



Personal Alert Systems

Rebate Scheme

Reimbursement for rebates



Government of South Australia

Department for Communities
and Social Inclusion

| | | | |
|--------------|---|---|---|
| Q 6. | Period of monitoring (as stated on the receipt or tax invoice): | From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q 7. | Cost details | | |
| | System price: | \$ | <input type="text"/> |
| | Installation cost: | \$ | <input type="text"/> |
| | Total cost: | \$ | <input type="text"/> |
| | If the system is monitored, what are the annual monitoring costs? | \$ | <input type="text"/> |
| Q 8. | Does the system form part or all of an insurance claim? | Yes <input type="checkbox"/> | Your system is not approved for a rebate |
| | | No <input type="checkbox"/> | |
| Q 9. | Are you renting, leasing or hiring the system? | Yes <input type="checkbox"/> | Your system is not approved for a rebate |
| | | No <input type="checkbox"/> | |
| Q 10. | Has the system been installed at your residential address? | Yes <input type="checkbox"/> | |
| | | No <input type="checkbox"/> | Your system is not approved for a rebate |

Section C: Attachments

To receive a rebate, the following documents must be attached to this form:

- Your original receipt and tax invoice for the purchase and installation of your system.
- Your original 12 month monitoring agreement (if your system is monitored).

Section D: Information required for payment of rebate

Note: Rebates are paid direct to approved applicants.

The rebate can be paid direct into your bank account via electronic funds transfer (EFT). Please provide your account details below to enable an EFT transaction.

If you would prefer to be paid the rebate by cheque, please tick this box:

Name of bank:

Address of bank:

Account name:

BSB number: - Account number:



Section E: Authority and declaration

I declare the following:

- I am willing to wear a personal alert pendant 24 hours a day.
- I am willing to activate the personal alert system if necessary.
- All details provided by me on this form are true and correct.
- I will notify DCSI immediately if the information I have provided in this *Reimbursement for Rebates* form changes OR to revoke this authority.
- I understand that it is an offence pursuant to Section 250 of the Family & Community Services Act 1972 to obtain or attempt to obtain a rebate by means of false pretence and that such an offence carries a fine or term of imprisonment.

Your signature:

Date:

Submit your reimbursement form:

BY POST to

Concessions and Support Services
Reply Paid 292
Adelaide SA 5001
(no postage stamp required)

For more information:

Telephone

1300 700 169

E-mail

concessions@dfc.sa.gov.au

Internet

www.sa.gov.au/Seniors



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