



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

Ref no.

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

First given name

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Second given name

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3 Address

Postcode

4 Daytime phone number (including area code)

A horizontal number line with tick marks labeled 0, 1, 2, 3, 4, 5, 6, 7, 8, 9.

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)

