Request for Associate Access to Record (for enduring guardians)

Form 04

How to complete this form

1. You must have enduring guardianship for the individual enrolled in Healthelink
2. Enter the Healthelink record holder's details in Sections A and B
3. Complete Section C with 100 points of identity for the Healthelink record holder
4. The enduring guardian should complete sections D & E and complete the security question and sign the declaration at section G
5. Section F should be completed with 100 points of identity for the enduring guardian
6. Ensure the form is mailed off along with certified copies of the identity documents (detailed at Sections C and F) and the enduring guardianship document

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Healthelink record holder

Title (Mr, Mrs etc) **Family name/surname**

Given name/s (in full name no initials)

Date of birth D D / M M / Y Y Y Y

Healthelink ID

B. Address of Healthelink record holder (This cannot be a PO Box)

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality **State** **Postcode**

C. Identification Documents for Healthelink record holder

Primary Documents - You may only use **ONE** Primary Document

Secondary Documents - You may use a combination of Secondary Documents. If you use more than one credit and savings account card, bank statement or utilities bill, they must be from different organisations.

						Point Value
Primary	X	Birth Certificate/Card	Number	State	70	
	X	Passport	Number	Country	70	
	X	Citizenship Certificate	Number	Country	70	
Secondary	X	Australian Driver Licence	Number	State	40	
	X	Public Service Employee ID card	X Pension Card	or Healthcare Card	X Tertiary ID Card	25
	X	Financial Institution/Bank Passbook	X Credit or Debit Card	X Medicare Card	X Council Rates Notice	or Utilities Bill 25

TOTAL POINTS

(must = 100 points or more)

D. Details of enduring guardian

Title (Mr, Mrs etc) **Family name/surname**

Given name/s (in full name no initials)

Date of birth / / **Sex (M/F)** **Contact phone number**

Relationship to Healthelink record holder

E. Address of enduring guardian

Current residential address

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality **State** **Postcode**

Postal address **Email address (optional)**

X Same as above

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality **State** **Postcode**

F. Identification Documents for enduring guardian

Primary Documents - You may only use **ONE** Primary Document

Secondary Documents - You may use a combination of Secondary Documents. If you use more than one credit and savings account card, bank statement or utilities bill, they must be from different organisations. **Point Value**

Primary

X	Birth Certificate/Card	Number		State	70	
X	Passport	Number		Country	70	
X	Citizenship Certificate	Number		Country	70	

Secondary

X	Australian Driver Licence	Number		State	40						
X	Public Service Employee ID card	X	Pension Card	or	Healthcare Card	X	Tertiary ID Card			25	
X	Financial Institution/Bank Passbook	X	Credit or Debit Card	X	Medicare Card	X	Council Rates Notice	or	Utilities Bill	25	

TOTAL POINTS

(must = 100 points or more)

G. Declaration by enduring guardian

Please provide your own security question and answer. Your security question and answer will allow us to identify you over the phone and issue your password. For example “What is my mother’s maiden name?” or “What was my first pet’s name?”

Question

Answer

I acknowledge that the information on this form is true and correct. The details in this form have been completed by me and not another person.

Enduring guardian to sign

Please sign in black ink

Date

IMPORTANT NOTE:

Please send this completed form to **Healthelink, Locked Bag 5086, Parramatta CBD Business Centre, Parramatta, NSW, 2124**.

Along with the form, you need to send:

- Photocopies of 100 points of ID for the Healthelink record holder (Certified by a Justice of the Peace)
- Photocopies of 100 points of ID for the enduring guardian (Certified by a Justice of the Peace)
- A photocopy of the enduring guardianship document (Certified by a Justice of the Peace)

If you have any questions regarding the completion of this form, please call us on 1800 75 22 66