

2026-27 Embedded Network Electricity Concessions - Application Form

Form Preview

Embedded Network Electricity Concessions

* indicates a required field

Before you apply

The Embedded Network Electricity Concessions program provides electricity concessions to eligible residents who receive electricity through an embedded network and do not receive an electricity concession through an electricity retailer or embedded network operator.

Before applying, read the program [guidelines](#) to check that you meet the eligibility requirements.

You may apply for one or more of the following:

- Low-income Embedded Network Electricity Rebate
- Medical Cooling or Heating Concession
- Life Support Concession.

Your application cannot be assessed until all required information and supporting documents are provided.

About the concessions

You may apply for one or more of the following concessions:

Concession

Annual amount

General eligibility

Low-income Embedded Network Electricity Rebate

\$673

You must hold an eligible concession card.

Medical Cooling or Heating Concession

\$202

You must hold an eligible concession card and meet the medical eligibility requirements.

Life Support Concession

Amount depends on the eligible device

You or someone who lives with you must use an eligible life support device at your principal place of residence.

The rates apply to applications made for the **2026-27 financial year**, up to **30 June 2027**.

A medical practitioner must complete a certification form if you are applying for the Medical Cooling or Heating Concession or Life Support Concession. Links to the required forms are provided later in this application.

The full eligibility requirements are explained in the program guidelines.

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Documents you need before applying

Before you start, please have:

- proof of your identity and current residential address
- your most recent embedded network electricity account showing your name, residential address, meter details, electricity usage and charges
- evidence of your eligible concession card, if applying for the Annual Electricity Concession or Medical Cooling or Heating Concession
- a completed medical certification form, if applying for the [Medical Cooling or Heating Concession](#) or [Life Support Concession](#)
- a recent bank statement or account confirmation letter showing your name and bank account details.

Eligibility

Before you continue, please confirm that you meet the general eligibility requirements.

You may be eligible if you:

- live at your principal place of residence in a property supplied through an embedded network
- have an individually metered electricity account in your name
- do not receive an electricity concession from an electricity retailer or embedded network operator
- are responsible for paying the electricity account.

Additional eligibility requirements apply depending on the concession you are applying for.

Eligibility Check *

☐ I confirm that I meet the eligibility requirements listed above.

Privacy and consent

The Department of Treasury and Finance is responsible for the Embedded Network Electricity Concessions program.

The Department of Premier and Cabinet, through Service Tasmania, collects, uses and stores the information you provide to administer the program on behalf of the Department of Treasury and Finance.

This may include using your information to:

- confirm your identity
- check your eligibility
- assess and process your application
- make payment if your application is approved
- meet reporting, audit and program administration requirements.

Your information may be checked with relevant agencies, your embedded network operator or other organisations where this is required to assess your application or authorised by law.

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Your information will be managed in line with Tasmanian privacy, data security and record-keeping requirements, including the *Personal Information Protection Act 2004* and the *Archives Act 1983*.

By continuing, you confirm that you understand how your information will be collected, used and checked for this application.

Confirmation *

☐ I understand and agree to continue with this application.

About You

* indicates a required field

Applicant details

Please provide your details below.

Name *

First Name

Last Name

Please enter your name as shown on your identification evidence

Date of birth *

Please enter your date of birth (dd/mm/yyyy)

Contact details

Primary phone number *

Must be an Australian phone number.

Email address *

Please enter a valid email address.

Eligibility confirmation

* indicates a required field

You must provide evidence to show that you meet the eligibility requirements.

Your application cannot be assessed until all required documents are provided.

Concession Round (for internal reference only)

26-27 Embedded Netwk Cust Elec Conc

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Concession type

Which concession are you applying for? *

- ☐ Low-income Embedded Network Electricity Rebate
- ☐ Medical Cooling or Heating Concession
- ☐ Life Support Concession

You may select more than one concession. The questions and evidence requirements relevant to your selection will appear below.

Proof of identity

You must provide evidence of your identity.

Accepted identity documents include:

- Tasmanian driver licence
- Tasmanian Government Personal Information Card
- passport
- birth certificate.

Photo Identification *

- ☐ Tasmanian Drivers Licence
- ☐ Tasmanian Government Personal Information Card
- ☐ Passport
- ☐ Birth certificate
- ☐ Other:

At least 1 choice must be selected.

If you upload a driver licence or Personal Information Card, include images of both the front and back.

If you upload a passport, include the page showing your photograph and personal details.

If you upload a birth certificate, include the full certificate.

Upload identity document *

Attach a file:

Additional identification comments - Optional

Please provide any additional comments in regards to your identification and evidence details

Electricity account evidence

You must provide your most recent electricity account from your embedded network operator.

The account must:

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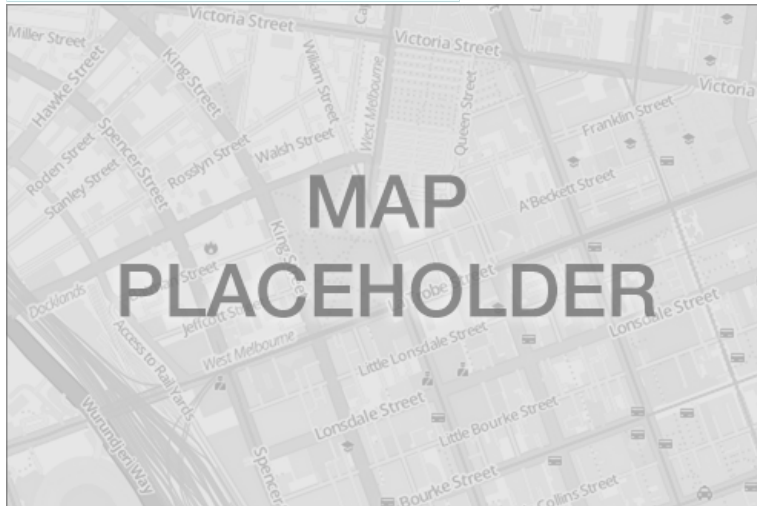
- have been issued within the last six months
- be for your principal place of residence
- be in your name, either individually or jointly
- show an individually metered electricity connection
- show your residential address, meter details, electricity usage and charges.

You are not eligible if electricity is charged as a fixed or lump sum amount, included in your rent, or supplied to premises used for holiday, investment, commercial or combined residential and business purposes.

Only one payment for each concession type is available per household each financial year.

Residential address *

Address



Please provide the address of your principal place of residence.

Upload your most recent embedded network electricity account *

Attach a file:

Concession card evidence

This section applies if you are applying for:

- the Low-income Embedded Network Electricity Rebate
- the Medical Cooling or Heating Concession.

Which eligible concession card do you hold? *

- ☐ Low Income Health Care Card (HCC)
- ☐ Pensioner Concession Card (PCC)
- ☐ Bridging E Visa ImmiCard
- ☐ Tasmanian Concession Card (TCC)
- ☐ Other:

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Upload images of the front and back of your eligible concession card *

Attach a file:

Low-income Embedded Network Electricity Rebate

To be eligible for this rebate, you must hold one of the following:

- Low Income Health Care Card
- Pensioner Concession Card
- Bridging E Visa ImmiCard
- Tasmanian Concession Card.

Based on your concession card selection, the annual rebate amount is:

Based on your concession card selection, the annual rebate amount is:

This number/amount is calculated.

Medical Cooling or Heating Concession

To apply for this concession, you must:

- hold a Low Income Health Care Card or Pensioner Concession Card
- have a qualifying medical condition that requires cooling or heating at your principal place of residence, or live with someone who does
- provide a completed medical certification form.

A medical practitioner must certify that the relevant person meets the medical eligibility requirements. The practitioner must have treated that person for the relevant medical condition for at least three months before completing the certification.

Refer to the program guidelines for the full medical eligibility requirements.

Has a medical practitioner certified that you, or someone who lives with you, meets the medical eligibility requirements? *

- ☐ Yes
☐ No

What date did the medical practitioner complete the certification? *

The certification must be dated within the past four years.

[Download the Medical Cooling or Heating Concession certification form.](#)

Upload the completed Medical Cooling or Heating Concession certification form. *

Attach a file:

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The annual concession amount is:

This number/amount is calculated.

Life Support Concession

To apply for the Life Support Concession:

- you must require an approved home-based life support device at your principal place of residence; or
- you must live with someone who requires an approved home-based life support device at your principal place of residence.

A medical practitioner must certify that the device is required for life-support purposes.

The medical certification is valid for four years from the date it is completed.

No concession card is required for the Life Support Concession.

Refer to the program guidelines for the full eligibility requirements.

Eligible devices and annual amounts

Life support device

Annual amount

Oxygen concentrator

\$499

Peritoneal dialysis machine

\$371

Haemo-dialysis machine

\$371

Chronic positive pressure and airways regulator

\$177

Continuous positive airways pressure machine

\$177

Respirator (iron lung)

\$660

Combination oxygen concentrator and chronic positive pressure and airways regulator

\$676

Phototherapy machine

\$940

Left ventricular assist device

\$177

Nebuliser machine (mains powered only)

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\$51

Has a medical practitioner certified that you, or someone who lives with you, requires an eligible life support device? *

- ☐ Yes
☐ No

What date did the medical practitioner complete the certification? *

The certification must be dated within the past four years.

[Download the Life Support Concession medical certification form](#)

Upload the completed Life Support Concession medical certification form *

Attach a file:

Which eligible life support device are you applying for? *

- ☐ Oxygen concentrator
☐ Peritoneal dialysis machine
☐ Haemo-dialysis machine
☐ Chronic positive pressure and airways regulator
☐ Continuous positive airways pressure machine
☐ Respirator (iron lung)
☐ Combination oxygen concentrator and chronic positive pressure and airways regulator
☐ Phototherapy machine
☐ Left ventricular assist device
☐ Nebuliser machine (mains powered only)

The concession amount is determined by the eligible device selected. You may select more than one device if each device is included in the medical certification form.

Oxygen concentrator

This number/amount is calculated.

Peritoneal dialysis machine

This number/amount is calculated.

Haemo-dialysis machine

This number/amount is calculated.

Chronic positive pressure and airways regulator

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This number/amount is calculated.

Continuous positive airways pressure machine

This number/amount is calculated.

Respirator (iron lung)

This number/amount is calculated.

Combination oxygen concentrator and chronic positive pressure and airways regulator

This number/amount is calculated.

Phototherapy machine

This number/amount is calculated.

Left ventricular assist device

This number/amount is calculated.

Nebuliser machine (mains powered only)

This number/amount is calculated.

Total Life Support Concession amount

The amount approved will depend on your eligibility and the information provided in your medical certification form.

Based on the eligible device or devices you selected, the total annual Life Support Concession amount you are applying for is:

This number/amount is calculated.

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Bank account details

If your application is approved, the concession payment will be made by direct deposit into your nominated bank account.

Please enter the bank account details for the account you want the payment made into.

Important: Check that your bank account details are correct. Incorrect details may delay or prevent payment.

Your bank account details are shown on your bank statement. They are not the numbers shown on your debit or credit card.

Bank account *

Account Name

BSB Number

Account Number

BSB will be validated and must be 6 numbers only

Bank account evidence

The document must show your:

- name
- address
- BSB
- account number.

We use this document to confirm that the bank account details you entered are correct and belong to you.

Upload a recent bank statement or account confirmation letter from your financial institution *

Attach a file:

Total concession amount

This amount may include more than one concession type.

The amount approved may be lower if the information or supporting evidence provided does not confirm eligibility for all selected concessions or life support devices.

Please check your selected concessions and supporting documents before continuing.

Based on the information you have provided, the total annual concession amount you are applying for is:

This number/amount is calculated.

Declaration

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Before you submit this application, please read and confirm the statements below.

By submitting this application, I declare that:

- the information I have provided is true, accurate and complete to the best of my knowledge
- I meet the eligibility requirements for the concession or concessions I am applying for
- I understand that I may be asked to provide more information to support my application
- I agree to cooperate with the Department of Premier and Cabinet, the Department of Treasury and Finance and other Tasmanian State Service officers in relation to my application
- I authorise Tasmanian State Service officers to make enquiries to verify the information I have provided
- I understand that false or misleading information may affect my application or any payment made
- I understand that suspected fraudulent claims may be referred to the relevant authorities.

*

☐ I have read and agree to the declaration above.

Additional Comments - Optional

Please provide any additional comments you may have in relation to this application

Additional supporting evidence - Optional

Attach a file:

You can attach any additional information here to support your application.

Before you finish

Your application has not yet been submitted.

Select **Next Page** → to review your application. After reviewing all information, select **Submit** to complete your application.

You will receive an email confirmation once your application has been successfully submitted.