

### centrelink

# Authorising a person or organisation to enquire or act on your behalf



### When to use this form

You can use this form to authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including Aged Care.



If you or your nominee have your Centrelink payments income managed, call **1800 132 594** before filling in this form.

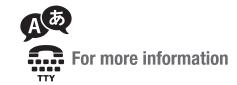


## Protecting you and your information

If you think the access you have provided a person or organisation is being misused, call **132 850** or visit one of our service centres.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to one of our social workers or call **000** if you are in immediate danger.

For more information, go to servicesaustralia.gov.au/domesticviolence



For Child Support, Medicare or more information, go to servicesaustralia.gov.au/authorisedrepresentative

If you need to call us, use your regular payment line.

To speak to us in your language, call **131 202**. Call charges may apply.

We can translate documents you need to give us for free.

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall<sup>TM</sup> **1800 555 677.** A TTY phone is required to use this service.

### Type of access you can request

The **information below** may help you to choose the type of access that best suits your needs and will assist you to answer Question 5. There are 4 different types of access that can be requested.

If you want to have a different correspondence nominee to your payment nominee, person permitted to enquire or person permitted to update, you will need to complete a separate form.

	Person	permitted	Correspondence	Daymont.
Your authorised person or organisations can:	to enquire	to update	Correspondence nominee	nominee
Ask us questions about your payments or services	V	~	V	<b>✓</b>
Tell us about changes to your circumstances	×	~	<b>V</b>	×
Respond to requests for information	×	~	<b>✓</b>	×
Come to appointments with you or, if appropriate, on your behalf	×	×	<b>V</b>	×
Complete and sign forms and statements	×	×	<b>✓</b>	×
Get copies of your letters	×	×	<b>✓</b>	×
Get your Centrelink payments, and use them only for your benefit	×	×	×	~
View and update your information online	×	×	<b>V</b>	<b>✓</b>
Claim payments and services for you	×	×	<b>V</b>	×

### **Identity requirements**

### **Authorised person**

Your authorised person will need to provide photo identification, at one of our service centres or agents, from the list at **servicesaustralia.gov.au/identity** For example, a current Australian driver licence or valid passport.

### **Authorised organisation staff**

Staff from your authorised organisation will need to verify their identity details when they create their Provider Digital Access (PRODA) account to access nominee online services. For more information, go to **servicesaustralia.gov.au/proda** 

### Page 2 is for your reference to help you fill in this form

### Important information - type of access

When choosing your type of access, you should consider the following:

- you can only have one correspondence and one payment nominee. These can be different people. You will need to complete a separate form for each
- a person or organisation who is both a correspondence and payment nominee can enquire, act and get your Centrelink payments on your behalf
- the person you are authorising cannot have a nominee acting on their behalf
- you can still deal with us, even if you have authorised a person or organisation to assist you
- if you get more money from us than you are entitled to, you will need to repay this. Your nominee is not responsible for repaying this money
- if you have a nominee of the same type already in place, this request will automatically cancel the existing access. Your existing nominee will get a letter telling them of the cancellation.

### Person permitted to enquire or update - responsibilities and obligations



### A person permitted to enquire or update:

• is required to use the information we give them to assist you to better understand your payment and services.



#### A person permitted to update:

- can provide us with information to update your payment and services
- · must act in your best interest.

A person permitted to enquire or update cannot:

- · make decisions for you
- sign forms or statements
- · get copies of your letters.

You can authorise more than one person or organisation to be your person permitted to enquire or update.

### Correspondence and Payment nominee – responsibilities and obligations



### A correspondence nominee is required to:

- let us know of any changes to your circumstances within 14 days (within 28 days if they are outside Australia)
- respond to notices, including providing requested information and reporting notifiable events. If they do not respond to a notice, it will mean that you (as the customer), did not meet your obligations. If applicable, your payments may be stopped
- · act in your best interest
- let us know of any changes that may affect their ability to be your nominee.



### A payment nominee is required to:

- use your Centrelink payments for your benefit
- keep records on how the money was spent. We can review these records at any time. If the payment nominee does not provide this information, financial penalties may be imposed on them
- · act in your best interest
- let us know of any changes that may affect their ability to be your nominee.

### **Aged Care matters**

Your **person permitted to enquire** can ask questions only, and your **person permitted to update** can ask questions and make updates to your income and assets.

If you are accessing Aged Care services, your **correspondence nominee** will be able to:

- complete and sign forms about your Aged Care costs
- ask questions about your Aged Care costs
- update your income and assets
- get copies of your Aged Care letters.

Your Aged Care payments will go directly to your Aged Care provider.



### centrelink

### Authorising a person or organisation to enquire or act on your behalf (SS313)

How to con	mplete this form	4	Has you	r permanent home or postal address changed sin	ce you
	uplete this form on your computer, print and sign it.		last told		-
	Part C — collects the customer's details (the person		No	GO to question 5	
	requesting an authorised person or			Give details below	
	organisation) (pages 1 and 3).		Date of	address change	
Part B and P	Part D – collects the authorised person or organisation details (pages 2 and 4).		DD.	/ MM / YYYY	
If you have a	printed form:		Your per	rmanent home address	
Print in Bl	LOCK LETTERS using black or blue pen.				
Where you     number si	u see a box like this				
number 3	mown.			Postcode	
Privacy not	tica		Your pos	stal address (if different from above)	
You need to re	ead this				
1	your personal information			Doctordo	
The privacy and security of your personal information is important to us, and is protected by law. We collect this information to			Postcode		
provide payn	nents and services. We only share your information	5	Select t	he type of access you are requesting:	
	with other parties where you have agreed, or where the law allows or requires it. For more information, go to		For more information, go to page 1 of the notes.		
servicesaus	tralia.gov.au/privacy			Tick all that	annl
Part A - C	Customer details (the person requesting an		(2)	Option 1: Person permitted to enquire  They can ask questions about your payments	×
a	uthorised person or organisation)		_	and services. They cannot make updates to	
1 Value Can	skyslink Customay Defenses Number (if known)			your payments and services.	
Your Cen	ntrelink Customer Reference Number (if known)		$\bigcirc$	Option 2: Person permitted to update	
				They can ask questions about your payments	
<b>0</b> V				and services and provide information to update your payments and services.	
2 Your nam			_	Option 3: Correspondence nominee	
Mr N	Mrs Miss Ms Other		果	They can ask questions about your payments	
Family na	ame			and services, tell us about changes to your	
				circumstances, complete and sign forms/ statements, attend appointments with you or	
First give	en name			on your behalf (if appropriate) and get copies of	
				your letters from us.	
Second g	given name(s)		\$	Option 4: Payment nominee	
			<u> </u>	They can receive your Centrelink payments on your behalf. Provide your nominee's account	
				details at <b>question 11</b> . This is not applicable for	
3 Your date	e of birth			aged care.	
DD/	MM/YYYY	6	How lon	ng do you want this type of access for?	
				itely or until DD / MM /	

### Part B – Authorised person or organisation details

7

Tick one only	
Are you authorising a person or organisation?  Person to Authorised person below	Organisation (X) GO to Authorised organisation below
Authorised person	Authorised organisation
The authorised person's Centrelink Customer Reference Number (if known)	The authorised organisation's Centrelink Reference Number (if known)
	5 5 5 - 0 1 4 - 2 1 0 - B
The authorised person's name	Trading name of organisation
Mr Mrs Miss Ms Other	This is not the contact person. The name of the contact perso is to be provided at the end of this question.
Family name	St John's Catholic College, Darwin
First given name	Business name of organisation (if different from above)
Second given name(s)	Australian Business Number (ABN)
	This is mandatory when nominating an organisation.
The authorised person's date of birth	7 0 - 8 5 5 - 0 9 9 - 0 8 2
MAN 1921917 + 3 + 2	The authorised organisation's contact details
Other name(s) the authorised person has been known by	Permanent address
Include:  • name at birth • alias	10-54 Salonika Street
name before marriage     adoptive name	The Gardens NT
<ul><li>previous married name</li><li>Aboriginal or skin name</li></ul>	Postcode 0820
	Postal address (if different from above)
	LMB 13
	Darwin NT
The authorised person's contact details	Postcode 0801
Permanent address	Organisation's email
	harvey.jupp@nt.catholic.edu.au
453333	Name of contact person
Postcode	Harvey Jupp or Jess Volf
Postal address (if different from above)	Contact phone number  08 8982 2223
Postcode	The authorised organisation will need to register their business for Provider Digital Access (PRODA) and Business
Contact phone number	Hub to use the Nominee Services online.  For more information, go to servicesaustralia.gov.au/proda
GO to question 8	GO Click to go to 8

### Part C - Customer declaration and Third Party authorisation

8

#### Tick one only

I declare that I am able to make my own decisions

GO	to <b>Customer</b>
	<b>Declaration</b> below

or

If the customer is not able to make their own decisions



Go to Third Party authorisation below

Read this before continuing. Make sure you have read Privacy and your personal information on page 1 of this form.

#### **Customer declaration**

If the customer is able to make their own decisions but is not able to sign this form, it may be signed by their Power of Attornev.

Tick this box if a Power of Attorney is signing the customer declaration

Name of the Power of Attorney



Provide a copy of the Power of Attorney. If there are multiple attorneys, you will need to copy this page and provide the name and signature of each attorney. Provide photo identification, such as an Australian driver licence or valid passport.

I declare that the information I have provided in this form is complete and correct.

I authorise the person or organisation named on this form, to deal with Centrelink and Aged Care on my behalf according to the type of access shown on this form.

### I understand that:

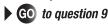
- this is voluntary and I can cancel this arrangement at any time.
- the type of access may be rejected or cancelled at any time by Centrelink or Aged Care, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.

Your signature





You have now completed Part C. The authorised person or organisation is to complete Part D.



### **Third Party authorisation**

If the customer is not able to sign this form due to physical or mental disability and the type of access is in the person's best interest, a third party may sign this section on their behalf.



An appropriate third party may be one of the following and they must provide evidence as outlined below:

- a relevant professional, such as a treating doctor, nurse, case worker or social worker
  - provide a letter or the medical evidence of the customer's incapacity
- the holder of an Enduring Power of Attorney
- provide a copy of the legal document and medical
- provide photo identification, such as an Australian driver licence or valid passport
- if there are multiple attorneys they must all provide a letter or signature with their agreement
- the person or organisation holding a quardianship. financial management or administration order
  - provide a copy of the order.

Name of the third party	
Relationship to customer	
Address	
	Postcode
Contact phone number	

#### I declare that:

- the customer is not able to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Centrelink and Aged Care on the customer's behalf according to the type of access shown on this form.
- the information I have provided in this form is complete and correct.

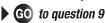
Signature of the third party

 Date
DD/MM/YYYY



You have now completed Part C.

The authorised person or organisation is to complete Part D.



#### Part D – To be completed by the authorised person or organisation Do you have any of the following: Authorised person or organisation declaration Power of Attorney **Enduring Power of Attorney** 12 Make sure the authorised person and/or organisation details are correct in question 7. Guardianship For more information about the responsibilities and Financial management/administration order obligations as an authorised person or organisation, refer to the Notes. None of the above Read **Privacy and your personal information** on page 1 of Provide a copy of any documents ticked above. this form. I declare that I: understand and accept the responsibilities and obligations for the type of access requested in this form. 10 PASSWORD – For security purposes, we will ask for this will act in the best interest of the customer. password every time you contact us. I understand that: Provide a password any personal information I am given access to under this type of access is protected under Commonwealth The password needs to have 4 to 12 letters or numbers. legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information ı C Т н 0 L relates. the type of access may be rejected or cancelled at any time by Centrelink or Aged Care, if I am not able to meet Payment nominee only to complete my responsibilities and obligations. giving false or misleading information is a serious offence. This is not applicable for Aged Care. Signature of the authorised person or organisation 11 Will you be receiving payments on behalf of the customer? No X GO Click to go to 12 Give details below Date DD/MM/YYY Complete this if you are a payment nominee. It may be easier as a nominee to manage the payments by Your relationship with the customer (for example, parent, having a separate account. As a nominee you must tell us if child, quardian). this account changes. **Boarding school** Name of bank, building society or credit union Branch number (BSB) Account number (this may not be your card number) Account held in the name(s) of For organisations only - Group Institution Code

(if applicable)

### Checklist

a relevant professional, such as a treating doctor, nurse, case worker or social worker

a copy of the legal document and medical evidence of the customer's incapacity

if there are multiple attorneys, they must all provide a letter or signature with their agreement
 the person or organisation holding a guardianship, financial management or administration order

- photo identification, such as an Australian driver licence or valid passport

- a letter or the medical evidence of the customer's incapacity

the holder of an Enduring Power of Attorney

Which of the following documents are you providing with this form?	
Provide a copy of the relevant documents. They do not need to be certified and will not be returned to you.	
Tick a	ll that apply
Customer declaration – I am able to make my own decisions (Question 8)	
If the Power of Attorney completes the customer declaration, they will need to provide	
the Power of Attorney document	
<ul> <li>if there are multiple attorneys, you will need to copy page 3 of the form and provide the name and signature of each attorney</li> </ul>	
photo identification, such as an Australian driver licence or valid passport	
Third Party authorisation – the customer is not able to make their own decisions (Question 8)	
If a third party provides authorisation, they must provide evidence as outlined below	

# a copy of the order If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents

(Question 9)

• Power of Attorney

• Enduring Power of Attorney

Guardianship
 Financial management/administration order

### Stopping or changing your type of access

You can cancel or change your nominee's type of access at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

To cancel the type of access:

- call us go to servicesaustralia.gov.au/phoneus
- use your online account to cancel or change your correspondence and/or payment nominee at any time
- write to us go to servicesaustralia.gov.au/contactus

If you cancel your nominee a letter will automatically be sent to you and your nominee.

Centrelink may review, reject or cancel your type of access at any time. This includes if the person or organisation is not able to meet their responsibilities and obligations.

### **Returning this form**

Return this form and any supporting documents:

- online (excluding identity documents) using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- in person at one of our service centres, if you are not able to use your Centrelink online account.
- post to: Services Australia

PO Box 7800

CANBERRA BC ACT 2610

• fax to: 1300 786 102