

PRIORITY ASSISTANCE APPLICATION FORM FOR INDIVIDUALS

Effective date of application form is December, 2005

For more information: Call 13 2200 TTY 1800 808 981 You can fax both sides of this application to 1800 623 537



Make sure all relevant sections on both sides of this application have been properly completed and signed. This application cannot be processed until all sections have been completed and signed.

Important Information

If Telstra approves a Priority Assistance application and it is subsequently discovered that you were not eligible for Priority Assistance, Telstra reserves the right to charge you any additional costs Telstra incurred as a result, such as providing a priority connection or priority fault repair to you.

Your doctor may charge you a fee to complete the medical certification section of your application form. Telstra has been advised that Medicare benefits are payable if the certification is completed during a consultation, but that Medicare benefits are not payable if the visit is for the purpose of obtaining medical certification only.

If you have questions about this, you should check with your doctor.

A. CUSTOMER DETAILS (PLEASE PRINT)

Telstra Account Holder

Title (Mr/Mrs/Ms/Miss)

Surname

First Name

Address

Postcode

Telephone number for the above residential address that you have nominated for Priority Assistance

()

Please list other numbers at the same residence – (fax, internet service, etc)

Customer Representative (if completing on a customer’s behalf)

Title (Mr/Mrs/Ms/Miss)

Surname

First Name

Address

Postcode

Position (ie carer)

- 01 I apply for status as a Priority Customer in order to be eligible for Priority Assistance on my telephone service and confirm that all of the information I provided on this form is correct.
- 02 I confirm that I fulfil the eligibility criteria for Priority Assistance, as I or someone living at the Telstra Account Holder’s nominated address has a diagnosed life-threatening medical condition that leaves me/someone living at this address at a high risk of a rapid deterioration to a life-threatening situation and where access to a telephone would assist to remedy the life-threatening situation.
- 03 I acknowledge that Telstra has the right to refuse my application if I don’t meet the eligibility criteria (which may be subject to review) and to charge any additional costs incurred in providing the priority connection or fault repair following my claim of a life-threatening medical condition, where I am not eligible for this service.
- 04 I confirm that the person referred to in section C1 or C2 as having a diagnosed life-threatening medical condition lives in my household.

Signature of Customer

Date

/

/

OR

Signature of Customer Representative (if signed on behalf of the Customer)

Date

/

/

Please ensure section C is also completed and signed.

B. PRIVACY CONSENT – THIS SECTION MUST BE COMPLETED FOR THIS APPLICATION TO BE PROCESSED

This section must be completed by the patient (who may or may not be the Account Holder) or your Customer Representative

By signing this form, I consent to Telstra collecting the information provided on this form only relating to *my medical condition/*the patient’s medical condition for the above-mentioned purposes and disclosing it to the ACMA as outlined above.

Signature of *patient/*customer representative (* delete as appropriate)

Date

/

/

The information provided by you on this form, except information relating to the patient’s medical condition, is collected by Telstra, in the ordinary course of providing the services you require. Details about the privacy protections Telstra gives to your personal information, which Telstra collects in the ordinary course, are set out in Telstra’s Privacy Statement. That statement will be provided to you before or shortly after you acquire services from Telstra.

C. MEDICAL CONDITION CONFIRMATION. EITHER SECTION C1 OR C2 NEEDS TO BE COMPLETED

Telstra’s preference is that your doctor complete section C1. If you’re having trouble obtaining a Medical Practitioner confirmation (for example, you cannot get to a doctor), you can complete section C2 instead.

C1. Medical Practitioner confirmation (to be completed by Medical Practitioner)

Name of Medical Practitioner

Title

Business Address

Postcode

Phone

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Official Stamp of Professional or Registration, Certificate or Membership Number.

I,

(Medical Practitioner)

certify that,

(insert full name of patient)

suffers from a diagnosed life-threatening medical condition where there is a substantial increased risk of a life-threatening emergency and that meets the eligibility criteria as set out in the Priority Assistance brochure.

Signature of Medical Practitioner

Date

/

/

OR
C2. Statutory Declaration
(Telstra’s preference is that the declaration is to be witnessed by the customer’s Medical Practitioner, however you’re not obliged to do so.)

Statutory Declarations Act 1959

PLEASE COMPLETE THE OTHER SIDE

COMMONWEALTH OF AUSTRALIA STATUTORY DECLARATION

I, (Account Holder/Customer Representative)

of (address)

Occupation

make the following declaration under the *Statutory Declarations Act 1959*:
I have, or someone residing in my household has:
a) been diagnosed as suffering from one of the medical conditions referred to in the Priority Assistance brochure; or
b) been diagnosed as suffering from another life-threatening medical condition and there is a high risk of a rapid deterioration to a life-threatening situation and access to a telephone would assist to remedy the life-threatening situation.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature of **declarant**
(account holder/customer representative making statutory declaration)

Declared at (place) on (day) of (month) (year)

Before me, (signature of **authorised witness**)

Full name of authorised witness (block letters)

Capacity in which authorised witness takes the statutory declaration
(please state whether the witness is a medical practitioner, justice of the peace, solicitor, pharmacist or other authorised person)

Address of authorised witness

Postcode

Please note: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the *Statutory Declarations Act 1959*.

Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

You should not sign this declaration except in the presence of an authorised witness. The *Statutory Declarations Act 1959* provides who may witness a statutory declaration. There are a number of categories of persons listed. One category of persons who may witness a statutory declaration is medical practitioners. Telstra’s preference is that you ask your medical practitioner to witness this declaration, however you’re not obliged to do so.

Privacy statement for patients

Note: References to patients are references to the individual who has the diagnosed life-threatening medical condition.

The information provided on this form relating to the patient’s medical condition is collected by Telstra for the purpose of:

- assessing the above-mentioned customer’s eligibility for Priority Assistance in respect of the relevant services;
- providing, administering and managing such Priority Assistance; and
- providing, administering and managing the services provided generally to the above-mentioned customer.

Telstra does not disclose information relating to the customer/patient’s medical condition to third parties, except in anonymous form.

For example, Telstra is obliged to report to the Australian Communications and Media Authority (ACMA) the number of applications and approvals for Priority Assistance, among other things. The information provided to the ACMA will not identify the patient personally. If the information relating to the patient’s medical condition (as set out in this form) is not provided to Telstra, Telstra will not be able to provide Priority Assistance to the above-mentioned customer for the relevant services.

Except in certain cases, the patient may gain access to personal information about him or herself, which is held by Telstra, by contacting **13 2200**. There may be a cost (which will not be excessive) associated with such access.

If you’ve already been provisionally tagged for Priority Assistance, please complete and return this form within 28 days from the date on which you called us and were provisionally tagged.



HAVE ALL RELEVANT SECTIONS ON BOTH SIDES OF THIS APPLICATION HAVE BEEN PROPERLY COMPLETED AND SIGNED?

- **Section A**
- **Section B**
- **Section C1 or C2**

This application cannot be processed until all sections have been completed and signed.



If undeliverable please return to
Locked Bag 12
Hamilton DC NSW 2303

**Attention: Telstra
Priority Assistance Team**
Telstra Corporation Limited
Reply Paid 79633
Newcastle NSW 2300

NO STAMP
REQUIRED
IF POSTED IN
AUSTRALIA