



# Application for the Commonwealth Seniors Health Card (CSHC)

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

## What is the Commonwealth Seniors Health Card (CSHC)

The Commonwealth Seniors Health Card provides you with access to Pharmaceutical Benefits Scheme prescription medicines, certain Medicare services and specific rail travel at a cheaper rate. The card may also entitle you to the Energy Supplement. State, territory and local government authorities may offer cardholders additional concessions at their own discretion.

For more information, refer to DVA **Factsheet IS126**, or contact a DVA or VAN office.

## When to use this form

Complete this form if you wish to apply for a Commonwealth Seniors Health Card from the Department of Veterans' Affairs. If you have a partner and you both meet the eligibility criteria, you and your partner will each receive a card.

Alternatively, if you wish to apply for a Commonwealth Seniors Health Card from Services Australia please visit:

[www.servicesaustralia.gov.au/individuals/services/centrelink/commonwealth-seniors-health-card](http://www.servicesaustralia.gov.au/individuals/services/centrelink/commonwealth-seniors-health-card) for information on how to claim or call Services Australia on 132 300.

## Completing this form

- Please **tick** the appropriate boxes.
- Please use **black** or **blue pen**.
- Please write in **BLOCK LETTERS**.
- If you are asked to provide copies of documents, you must provide **certified copies**. If you cannot provide certified copies **original** documents can be sighted and verified by a DVA officer.

This form is divided into the following **7** Parts:

- **Part A** - Your Details - to be completed in all cases (**Page 2**);
- **Part B** - Your Partners Details - to be completed if you have a partner, even if your partner is not applying for the CSHC (**Page 4**);
- **Part C** - Income Details - to be completed by all parties, including your partner if you have one, even if your partner is not applying for the CSHC (**Page 7**);
- **Part D** - Taxation details (**Page 10**);
- **Part E** - Declaration (**Page 10**);
- **Part F** - Attachment Checklist (**Page 11**); and
- **Part G** - Proving your identity to DVA (**Page 12**).

## If you have a partner

You will need to give details of your partner, even if your partner is not applying for CHSC.

## Proof of Identity

Information about proof of identity is included at the end of this form. You should contact DVA if you are still unsure about whether you need to provide documents.

## Contacting DVA

Telephone:

For information, please call DVA (from anywhere in Australia) on:

**1800 555 254**

Post:

**Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001**


**PART A**

**Your Details**

**About You**

**1: Please mark the box that best describes your relationship status**

- Married and living together
- In a de facto relationship and living together
- Have a partner but unable to live together due to illness or infirmity
- Single
- Widowed
- Divorced
- Separated

You must complete **Part A, Part B** and provide details for you and your partner in **Part C, D** and **E**.  
 Attach a certified copy of the marriage certificate if applicable.


You must complete **Part A** and all questions in **Part C, D** and **E** however you are not required to provide partner information.

**2: Surname**

**3: Given name(s)**

**4: Date of birth (dd/mm/yyyy)**

 /  / 

 Please attach a certified copy of your birth certificate.

**5: Residential address (including postcode)**

  
-----  
Postcode

**6: Postal address (including postcode - if same as residential address write 'AS ABOVE')**

  
-----  
Postcode

**7: Contact details**

Home telephone

Mobile


Work telephone

Fax Number


Alternative telephone

**8: Have you previously provided DVA with proof of your identity?**

No ▶

 Please attach at least 3 certified copies of documents that prove your identity.

Yes ▶

 Please attach 1 certified copy of a document from Category B that proves your identity.

See **Part G** - Proving your identity to DVA - on page 12 for more details on the types of documents required.

## About Your Children

**9: Give details of your children under 16 years of age and full time students under 25 years of age who are dependent on you.**

Child's full name

Child's address (if same as yours, write 'SAME')

Child's date of birth

Child's full name

Child's address (if same as yours, write 'SAME')

Child's date of birth

Child's full name

Child's address (if same as yours, write 'SAME')

Child's date of birth



Please attach a certified copy of the birth certificate/extract for each child.

## About Your Qualifying Service

Refer to DVA **Factsheet IS57** for an explanation of who is a veteran and what qualifying service is.

**10: Are you a veteran?**

No ▶ Go to **Question 12**

Yes ▶ DVA File No. (if known)

**11: Has your qualifying service been determined by the Repatriation Commission?**

No ▶

Yes

You must complete form **D0506 - "Application to Determine Qualifying Service by a Current or ex-Member of the ADF"**.

**12: Are you a widow or widower of a veteran?**

No

Yes ▶ Surname of veteran

Given name(s)

Date of death

DVA File No. (if known)

NOTE: If you are a widow(er) of a veteran whose qualifying service has not been determined, you will need to fill out the form **D0502 - "Qualifying Service for Partner/Widow(er) of a non-pensioner Veteran or Mariner"**.

## About Your Pension or Benefits

**13: Have you applied for or do you receive any service pension or income support supplement from DVA?** Please tick 'No' if you are only in receipt of disability pension.

- No  
 Yes

**14: Have you applied for or do you receive any pension or benefit from Centrelink?**

- No  
 Yes

**15: Do you already have a Commonwealth Seniors Health Card issued by DVA or Centrelink?**

- No  
 Yes


▶ What is the entitlement number on the card? ▼

-    -

## About Your Residence

**16: Are you:**

- An Australian Citizen  
 The holder of a permanent visa  
 The holder of a special purpose visa  
 The holder of a special category visa

 If you are the holder of a permanent visa, special purpose visa or special category visa attach a copy of documents that show that you (and your partner) are legally allowed to remain in Australia - for example, passport showing your visa.

## PART B

## Your Partner's Details


### About Your Partner

**17: Surname**

**18: Given name(s)**

**19: Date of birth** (dd/mm/yyyy)

 /  / 

 Please attach a certified copy of your partner's birth certificate.

**20: Residential address**  
(including postcode)

  
-----  
Postcode

**21: Postal address**  
(including postcode - if same as residential address write 'AS ABOVE')

  
-----  
Postcode

▶▶ Continued on next page ▶▶

**22: Contact details**

Home telephone

( )

Mobile

Work telephone

( )

Fax Number

( )

Alternative telephone

**23: Has your partner previously provided DVA with proof of their identity?**

No ▶



Please attach at least 3 certified copies of documents that prove their identity.

Yes ▶



Please attach 1 certified copy of a document from Category B that proves their identity.

See **Part G** - Proving your identity to DVA - on page 12 for more details on the types of documents required.

**About Your Partner's Qualifying Service**

Refer to DVA **Factsheet IS56** for an explanation of who is a veteran and what qualifying service is.

**24: Is your partner a veteran?**

No ▶

Go to **Question 26**

Yes ▶

DVA File No. (if known)

**25: Has your partner's qualifying service been determined by the Repatriation Commission?**

No ▶

You must complete form **D0506** - "**Application to Determine Qualifying Service by a Current or ex-Member of the ADF**".

Yes

**26: Is your partner a widow or widower of a veteran?**

No

Yes ▶

Surname of veteran

Given name(s)

Date of death

/ /

DVA File No. (if known)

NOTE: If you are a widow(er) of a veteran whose qualifying service has not been determined, you will need to fill out the form **D0502** - "**Qualifying Service for Partner/Widow(er) of a non-pensioner Veteran or Mariner**".

## About Your Partner's Pension or Benefits

27: Has your partner applied for or do they receive any service pension or income support supplement from DVA?  
Please tick 'No' if you are only in receipt of disability pension.

- No  
 Yes

28: Has your partner applied for or do they receive any pension or benefit from Centrelink?

- No  
 Yes

29: Does your partner already have a Commonwealth Seniors Health Card issued by DVA or Centrelink?

- No  
 Yes


▶ What is the entitlement number on the card? ▼

-    -

## About Your Partner's Residence

30: Is your partner:

- An Australian Citizen  
 The holder of a permanent visa  
 The holder of a special purpose visa  
 The holder of a special category visa

 If you are the holder of a permanent visa, special purpose visa or special category visa attach a copy of documents that show that you (and your partner) are legally allowed to remain in Australia - for example, passport showing your visa.

## About Nominating a Representative

31: Do you want a representative to act on your behalf?

- No  
 Yes ▶ Please give details

**For this claim only**

▶ If you want a representative to act on your behalf **for this claim only**, give their details

Their name

Address

POSTCODE

Phone number  
(office hours)

[     ]

**For all future dealings with DVA**

▶



If someone has Power of Attorney over your affairs, please attach a certified copy of the relevant documentation. If a third party is to be appointed, the **Appointing a third party to represent a DVA client form (D9325)** must be completed and attached. If you do not have the form you require, please contact DVA.

**PART C**

**Income Details**

If you (and/or your partner) have lodged an income tax return and received a Notice of Assessment in the last two financial years, you should provide income details for the last financial year for which you have received a Notice of Assessment. If your (and/or your partner's) income was too low to lodge a tax return, provide the amount of income you (and/or your partner) received.

If you have a partner, you must provide income details for the same financial year.

**32: For which financial year are you (and/or your partner) providing income details?** Financial year ending 30 June

Please provide details of your income (and your partner's income) for the financial year indicated above. You will need to attach documents to support the income figures (see **Attachment Checklist** on p.11).

The income limit for the Commonwealth Seniors Health Card is increased from 20 September each year as a result of indexation. For information about current income threshold amounts and for an explanation of the income items and the records you may need to work out your income, refer to DVA **Factsheet IS126**.

	Your income	Partner's income
<b>A: Taxable Income</b> From Tax Notice of Assessment  OR If you (and/or your partner's) income was too low to lodge a tax return, provide the amount of taxable income you (and/or your partner) received.	<input type="text"/> \$  OR <input type="text"/> \$  +	<input type="text"/> \$  OR <input type="text"/> \$  +
<b>B: Value of employer provided benefits (fringe benefits) above \$1,000</b> (e.g. private use of a car, assistance with accommodation or rent).	<input type="text"/> \$  +	<input type="text"/> \$  +
<b>C: Income from sources outside Australia on which you do not have to pay Australia income tax</b> (write the amount in Australian dollars).	<input type="text"/> \$  +	<input type="text"/> \$  +
<b>D: Loss from financial investments</b> You must add this amount even though it is a loss.	<input type="text"/> \$  +	<input type="text"/> \$  +
<b>E: Loss from rental property</b> You must add this amount even though it is a loss.	<input type="text"/> \$  +	<input type="text"/> \$  +
<b>F: Reportable super contributions</b> Reportable employer contributions (as shown on your payment summary) plus personal deductible super contributions.	<input type="text"/> \$  =	<input type="text"/> \$  =
<b>TOTAL income</b>	<input type="text"/> \$	<input type="text"/> \$
<b>COMBINED TOTAL</b>		<input type="text"/> \$

**33: Will your COMBINED TOTAL income, including all the above components, be HIGHER or LOWER in the current financial year?**

- HIGHER (or about the same)** - please go to **Question 35** on page 9.
- LOWER** - if your total income for CSHC assessment purposes is above the applicable income limit, you may still be eligible for a CSHC if your income in the current financial year will be below the income limit. Please note that your total income for CSHC assessment purposes will include income deemed to be received from your account-based pensions declared at Question 34. If you believe your income will be lower in the current financial year, you may complete the **Estimated Income Details** on the next page.

Refer to DVA **Factsheet IS126** for the income limits.

## Estimated Income Details

**IMPORTANT:** Only complete this section (Estimated Income Details) if you answered "LOWER" to **Question 33** on Page 7 and you wish to provide an estimate in case your total income for CSHC assessment purposes is above the applicable income limit. If your total income for CSHC assessment purposes is above the income limit, we may be able to use your estimated income for the current year instead. Otherwise please go to **Question 35** on Page 9.

**34: Please give reason/s why your income will be lower in the current financial year (e.g. stopped working, sold significant asset/s, ceased operating a business).**


**Please provide an estimate of your (and your partner's) income for the current financial year in the space below.**  
For further explanation of the income items below, see DVA **Factsheet IS126**.

	Your income	Partner's income
<b>A: Estimated Taxable Income</b>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	+	+
<b>B: Value of employer provided benefits (fringe benefits) above \$1,000</b> <small>(e.g. private use of a car, assistance with accommodation or rent).</small>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	+	+
<b>C: Income from sources outside Australia on which you do not have to pay Australia income tax</b> <small>(write the amount in Australian dollars).</small>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	+	+
<b>D: Loss from financial investments</b> <small>You must add this amount even though it is a loss.</small>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	+	+
<b>E: Loss from rental property</b> <small>You must add this amount even though it is a loss.</small>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	+	+
<b>F: Reportable super contributions</b> <small>Reportable employer contributions (as shown on your payment summary) plus personal deductible super contributions.</small>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	=	=
<b>TOTAL income</b>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
	<b>COMBINED TOTAL</b> \$ <input style="width: 80%;" type="text"/>	

**Important:** If you provided an estimate of your income for the current financial year, you must provide copies of the tax Notices of Assessment for yourself (and your partner if applicable) when received from the Australian Taxation Office. If you estimated income for items other than Taxable Income, you must also provide evidence of these items, such as your income tax return.



## Account-based pensions

An account-based pension (also known as an allocated pension or transition to retirement pension):

- is a flexible retirement income stream product purchased with superannuation money,
- requires you to draw a minimum pension payment amount each year or you can elect to draw an amount of pension payment above the required minimum amount,
- gives you access to withdraw some or all of the account balance,
- may be purchased from a financial provider or paid from a Self Managed Superannuation Fund (SMSF) or Small APRA Fund (SAF),
- is tax free from age 60.

If you or your partner own an account-based pension, income may be deemed on the current account balance of the pension and added to the income amounts you have declared above to determine whether you are entitled to a Commonwealth Seniors Health Card. Income is deemed at the same rates that are used to deem income on financial assets for pension income testing purposes.

For more information on deeming of income, see DVA **Factsheet IS89**.

- 35: Do you or your partner receive income from an account-based pension (also known as an allocated pension or transition to retirement pension)?**
- No ► Go to **Question 36**
- Yes ► Please provide details below

Pension Provider/SMSF/SAF	Start date	Pension Reference No.	Paid to	
	/ /		You	Partner
<input style="width: 100%;" type="text"/>	/ /	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	/ /	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	/ /	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	/ /	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach an income stream schedule for Centrelink or DVA assessment purposes for each account-based pension. Your account-based pension provider should be able to provide you with an income stream schedule. If your account-based pension is paid from a Self Managed Superannuation Fund (SMSF) or Small APRA Fund (SAF), the trustee must complete a DVA form **D0563 - Income Stream Schedule for Veterans' Affairs Assessment Purposes**.

**PART D**

**Taxation Details**

**Tax File Numbers**

To help ensure that benefits are only provided to eligible persons, we compare our records with those of other government agencies. Your Tax File Number is used for this purpose.

All matching programs are monitored by the Privacy Commissioner who ensures that they are conducted in accordance with the *Data-matching Program (Assistance and Tax) Act 1990* and Guidelines.

Access to your Tax File Number is restricted. If you lose or forget your number, you will need to contact the Australian Taxation Office (ATO).

For more information about tax, contact your nearest ATO or DVA office.

Once we have recorded your Tax File Number, this portion of the page will be removed and destroyed to ensure that your Tax File Number remains confidential.

**36: What is your Tax File Number?**

**You**

Fill in **ONE** of **A** or **B**

**A** My Tax File Number is

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**B** I do not have or do not know my Tax File Number   
(DVA can help you get you Tax File Number from the Australian Taxation Office - you must complete a *Tax File Number application or enquiry* form NAT 1432).

**Your Partner**

Fill in **ONE** of **A** or **B**

**A** My Partner's Tax File Number is

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**B** My partner does not have or does not know their Tax File Number   
(DVA can help you get you Tax File Number from the Australian Taxation Office - you must complete a *Tax File Number application or enquiry* form NAT 1432).

**PART E**

**Declaration**

**37: Declaration**

- I declare that the details about myself and my financial circumstances given in this form are complete and correct.
- I understand that there are penalties for deliberately giving false or misleading information.

**Your signature**



/ /

- I declare that the details about myself and my financial circumstances given in this form are complete and correct.
- I understand that there are penalties for deliberately giving false or misleading information.

**Your Partner's signature**



/ /

PLEASE DO NOT DETACH

You must attach documents as evidence of your answers to some of the questions. You must provide certified copies (see “Who can certify copies of documents” on page 12 of this form) or original documents can be sighted and verified by a DVA officer.

If any of your documents are in a language other than English, you must also provide translations into English by an accredited translator.

You may have already selected some of these documents for your proof of identity.

If you do not have a form that you need, contact your nearest DVA or VAN office (see page 1 for contact details).

Use the checklists (below) to make sure you have attached all the relevant documents.

**Your attachments****Question number**

- |        |                          |  |
|--------|--------------------------|--|
| 1      | <input type="checkbox"/> | Marriage certificate                           |
| 4      | <input type="checkbox"/> | Birth certificate/date of birth documents      |
| 8      | <input type="checkbox"/> | Proof of identity                              |
| 9      | <input type="checkbox"/> | Dependent children birth certificate/s         |
| 11/12  | <input type="checkbox"/> | Qualifying Service form                        |
| 16     | <input type="checkbox"/> | Australian residence document                  |
| 32A    | <input type="checkbox"/> | Tax Notice of Assessment                       |
| 32B    | <input type="checkbox"/> | Payment summary/letter from employer           |
| 32C    | <input type="checkbox"/> | Foreign income document                        |
| 32D, E | <input type="checkbox"/> | Tax return                                     |
| 32F    | <input type="checkbox"/> | Payment summary and/or tax return              |
| 35     | <input type="checkbox"/> | Account-based pension income stream schedule/s |

**Your partner's attachments****Question number**

- |        |                          |  |
|--------|--------------------------|--|
| 19     | <input type="checkbox"/> | Birth certificate/date of birth documents      |
| 23     | <input type="checkbox"/> | Proof of identity                              |
| 25/26  | <input type="checkbox"/> | Qualifying Service form                        |
| 30     | <input type="checkbox"/> | Australian residence document                  |
| 32A    | <input type="checkbox"/> | Tax Notice of Assessment                       |
| 32B    | <input type="checkbox"/> | Payment summary/letter from employer           |
| 32C    | <input type="checkbox"/> | Foreign income document                        |
| 32D, E | <input type="checkbox"/> | Tax return                                     |
| 32F    | <input type="checkbox"/> | Payment summary and/or tax return              |
| 35     | <input type="checkbox"/> | Account-based pension income stream schedule/s |

## PART G

## Proving your identity to DVA

### Proving your identity to DVA

Before you can be provided with a CSHC by DVA, you must show documents from the Category A and B lists below which prove your identity.

You must show original documents or true and certified copies of these documents. (See 'Who can certify copies of documents' below).

If you mail your claim and originals of your proof of identity documents, your documents will be returned by registered post.

From the lists of Category A and B documents on this page, you must provide **3 different documents** with 1 document from Category A and two documents from Category B. If none of the documents you produce to satisfy Category A or B provides evidence of your current residential address, then you must also produce a document from Category C:

**A B B** OR **A B B C**

If any of the documents are in a previous name, you must provide an additional document which shows how your name was changed (e.g. a marriage certificate).

### Category A documents

Documents from Category A provide proof of birth or arrival in Australia

- Australian passport (current) - not to be used concurrently as a Category B document
- Full Australian birth certificate
- Record of Immigration Status
- Foreign passport and current Australian Visa
- Travel document and current Australian Visa
- Certificate of Evidence of residential status
- Citizenship Certificate

### Category B documents

Documents from Category B provide evidence of your identity existing in the community

- Australian driver's licence (current and original)
- Australian passport (current) - not to be used concurrently as a Category A document
- Australian passport (current)
- Australian Defence Force (ADF) identification card (current)
- Firearms licence (current and original)
- Current overseas passport with valid entry stamp or visa
- Medicare card
- Change of name certificate (for marriage or legal name change - showing link with previous name(s))
- Credit or bank account card
- DVA card
- Security Guard/Crowd Control licence
- Australian marriage certificate issued by a government department
- Tertiary identification card

### Category C documents

Documents from Category C provide evidence of residential address or residence in a Nursing Home or Residential Care Facility

- Utilities notice
- Rent details
- Document from Nursing Home or Residential Facility that provides evidence of residence

### If you don't have the right documents

Other documents may be acceptable. Contact your nearest DVA or VAN office.

### Who can certify copies of documents?

When you lodge a claim with DVA, you must provide documents as proof of identity. In response to some questions on the forms, you will also have to provide documents (such as financial documents).

If you provide **original** documents, your documents will be sighted and verified by a DVA officer and returned to you by registered post.

If you provide copies of your documents, they must be **certified copies** (certified as true by a Justice of the Peace or other person as listed below). The person certifying the copies must see the original documents.

Note: DVA employees with 5 years continuous service can certify your documents as true copies and will do so without charge.

►► *Continued on next page* ►►

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**Persons who can certify copies include:**

- Justice of the Peace
- Commissioner for Declarations
- permanent employee of:
  - the Commonwealth or of a Commonwealth authority, or
  - a State or Territory or of a State or Territory authority, or
  - a Local Government Authority with 5 or more years of continuous service
- member of the Australian Defence Force who is:
  - an officer; or
  - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
  - a warrant officer within the meaning of that Act
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- bank officer with 5 or more years of continuous service
- building society officer with 5 or more years of continuous service
- credit union officer with 5 or more years of continuous service
- finance company officer with 5 or more years of continuous service
- Member of the Association of Taxation and Management Accountants
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Division 1 Part IV of the Marriage Act 1961
- police officer
- chiropractor
- dentist
- legal practitioner
- medical practitioner
- nurse
- pharmacist
- physiotherapist
- veterinary surgeon
- teacher employed on a full time basis at a school or tertiary education institution.

A full list of who can certify documents can be found at:

<http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200400084?OpenDocument>

**If you ask someone to certify copies of your documents, you must make sure that:**

- the person certifying is on the above list
- they use the wording "CERTIFIED TRUE COPY"
- they sign and date the copy
- they print their name, address, business hours phone number and profession or qualification to sign, or if the certifying officer is a Justice of the Peace or a Commissioner for Declarations they should provide their name and relevant registration number, including state/territory of registration.

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The Information sought in the this form is required to assess your eligibility for the Commonwealth Seniors Health Card (CSHC) under section 118V of the Veterans' Entitlements Act 1986 (VEA) and your entitlements to Energy Supplement under section 118P of the VEA.

The VEA requires that an application for a CSHC be made on a form approved by the Repatriation Commission. Information contained in this form and on any additional forms may be provided to another agency or body including:

- Centrelink and the Australian Taxation Office for the purposes of matching information;
- the Health Insurance Commission for specific concessional benefits; and
- the various Federal, State or Local Government authorities or business enterprises and private business enterprises to verify your eligibility for rebates or concessions.

The VEA provides that the Secretary may obtain information requested for the purposes of the legislation.

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**Giving false or misleading information is a serious offence.**

If the information you have provided about your family or your place of residence, or if your income (or your partner's income) changes, or if you are granted an income support pension or benefit, then this is a notice under section 118ZI of the VEA requiring you to notify the Department of Veterans' Affairs in writing or by phone within 14 days of that change of circumstances or of that event.

Failure to notify the Department following a change to any of these details is an offence.