Australian Government
Services Australia

medicare

PBS

Application for replacement or supplementary PBS Safety Net card (PB018)

When to use this form

Use this form to request a replacement or supplementary PBS Safety Net card or add family members to your PBS Safety Net.

For more information

Go to **servicesaustralia.gov.au/pbssafetynet** or call 132 290.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ***Go to 1*** skip to the question number shown.

Applicant details

1 Medicare card number

1 2 3 4 | 5 6 7 8 9 | 1 Ref no. 1

2 Safety Net number (if known)

The Safety Net number is printed on the card the pharmacy issued to you and will be a PBS Safety Net Entitlement card (SN) or a PBS Safety Net Concession card (CN).

Family name

Rigby

First given name

Eleanor

Second given name

Margaret

3 Address

42 Eucalyptus Lane

Springwood Postcode 2777

4 Daytime phone number (including area code)

(0 2) 5 5 5 0

PBS Safety Net card details

5 I would like to request a:

replacement card ☑ *Go to next question*

supplementary card ☐ ***Go to 8***

6 Reason for a replacement card:

lost ☑
stolen ☐
damaged ☐ ***Go to 9***
destroyed ☐
amend details ☐

add family member ☐ *Go to next question*

7 Does the family member need their own card?

No ☐ ***Go to 9***
Yes ☐

8 Reason for a supplementary card: **Tick one only**

spouse or partner—if your spouse or partner needs a copy of your family's Safety Net card ☐

child or student—if a child or student named on your family's Safety Net card needs a separate card (for example, if they live away from home) ☐

9 Family members to be covered by this card

All family members to be covered by the PBS Safety Net card must be listed on this form, including the relevant relationship code.

SP—Spouse or de facto partner

DC—Dependent child younger than 16

DS—Dependent full-time student younger than 25

Family member 1

Family name: Rigby

First given name: Eleanor

Medicare card number: 1 2 3 4 5 6 7 8 9 1 Ref no. 1

Date of birth (DD MM YYYY): Relationship code:

Family member 2

Family name: Rigby

First given name: Desmond

Medicare card number: 1 2 3 4 5 6 7 8 9 2 Ref no. 2

Date of birth (DD MM YYYY): 1 2 0 5 1 9 7 5 Relationship code:

Family member 3

Family name: Rigby

First given name: Jude

Medicare card number: 1 2 3 4 5 6 7 8 9 3 Ref no. 3

Date of birth (DD MM YYYY): 0 4 0 9 2 0 1 0 Relationship code:

Family member 4

Family name:

First given name:

Medicare card number: Ref no.

Date of birth (DD MM YYYY): Relationship code:

Family member 5

Family name:

First given name:

Medicare card number: Ref no.

Date of birth (DD MM YYYY): Relationship code:

If you need more space, provide a separate sheet with details.

Privacy notice

10 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/privacypolicy**

Declaration

11 **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.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Eleanor Margaret Rigby

Date (DD MM YYYY): 1 4 1 0 2 0 2 6

Returning this form

Return this form and any supporting documents **by post** to:
Services Australia
Pharmaceutical Benefits Section
GPO Box 9826
In your capital city

Reset form