


© The State of Queensland (Queensland Health) 2012 Contact CIM@health.qld.gov.au



Queensland Government Medical Aids Subsidy Scheme
Queensland Health

MASS 84
Proxy Access to Centrelink Information

(Affix identification label here)

Family name: _____

Given name(s): _____

Date of birth: _____ Gender: M F I

This form is used for applicants to provide consent to Medical Aids Subsidy Scheme (MASS) staff to use Centrelink Confirmation eServices (CCeS) to verify eligibility. This consent will be used for the sole purpose of authorising Centrelink to provide information to MASS to determine your eligibility in relation to assistance or services provided by MASS.

This form can be completed by the concession card holder (the customer), or their customer representative. A customer representative is a person who is authorised by the customer, or by law, to represent the customer or manage the customer's affairs. Customer representatives can include nominees, authorised representatives and powers of attorney.

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Please provide the following Commonwealth benefit card information, which must be in the name of the adult card holder/applicant. Child applicants will be required to provide a copy of their card.

Concession Card Type Centrelink Health Care Card Department of Veterans' Affairs Card
 Centrelink Pensioner Concession Card

CRN / Concession Card Number	Issue Date on Card
------------------------------	--------------------

Name of Card Holder	Expiry Date on Card
---------------------	---------------------

Address on Card

I, _____ authorise:

- The Medical Aids Subsidy Scheme (MASS) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service.
- Services Australia (the agency) to provide the results of that enquiry to MASS.

I understand that:

- The agency will disclose personal information to MASS including my name, date of birth, address, state, concession card type and status to confirm my eligibility for MASS services (subsidy funding assistance for assistive technology, aids and/or consumable products).
- This consent, once signed, remains valid while I am a customer of MASS unless I withdraw it by contacting the MASS or the agency. I can get proof of my circumstances/details from the agency and provide it to MASS so my eligibility for MASS services can be determined.
- If I withdraw consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the service provided by MASS.

Signed	Date
--------	------

Signed by the card holder **OR** a customer representative on behalf of the card holder (complete below)

Name	Representative Type (e.g. Power of Attorney):
------	---

Please attach copy evidence to confirm authority e.g. copy of Enduring Power of Attorney to this form.

Email OR Post completed form to a MASS Service Centre

Email: MASS184@health.qld.gov.au	Brisbane: PO Box 281, Cannon Hill Qld 4170 Telephone: 07 3136 3636	Townsville: PO Box 980, Hyde Park Qld 4812 Telephone: 07 4433 8000
Website: health.qld.gov.au/mass		

Office Use Only

Details and eligibility Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /	MASS Officer
---	-----------	--------------

DO NOT WRITE IN THIS BINDING MARGIN

V 4.01 01/2021

