.					
<ul> <li>I understand that it is my responsibility to notify AGL of any changes to the information I have provided in this form.</li> <li>I agree to provide additional information about my eligibility on request.</li> </ul>								
I understand that th	nis application, once signed, remains valid u	nless I withdraw it by contacting <b>A</b>	AGL.					
Power of attorney (when a	pplication signed under power of attorn	ey)						
I have attached the cert	tified copy of the power of attorney with thi	s application.						
Applicant signature:			Data	, ,				
			Date:	/ /				
			Date:	/ /				
Privacy Notice			Date:	/ /				
The Department of Plannin	ng, Industry and Environment (the Depart		Square, 12 Darcy Stree					

The Department of Planning, Industry and Environment (the Department), located at 4 Parramatta Square, 12 Darcy Street, Parramatta NSW 2150, is subject to the Privacy and Personal Information Protection Act 1998 in managing your personal information. Your energy retailer and the Department are collecting your personal information for the purposes of processing your application for an energy rebate (including assessing your eligibility), paying a rebate to you if you are eligible, administering the energy rebates scheme and auditing the rebate program which may include surveying customer experiences. In completing this form you may provide the personal information of another person. Before you provide this information you must seek the consent of that person to disclose their information to your energy retailer and the Department, and for it to be used in accordance with this Privacy Notice. Your energy retailer and the Department may disclose your personal information to a third party engaged to carry out an audit of the rebate.

Your energy retailer and the Department will not disclose your personal information to anybody else unless authorised by law. Applying for this rebate is voluntary. However, if you decide to apply, unless otherwise noted, all personal information requested directly from you must be provided to your energy retailer for your retailer to process your application.

You have the right to access the personal information that the Department holds about you. You also have the right to request that the Department updates or amends this information. For further details, email: rebates@mail.energysaver.nsw.gov.au

Arabic في المتاج لمترجم؟ اتصل على الرقم أدناه: Snanish

¿Necesita un intérprete? Llame al número indicado abajo.

Se vi serve un interprete, telefonate al seguente numero.

Αν χρειάζεστε διερμηνέα, τηλεφωνείτε στον αριθμό παρακάτω. Croatian

Trebate li pomoć tumača? Nazovite niže navedeni broj.

Nếu quí vị cần sự giúp đỡ, vui lòng gọi số bên dưới.

如果您需要傳譯員的幫助,請致電以下號碼。

For language assistance please call 1300 307 245.

