

Residential Aged Care Fees & Charges Guide



Understand the fees involved when moving into permanent residential aged care



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Preparing for Residential Aged Care

Before applying to enter residential aged care, you'll need an aged care assessment under the Single Assessment System. Start by calling My Aged Care on **1800 200 422** or visiting www.myagedcare.gov.au

You will be asked questions about your current supports, health, and daily activities. If residential aged care appears suitable, My Aged Care will arrange an assessment with an assessor from the Single Assessment System.

In Victoria, the Single Assessment System (SAS) has replaced the former Aged Care Assessment Service (ACAS). SAS assessors are qualified professionals such as nurses, social workers, or allied health practitioners.

Assessments can take place at your home, in hospital, or another suitable location, and you may choose to have a family member, friend, or carer with you.

Once completed, you'll receive a letter confirming your eligibility and care needs. Provide this letter to your chosen aged care home when applying.

Admission and Contract

When you move into a Benetas residential home, you are required to sign a Residential Agreement that outlines your care, rights, and financial arrangements. This agreement is personalised to reflect your individual care needs and financial circumstances.

Paying for Residential Aged Care

In Australia, aged care is partly funded by the government. From 1 November 2025, people who are new to aged care and who meet specific criteria relating to their income and assets will be required to contribute to the cost of their care and accommodation.

As part of this new arrangement, some people will have their full costs covered, while for others, the amount they pay will vary depending on their circumstances. Your contribution will be based on your financial situation (your income and assets), as assessed by Services Australia.



Which applies to you?

To find out more about the fees and charges in residential aged care, please navigate to the page which applies to you.



I am new to residential aged care and have **not** been approved for home care

Go to Page 5

OR



I am new to residential aged care and **have** been approved for home care
(before 12 September 2024)

Go to Page 9

I'm not sure which applies to me

If you're unsure, please call
My Aged Care on **1800 200 422**
or visit www.myagedcare.gov.au

Section 1



I am new to residential aged care and have **not** been approved for home care

If you're unsure, please call My Aged Care on 1800 200 422

Basic Daily Fee

The Basic Daily Fee helps cover your everyday living costs such as meals, cleaning, laundry, heating, and cooling. Everyone contributes to this fee to help pay for day-to-day services that make our residential homes comfortable and welcoming.

For permanent residents, the fee applies for each day you are in care, including days when you might be away overnight, such as on holiday or in hospital.

- Set by the Australian Government at 85% of the single basic Age Pension
- Indexed twice a year (20 March and 20 September) in line with changes to the Age Pension
- Applies to all residents, regardless of income or pension status

Clinical Care Contribution

The Clinical Care Contribution covers the cost of care provided by qualified nurses and allied health professionals. This includes clinical assessments, medication management, wound care, and ongoing supervision of care plans to support your health and wellbeing.

- Fully funded by the Australian Government
- Applies to all new residents from 1 November 2025

Non-Clinical Care Contribution

The Non-Clinical Care Contribution is a co-contribution paid by residents to help cover the cost of personal care and daily living support that is not clinical in nature.

Services Australia (Centrelink) will advise you if you need to pay a Non-Clinical Care Contribution, and if so, how much. This is based on your means assessment (your income and assets). For the most up-to-date fee rates, visit www.myagedcare.gov.au

Examples of services include

- Assistance with bathing, dressing, mobility, and toileting
- Help with everyday personal care tasks
- Lifestyle and recreation activities
- Social engagement and wellbeing programs
- Other supports that assist with daily living

About the contribution

- The maximum contribution is \$105.30 per day
- There is an annual cap of \$36,923 and a lifetime cap of \$135,318.69, reviewed and adjusted by the Australian Government twice a year
- Applies for a maximum period of four years

Hotelling Supplement

The Hotelling Supplement helps cover the additional day-to-day living costs not included in the Basic Daily Fee, such as extra food, cleaning, laundry, and utilities.

Services Australia (Centrelink) will advise you if you need to pay a Hotelling Supplement, and if so, how much. This is based on your means assessment (your income and assets). For the most up-to-date fee rates, visit www.myagedcare.gov.au

- The supplement is means tested to determine each resident's contribution
- Residents with assets over \$238,000 or income above \$95,400 per year may be asked to pay up to \$22.15 per day
- Combined with the Non-Clinical Care Contribution, the maximum possible contribution is \$127.45 per day

Refundable Accommodation Deposit and Refundable Accommodation Contribution Retention

About RAD and RAC Retention

From 1 November 2025, aged care providers will deduct a small portion of each eligible resident's Refundable Accommodation Deposit (RAD) or Refundable Accommodation Contribution (RAC). These deductions are not refundable when a resident leaves care. They help providers maintain high quality accommodation and continue investing in aged care homes and services.

The deduction is calculated daily at a rate of 2% per year and applies for a maximum of 5 years. This ensures residents who stay longer in care are protected. These fees are calculated daily and invoiced on a monthly basis.

Residents can also agree to have other fees deducted from their RAD or RAC, such as:

- Daily Accommodation Payments (DAPs) or Daily Accommodation Contributions (DACs)
- Outstanding DAPs or DACs when services cease
- RAD or RAC retention amounts

Who It Applies To

RAD or RAC retention applies to residents who:

- Enter an aged care home on or after 1 November 2025
- Return to care after a break of more than 28 days following that date.

Note: Retention also applies to people who were receiving or approved for a home care package, or were on the national priority list on 12 September 2024, if they meet the above criteria.

Residents under the 1 July 2014 accommodation arrangements are not affected, even if their RAD or RAC is paid after 1 November 2025.

When Retentions are Deducted

Retention amounts are calculated on the daily balance of the RAD and RAC and deducted monthly.

After 5 years in care, no further retention amounts can be deducted. The 5-year period starts from the day the refundable deposit is first paid.

Residents can also agree to have other fees deducted from their RAD or RAC, such as:

- Daily Accommodation Payments (DAPs) or Daily Accommodation Contributions (DACs)
- Any agreed deductions in writing, such as care fees
- Outstanding DAPs or DACs when services stop



How Retention is Calculated

The retention rate is set by legislation at 2% per year, applied as a daily rate.

To calculate the daily retention amount:

1. Multiply the RAD or RAC balance by 2%, then divide by 365

The daily amount remains the same until the balance changes. If the balance goes up or down (for example, due to deductions, top-ups, or other adjustments), the daily amount will change accordingly.

Example retention calculation

The daily retention amount for a resident with a balance of \$200,000 is:
 $2\% \times \$200,000 \div 365 = \10.96

If there were 30 days in the period between retention deductions, the amount deducted would be:

$2\% \times \$200,000 \div 365 = \10.96



Worked example: John

John enters care on 5 November 2025 and agrees to an accommodation price of \$500,000 with their provider. They pay this accommodation price as a RAD on the day they enter care.

John does not have any other fees deducted from their RAD. The provider has chosen to charge fees, including RAD retentions, on the 28th day of each month.

The provider calculates the daily amount of RAD retention as follows:

- $2\% \times \text{RAD balance} \div 365$ (rounded to 2 decimal places)
- Or: $2\% \times \$500,000 \div 365 = \27.40 per day

As there are 24 days between John's RAD payment and when their provider deducts the retention amount, the retention amount is:

- $\$27.40 \times 24 = \657.60

The provider deducts \$657.60 from the RAD balance, reducing it to \$499,342.40.

The provider can't ask John to "top-up" the RAD or pay a daily payment for the \$657.60 that was deducted for retention purposes.

Topping Up Retentions

Providers cannot ask residents to “top up” their RAD or RAC for retention deductions. However, residents can be asked to top up their balance for other agreed deductions, such as approved fee payments

Maximum RAD or RAC a Provider Can Accept

When a RAD is paid, the agreed price minus any previous retention deductions becomes the maximum RAD a provider can accept.

For residents with low means, the maximum RAC is equal to the RAC equivalent of the DAC payable, minus any previous retention amounts.

What this means for you

Your RAD remains mostly refundable. The retention simply allows providers to keep a small portion to help maintain and improve accommodation quality over time.

For more information please visit, www.health.gov.au

Example retention calculation - including changes to balance

The daily retention amount for a resident with a \$100,000 balance, which decreases to \$90,000 on day 10 of a 30-day billing cycle (for example, due to the deduction of outstanding fees) is:

- $2\% \times \$100,000 \div 365 = \5.48
- $2\% \times \$90,000 \div 365 = \4.93

In this case, the retention deduction for the 30-day billing cycle is the total of 10 days at \$5.48 per day (\$54.80) plus 20 days at \$4.93 per day (\$98.60):

- $\$54.80 + \$98.60 = \$153.40$

Daily Accommodation Payment (DAP) Indexation

The Daily Accommodation Payment (DAP) is calculated using the Maximum Permissible Interest Rate (MPIR) that applies at the time you enter residential aged care.

The Maximum Permissible Interest Rate is the interest rate used to determine the daily payment on any unpaid portion of your Refundable Accommodation Deposit (RAD).

The Department of Health, Disability and Ageing reviews it quarterly.

- DAP (Daily Accommodation Payment): A daily payment option instead of paying the full Refundable Accommodation Deposit (RAD) upfront.
- DAP Indexation: Under the new rules, DAP amounts will be indexed twice a year in line with the Consumer Price Index (CPI), rather than remaining fixed at entry.

Higher Everyday Living Fees (HELFF)

Higher Everyday Living Fees (HELFF) replaces the previous *Additional Services or Extra Services arrangements*.

These fees apply to residents who choose to access higher-level everyday living services.

- If you choose optional ongoing or once-off services, you'll be asked to complete a separate HELF agreement.
- Residents have a 28-day cooling-off period to cancel or change their agreement at no cost.
- HELF agreements are reviewed annually to confirm that the resident still wishes to access the services, which may result in an update or cancellation.
- HELF services are completely optional, and you only pay for the additional services you choose to receive.

Seek financial advice and education

Benetas recommends seeking independent advice from a qualified financial advisor who understands aged care to help ensure your decision is right for you.

Services Australia's Financial Information Service (FIS) provides free, independent and confidential information and education. This can help you make informed decisions about your financial needs and understand how aged care costs may affect your finances. The My Aged Care website is also a valuable source of information and guidance.

Section 2



I am new to residential aged care and **have** been approved for home care (before 12 September 2024)

Grandfathered Fees and Arrangements

If you were approved for a Home Care Package before 12 September 2024 and enter residential aged care after 1 November 2025, you will remain on the pre 1 November 2025 fee arrangements.

If you are unsure, please contact My Aged Care on **1800 200 422** or visit www.myagedcare.gov.au for guidance.

Residents in this category will continue to be assessed under the **current Means Tested Care Fee System**.

These residents **will not** transition to the new 1 November 2025 care fee and hotelling contribution arrangements, however the new accommodation fee arrangements **will apply**.

Basic Daily Fee

The Basic Daily Fee remains consistent with the current arrangements.

The Basic Daily Fee helps cover your everyday living costs such as meals, cleaning, laundry, heating, and cooling. Everyone contributes this fee to help pay for the day-to-day services that make our residential homes comfortable and welcoming.

For permanent residents, the fee applies for each day you are in care, including days when you might be away overnight, such as on holiday or in hospital.

- Set by the Australian Government at 85% of the single basic Age Pension.
- Indexed twice a year (20 March and 20 September) in line with changes to the Age Pension.
- Applies to all residents, regardless of income or pension status.

Means Tested Care Fee

The Australian Government pays for most residential aged care costs through subsidies to providers. However, based on your income and asset assessment, you may be required to contribute towards the cost of your care. Not everyone who moves into aged care will need to pay this fee.

How it works:

- **Assessment:** Your income and assets are assessed by Services Australia (Centrelink) to determine if you need to contribute.
- **Notification:** You and Benetas will receive written notification outlining any Means Tested Care Fees payable.
- **Reviews:** Your fee may be reviewed if your income or assets change.
- **Caps:** The fee is subject to annual and lifetime caps, and Services Australia (Centrelink) will notify you and Benetas once these caps have been reached.

Daily Accommodation Payment (DAP) Indexation

The Daily Accommodation Payment (DAP) is calculated using the Maximum Permissible Interest Rate (MPIR) that applies at the time you enter residential aged care.

The Maximum Permissible Interest Rate is the interest rate used to determine the daily payment on any unpaid portion of your Refundable Accommodation Deposit (RAD).

The Department of Health, Disability and Ageing reviews it quarterly.

- DAP (Daily Accommodation Payment): A daily payment option instead of paying the full Refundable Accommodation Deposit (RAD) upfront.
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Refundable Accommodation Deposit and Refundable Accommodation Contribution Retention

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The deduction is calculated daily at a rate of 2% per year and applies for a maximum of 5 years. This ensures residents who stay longer in care are protected. These fees are calculated daily and invoiced on a monthly basis.

Residents can also agree to have other fees deducted from their RAD or RAC, such as:

- Daily Accommodation Payments (DAPs) or Daily Accommodation Contributions (DACs)
- Outstanding DAPs or DACs when services cease
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Who It Applies To

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Residents under the 1 July 2014 accommodation arrangements are not affected, even if their RAD or RAC is paid after 1 November 2025.

When Retentions are Deducted

Retention amounts are calculated on the daily balance of the RAD and RAC and deducted monthly.

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The retention rate is set by legislation at 2% per year, applied as a daily rate.

To calculate the daily retention amount:

1. Multiply the RAD or RAC balance by 2%, then divide by 365

The daily amount remains the same until the balance changes. If the balance goes up or down (for example, due to deductions, top-ups, or other adjustments), the daily amount will change accordingly.

Example retention calculation

The daily retention amount for a resident with a balance of \$200,000 is:

$$2\% \times \$200,000 \div 365 = \$10.96$$

If there were 30 days in the period between retention deductions, the amount deducted would be:

$$\$10.96 \times 30 = \$328.80$$



Worked example: John

John enters care on 5 November 2025 and agrees to an accommodation price of \$500,000 with their provider. They pay this accommodation price as a RAD on the day they enter care.

John does not have any other fees deducted from their RAD. The provider has chosen to charge fees, including RAD retentions, on the 28th day of each month.

The provider calculates the daily amount of RAD retention as follows:

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- Or: $2\% \times \$500,000 \div 365 = \27.40 per day

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$$\bullet \$27.40 \times 24 = \$657.60$$

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The provider can't ask John to "top-up" the RAD or pay a daily payment for the \$657.60 that was deducted for retention purposes.

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Providers cannot ask residents to “top up” their RAD or RAC for retention deductions. However, residents can be asked to top up their balance for other agreed deductions, such as approved fee payments

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When a RAD is paid, the agreed price minus any previous retention deductions becomes the maximum RAD a provider can accept.

For residents with low means, the maximum RAC is equal to the RAC equivalent of the DAC payable, minus any previous retention amounts.

What this means for you

Your RAD remains mostly refundable. The retention simply allows providers to keep a small portion to help maintain and improve accommodation quality over time.

For more information please visit, www.health.gov.au

Example retention calculation - including changes to balance

The daily retention amount for a resident with a \$100,000 balance, which decreases to \$90,000 on day 10 of a 30-day billing cycle (for example, due to the deduction of outstanding fees) is:

- $2\% \times \$100,000 \div 365 = \5.48
- $2\% \times \$90,000 \div 365 = \4.93

In this case, the retention deduction for the 30-day billing cycle is the total of 10 days at \$5.48 per day (\$54.80) plus 20 days at \$4.93 per day (\$98.60):

- $\$54.80 + \$98.60 = \$153.40$

Higher Everyday Living Fees (HELFF)

The Higher Everyday Living Fees (HELFF) replaces the previous *Additional Services or Extra Services arrangements*.

These fees apply to residents who choose to access higher-level everyday living services.

- If you choose optional ongoing or once-off services, you'll be asked to complete a separate HELFF agreement.
- Residents have a 28-day cooling-off period to cancel or change their agreement at no cost.
- HELFF agreements are reviewed annually to confirm that the resident still wishes to access the services, which may result in an update or cancellation.
- HELFF services are completely optional, and you only pay for the additional services you choose to receive.

Seek financial advice and education

Benetas recommends seeking independent advice from a qualified financial advisor who understands aged care to help ensure your decision is right for you.

Services Australia's Financial Information Service (FIS) provides free, independent and confidential information and education. This can help you make informed decisions about your financial needs and understand how aged care costs may affect your finances. The My Aged Care website is also a valuable source of information and guidance.

Frequently Asked Questions

These FAQ's will apply to all new aged care residents



Residential Admissions

Do I need to complete an income and assets assessment?

You will need to complete an income and asset assessment to determine if you are eligible for assistance with both your accommodation and care costs.

What happens if I don't complete the income and asset assessment?

If you don't complete an income and assets assessment, you will not be eligible for government assistance. This means you may be asked to pay the basic daily care fee and the maximum for our means tested care fee until you reach the annual and lifetime caps as well as the agreed cost of your room.

Benetas recommends you see an experienced aged care financial advisor.

How long does the income and asset assessment take to be finalised?

It can take a minimum of four weeks to receive the outcome of the assessment from Centrelink. If you have not received an assessment letter four weeks after submitting your forms, please contact Centrelink to follow up as this could indicate an error in the assessment.

What happens if I don't agree with my Centrelink assessment?

If you do not agree with the outcome of the income and asset assessment, please contact the Centrelink Income and Assets team or the Department of Veterans' Affairs (DVA). These contact numbers are provided in the letters you will receive regarding the outcome of the assessment.

Independent financial advice

It is recommended that residents seek independent financial advice before deciding which payment method to use as some payment methods may affect the resident's pension and aged care fees (i.e., lump sum payments are considered an asset for aged care purposes). In addition, if both members of a couple need to access aged care, the payment method of one may impact on the others aged care fees.

Choice of how to pay your Accommodation Payment

For residents who have been asked to make an accommodation contribution, Services Australia will advise the daily amount. These residents can choose to pay their contribution as:

- A lump sum - Refundable Accommodation Contribution (RAC)
- Daily Accommodation Contribution (DAC)
- Any combination of both (i.e., 50% as a RAC and the remaining 50% as a DAC)

For residents who have been asked to make an accommodation payment, you will be required to pay for the advertised cost of the room. These residents can choose to pay their accommodation as:

- A lump sum Refundable Accommodation Deposit (RAD)
- Daily Accommodation Payment (DAP)
- Any combination of both (i.e., 50% as a RAD and the remaining 50% as a DAP)

The resident must pay their accommodation costs by the daily payment method until they decide on how they want to pay for their accommodation.

If you have decided to pay part or all the Accommodation Payment as a deposit, you acknowledge that your choice will leave you with net assets above the 'minimum permissible assets' level.

Guarantee & Indemnity

Why does Benetas require a guarantor for the Residential Agreement?

Benetas is a not-for-profit organisation and to ensure its financial sustainability it is important that all residents pay the fees that they are liable for when fees are due. This ensures Benetas is able to reinvest in services for the benefit of current and future care recipients.

A guarantor provides Benetas with additional security to claim outstanding debts.

Is it mandatory for the Guarantee & Indemnity to be signed?

Yes, all prospective residents are required to nominate a guarantor to sign the Guarantee & Indemnity. Under very limited circumstances, special approval may be provided to avoid needing a Guarantor.

What fees and charges will the guarantor be responsible for?

The guarantor will only be responsible for any outstanding resident fees and charges and any interest, if applicable, on outstanding balances incurred by the resident.

Will the guarantor be responsible for the payment of any outstanding Refundable Accommodation Deposits?

No, the guarantor will not be responsible for any unpaid deposits.

Who can sign as a Guarantor? Does it have to be a financial Power of Attorney?

This can be anyone who is willing to accept the responsibility to pay for any outstanding fees incurred by the resident. It's someone who is a family member or resident representative, but not exclusively.

After moving into Residential Aged Care

How are my fees paid?

Benetas' billing cycle is done a month in advance. You will receive your statement in the first week of the month. Fees are collected by direct debit from your nominated account on the Direct Debit Request Form completed on the day of admission.

Direct debits occur on the 15th of every month, or the next business day should the 15th fall on a weekend or public holiday. Receiving your statement in the first week of the month enables you to call our Accounts Receivable team with any questions you may have regarding your bill before the debit takes place.

Your first month's billing amount will be advised by our Admissions Team and based on the information in your Resident Agreement. Please note that, depending on your admission date, you may receive your first invoice within five (5) business days.

For example:

If you are admitted on the 4th July, your first invoice will be issued by 11th July covering the period from 4th July to 31st July. This invoice will be direct debited within five (5) business days of the issue date.

What if I don't want to provide a direct debit?

Benetas has a compulsory direct debit policy for all permanent admissions. This provides peace of mind to our residents and their families as the payment is automatic and you are advised of the amount prior to the 15th via the monthly statement.

Can I change my nominated account?

You can change your nominated account at any time by completing a new Direct Debit Request Form and handing it in to the Aged Care Residence or emailing it to: accounts.receivable@benetas.com.au

What happens if we don't have enough money in the nominated account?

The resident (or their Financial Power of Attorney) is responsible for the payment of all fees and charges and ensuring sufficient funds are available to pay outstanding fees and charges when due.

You have time before the direct debit date to speak with a member of our Accounts Receivable team to advise if the payment won't be in the account by the 15th. One of our team members will be able to advise you on how you can make the payment.

In the event you do not contact one of our team members and there are insufficient funds in your nominated account at the time of the direct debit, Benetas may charge you for any merchant fees that we incur as a result of the payment bouncing, but this would only be in cases of repeated direct debit rejections. The resident will be responsible for their own bank fees.

What happens if I run out of money and cannot afford to pay my fees anymore?

The Federal Government recognises that your circumstances may change. If you can no longer pay your fees, don't worry, there are safety measures in place. There are annual and lifetime caps on means tested care fees and you have access to hardship provisions to ensure that you can still receive the care you need.

What is Financial Hardship assistance?

There may be circumstances where a resident is eligible for hardship due to their specific circumstances and may apply through Centrelink for government assistance.

Financial hardship assistance helps you when you have difficulty paying fees and charges. Your fees may be reduced or waived according to your individual circumstances. In these circumstances, the Australian Government will pay some or all your fees and charges on your behalf.

Residents will not be eligible for financial hardship assistance if they have not completed and lodged an aged care fees income assessment (SA457) form for residential care with Services Australia or the Department of Veterans Affairs.

How am I refunded my accommodation deposit if:

You choose to move home?

You can move to another home as long as you have been offered a place there. This may be because you want to move closer to family and friends, or a preferred home has become available. If you have paid a Bond, Refundable Accommodation Deposit or Refundable Accommodation Contribution, you must provide 14 days written notice of your intention to leave, and the refund will be made into the resident's bank account details on file.

Refund timeframes when leaving are below:

- If you let your aged care home know more than 14 days in advance of you leaving, then your lump sum balance must be refunded to you on the day you move out
- If you give 14 days' notice (or less) of leaving, then the lump sum balance must be repaid within 14 days after the day you give notice
- If you don't let your aged care home know in advance that you are leaving, the lump sum balance must be refunded within 14 days after the day of you leaving

Your loved one passes away?

You will be required to provide documents in order to refund the accommodation deposit back to the estate of your loved one.

The documentation required is:

- Evidence of probate of the resident's Will (the official proving of a Will) or
- Letters of administration (authority to administer the estate of someone who has died without making a Will)

What are probate or letters of administration?

A grant of probate or letters of administration give a person the legal right to administer the estate of a deceased person. The term "grant" is used to describe whatever type of grant is issued. When you apply for a grant, the court decides what constitutes the last Will of the deceased person and who can administer the estate. This protects the aged care provider and the resident's estate by ensuring the resident's wishes are followed by identifying who is entitled to receive the refund.

Care comes naturally

For more information about
your fees and charges please
contact us today

 1300 23 63 82

 [benetas.com.au](https://www.benetas.com.au)

 customercentre@benetas.com.au