

10 Other 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 with relevant relationship code.
SP—Spouse or de facto partner
DC—Dependent child under 16 years
DS—Dependent full-time student under 25 years
This form has space for 3 family members. Copy or reprint page 2 if needed.

Family member 1 details

Dr Mr Mrs Miss Ms Other

Family name

First given name

Medicare card number
-- Ref no.

Date of birth / / Relationship code

Family member 2 details

Dr Mr Mrs Miss Ms Other

Family name

First given name

Medicare card number
-- Ref no.

Date of birth / / Relationship code

Family member 3 details

Dr Mr Mrs Miss Ms Other

Family name

First given name

Medicare card number
-- Ref no.

Date of birth / / Relationship code

 If you have more than 3 family members, provide a separate sheet with details.

Privacy notice

11 Your 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/privacy

Declaration

12 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

Date

/ /

Returning this form

Return this form and any supporting documents:

- **by post**, send this form and any relevant attachments to:
Services Australia
Pharmaceutical Benefits Section
GPO Box 9826
in your capital city