

# Medical Dependency Form



The Consumer Care Obligations outlined in the Electricity Industry Participation Code 2010 protects medically dependent consumers from electrical disconnection.

You are considered “medically dependent” if you depend on mains electricity for critical medical support, such that loss of electricity may result in loss of life or serious harm. This includes medical equipment and other electrical equipment needed to support medical treatment (for example, a microwave that’s used to heat fluids or renal dialysis).

## You can complete this form to either:

1. request to be **placed** on Bupa’s Medical Dependency Register; or
2. request to be **removed** from Bupa’s Medical Dependency Register.

## How to fill in the form:

If you are requesting to be **placed** on Bupa’s Medical Dependency Register, please:

- Complete **section one**; and
- Read and **tick box A** within section one

If you are requesting to be **removed** from Bupa’s Medical Dependency Register, please:

- Complete **section one**; and
- Read and **tick box B** within section one.

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## Section One (to be completed by the medically dependent person or their authorised representative)

### Q1: Details of the medically dependent person

Full name: \_\_\_\_\_.

Retirement village unit number: \_\_\_\_\_ Retirement village name: \_\_\_\_\_.

Retirement village address: \_\_\_\_\_.

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_.

Email address: \_\_\_\_\_.

Preferred method of contact:  Home phone  Mobile  Mail  Email

### Q2: Details of the person completing this form (to be completed if you are the authorised representative of the medically dependent person completing this form on their behalf)

Full name: \_\_\_\_\_.

Address: \_\_\_\_\_.

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_.

Email address: \_\_\_\_\_.

Preferred method of contact:  Home phone  Mobile  Mail  Email

### Q3: Duration for which critical medical or electrical equipment will be needed

- Permanently need the equipment.
- Temporarily need the equipment until \_\_\_\_\_ (insert date).
- Not applicable. I am requesting for the person listed to be removed from Bupa’s Medical Dependency Register.



Q4: Declaration regarding the medically dependent person

- A**  **Read and tick if you are requesting to be placed on Bupa’s Medical Dependency Register**
- I confirm that the person listed is dependent on electricity for critical medical support and understand that Bupa will record this information on Bupa’s Medical Dependency Register.
  - If am not the person listed, I confirm I am authorised to act on behalf of medically dependent person.
  - I understand that the supply of electricity is not guaranteed (e.g., in the event of unplanned or emergency outages) and the importance of developing an individual emergency response plan. I have been directed by Bupa to visit the [Electricity Authority’s website](#) which has useful information on how to make a power cut emergency plan.
  - If requested by Bupa, I will arrange for a medical practitioner to complete a Confirmation of Status Form (to be provided by Bupa) to confirm the medical dependency status of the person listed.
- B**  **Read and tick if you wish to be removed from Bupa’s Medical Dependency Register**
- I confirm that the person listed as being medically dependent above is no longer dependent on electricity for critical medical support and can be removed from Bupa’s Medical Dependency Register.
  - If am not the person listed, I confirm I am authorised to act on behalf of the medically dependent person.
  - If the medical dependency status changes in the future such that the person listed becomes dependent on electricity for critical medical support once more, I will advise Bupa of the change and request the person listed to be put back on the Register.

I acknowledge and declare that, to the best of my knowledge, the information given in this form is correct.

I understand that:

- the information I have provided in this form will be stored with Bupa.
- Bupa will inform its electricity distributor/supplier and any metering equipment provider of the relevant Installation Control Point (ICP) identifier of the premises where the listed person is residing for the purpose of ensuring that they will give appropriate consideration to the medically dependent person in managing electrical service, planned and unplanned outages.

\_\_\_\_\_  
Signature of medically dependent person

\_\_\_\_\_  
or authorised representative of that person

Date: \_\_\_\_\_.

We will make sure this information is stored securely and only used for its intended purpose. You can view more about how we manage your personal information in our [Privacy Policy](#) on our website.

## Section 2: Additional Guidance

### What are the next steps in the application process?

Once you have completed the form, return this form to the General Manager or Village Coordinator at the Retirement Village or email to [customer@bupa.co.nz](mailto:customer@bupa.co.nz).

If the form is incomplete or unclear, Bupa will come back to you seeking clarification. Bupa may request you to arrange for a medical practitioner to complete a form to confirm the medical dependency status of the listed person (“**Confirmation of Status Form**”).

Bupa will inform you (or your authorised representative) if the application has been accepted or declined as soon as possible, and in any case no later than 10 working days of receiving a complete application form and Confirmation of Status Form (if required).

Bupa will then record and hold the information in this form for the purposes of ensuring that the premises at which the medically dependent person resides will not be disconnected from electricity and that the medically dependent person will receive appropriate consideration in relation to planned and unplanned outages.

### What if I don't return the form?

If Bupa does not receive a completed form within 21 business days from the date you receive the form, Bupa may not regard you as someone who may be medically dependent. This is not applicable where you are already recorded in Bupa's Medical Dependency Register.

If Bupa requested for a completed Confirmation of Status Form, and the completed form is not received within 21 business days from the date of Bupa's request, Bupa will give you at least a further 10 business days for you to arrange for the completion of the Confirmation of Status Form, before considering whether to decline the application.

### What if my application is declined and I wish to raise a complaint?

You may reapply to be recorded as a medically dependent consumer using this form if your original application has been declined.

If you have a complaint, please [contact us](#). Bupa has an internal complaint process to address your concerns fairly and efficiently. A copy of Bupa's Complaints Policy can be obtained from the General Manager or Village Coordinator at the Retirement Village.

You can also contact the Utilities Disputes scheme.

### What is Utilities Dispute?

Utilities Dispute is a free, independent service to help consumers resolve complaints with service providers about electricity, gas, water, telecommunications, and broadband installation (on shared property). A dispute between a consumer and an electricity provider about their rights and obligations under the Electricity Industry Participation Code 2010 can be referred to the Utilities Dispute.

For more information on Utilities Dispute, you can read more about the scheme and how to contact them on their website: <https://www.udl.co.nz/>

### Who should I contact if I have any questions about this form?

For more information, please refer to [Bupa's Consumer Care Policy – Electricity Sale](#)

You can also contact us at [customer@bupa.co.nz](mailto:customer@bupa.co.nz) if you have any questions about this form.