Pharmaceutical Benefits Scheme Safety Net amendment, replacement or supplementary card application

Purpose of this form
Complete this form to request a replacement or supplementary Pharmaceutical Benefits Scheme (PBS) Safety Net card. To amend details to your existing Safety Net registration, including new family members, you must request a replacement card and provide details. This information will be used to verify your entitlement (free or concession) to pharmaceutical benefits.

For more information
For more information, go to our website humanservices.gov.au/healthprofessionals > pbs or call 132 290 Monday to Friday between 8.30 am and 5.00 pm local time.

Note: Call charges apply from mobile phones.

Filling in this form
• Please use black or blue pen
• Print in BLOCK LETTERS
• Mark boxes like this ✓ or X
• Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between.

Returning your form
Check that you have answered all the questions you need to answer and that you have signed and dated this form.
Send the completed form to:
Department of Human Services
Pharmaceutical Benefits Section
GPO Box 9826
in your capital city

Applicant details

1 Safety Net card number

2 Dr ✓ Mr □ Mrs □ Miss □ Ms □ Other □
Family name

First given name

Other given name(s)

3 Address

Postcode

4 Daytime phone number

Mobile phone number

PBS Safety Net card details

5 Are you requesting a:
Replacement card Go to next question
Supplementary card Go to 7

6 Reason for a replacement card:
lost □
stolen □
damaged □
destroyed □
amend details □
new family member □

7 Reason for a supplementary card: Tick ONE only
Spouse/partner—if your spouse or partner needs a copy of your family’s Safety Net card □
Child/student—if a child or student named on your family’s Safety Net card needs a separate card (e.g. if they live away from home) □

8 Other family members to be covered by this card
A relationship code must be entered for all family members recorded below.
SP—Spouse or de facto partner
DC—Dependent child under 16 years
DS—Dependent full-time student under 25 years

Family member 1 details

Dr □ Mr □ Mrs □ Miss □ Ms □ Other □
Family name

First given name

Date of birth   Relationship code
/ /
### Privacy notice

9 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

### Declaration

10 I understand that:

- giving false or misleading information is a serious offence.

I declare that:

- the names listed in this form are members of my family
- the information I have provided in this form is complete and correct.

Applicant's signature

[Signature]

Date

/ /