

# 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 more information

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™ **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.

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

## 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**

### 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.**

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

## How to complete this form

You can complete this form on your computer, print and sign it.

**Part A and Part C** – collects the customer's details (the person requesting an authorised person or organisation) (pages 1 and 3).

**Part B and Part D** – collects the authorised person or organisation details (pages 2 and 4).

If you have a printed form:

- Print in BLOCK LETTERS using black or blue pen.
- Where you see a box like this ☐ **GO** skip to the question number shown.

## Privacy notice

### You need to read this

#### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)

## Part A – Customer details (the person requesting an authorised person or organisation)

**1** Your Centrelink Customer Reference Number (if known)

 –  –  – 

**2** Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name(s)

**3** Your date of birth

 /  / 

**4** Has your permanent home or postal address changed since you last told us?

No ☐ **GO to question 5**

Yes ☐ Give details below

Date of address change

 /  / 

Your permanent home address


Postcode

Your postal address (if different from above)


Postcode

**5** Select the type of access you are requesting:

For more information, go to page 1 of the notes.

**Tick all that apply**



**Option 1: Person permitted to enquire**

☐

They can ask questions about your payments and services. They cannot make updates to your payments and services.



**Option 2: Person permitted to update**

☐

They can ask questions about your payments and services and provide information to update your payments and services.



**Option 3: Correspondence nominee**

☐

They can ask questions about your payments and services, tell us about changes to your circumstances, complete and sign forms/statements, attend appointments with you or on your behalf (if appropriate) and get copies of your letters from us.



**Option 4: Payment nominee**

☐

They can receive your Centrelink payments on your behalf. Provide your nominee's account details at **question 11**. This is not applicable for aged care.

**6** How long do you want this type of access for?

Indefinitely ☐ or until  /  /



CLK0SS313 2011



### 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 Customer Declaration below**

**or**

If the customer is not able to make their own decisions   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 Attorney.

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



95

Date

DD/MM/YYYY



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

▶ **GO** to question 9

### 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 evidence
  - 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 under their agreement
- the person or organisation holding a guardianship, 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**.

▶ **GO** to question 9

## Part D – To be completed by the authorised person or organisation

9 Do you have any of the following:

- Power of Attorney ☐  
Enduring Power of Attorney ☐  
Guardianship ☐  
Financial management/administration order ☐  
None of the above ☐



Provide a copy of any documents ticked above.

10 **PASSWORD** – For security purposes, we will ask for this password every time you contact us.

Provide a password

The password needs to have 4 to 12 letters or numbers.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Payment nominee only to complete

This is not applicable for Aged Care.

11 Will you be receiving payments on behalf of the customer?

No ☐ **GO to question 12**

Yes ☐ Give details below

#### Complete this if you are a payment nominee.

It may be easier as a nominee to manage the payments by having a separate account. As a nominee you must tell us if this account changes.

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Authorised person or organisation declaration

12 Make sure the authorised person and/or organisation details are correct in **question 7**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the **Notes**.

Read **Privacy and your personal information** on page 1 of this form.

#### I declare that I:

- understand and accept the responsibilities and obligations for the type of access requested in this form.
- will act in the best interest of the customer.

#### I understand that:

- any personal information I am given access to under this type of access is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information 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 my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the authorised person or organisation





*[Handwritten signature]*

Date

DD / MM / YYYY

Your relationship with the customer (for example, parent, child, guardian).


## Checklist

-  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 all that apply	
<b>Customer declaration – I am able to make my own decisions (Question 8)</b>	
If the Power of Attorney completes the customer declaration, they will need to provide	
• the Power of Attorney document – if there are multiple attorneys, you will need to copy page 3 of the form and provide the name and signature of each attorney	<input type="checkbox"/>
• photo identification, such as an Australian driver licence or valid passport	<input type="checkbox"/>
<b>Third Party authorisation – the customer is not able to make their own decisions (Question 8)</b>	
If a third party provides authorisation, they must provide evidence as outlined below	
• a relevant professional, such as a treating doctor, nurse, case worker or social worker – a letter or the medical evidence of the customer's incapacity	<input type="checkbox"/>
• the holder of an Enduring Power of Attorney – a copy of the legal document and medical evidence of the customer's incapacity	<input type="checkbox"/>
– photo identification, such as an Australian driver licence or valid passport	<input type="checkbox"/>
– if there are multiple attorneys, they must all provide a letter or signature with their agreement	<input type="checkbox"/>
• the person or organisation holding a guardianship, financial management or administration order – a copy of the order	<input type="checkbox"/>
<b>If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (Question 9)</b>	
• Power of Attorney	<input type="checkbox"/>
• Enduring Power of Attorney	<input type="checkbox"/>
• Guardianship	<input type="checkbox"/>
• Financial management/administration order	<input type="checkbox"/>

## 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](https://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](https://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](https://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**