



**Australian Government**  
**Department of Veterans' Affairs**

# **Claim for a Repatriation Pharmaceutical Benefits Card**

**by:**

- **a Commonwealth Veteran**
- **an Allied Veteran, or**
- **an Allied Mariner**

This form should be completed by a Commonwealth veteran, or an allied veteran or mariner who would like to apply for a Repatriation Pharmaceutical Benefits Card under the *Repatriation Pharmaceutical Benefits Scheme*.

To be eligible you must:

- be a Commonwealth veteran, an allied veteran or an allied mariner;
- be 70 years of age or older;
- have rendered qualifying service during WW1 or WW2;
- have been an Australian resident for at least 10 years.

The Repatriation Pharmaceutical Benefits Card provides access to certain medications and pharmaceutical items at a concessional rate and to a safety net limit. It does **not** provide access to medical, dental or other treatment.

**In case pages of this form become separated, please place your name on the top of each page.**

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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**Giving false or misleading information is a serious offence.**

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**Please notify the Department if you change your address.**

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For information, please call the Department of Veterans Affairs (from anywhere in Australia) on: **133 254**

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW	GPO Box 9998 Sydney NSW 2001
Victoria	300 Latrobe Street Melbourne VIC	GPO Box 9998 Melbourne VIC 3001
Queensland	Bank of Queensland Centre 259 Queen Street Brisbane QLD	GPO Box 9998 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA	GPO Box 9998 Adelaide SA 5001
Western Australia	AMP Building 140 St Georges Terrace Perth WA	GPO Box 9998 Perth WA 6848
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS	GPO Box 9998 Hobart TAS 7001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Darwin NT 0801
Australian Capital Territory	28 - 30 Corinna Street Woden ACT	GPO Box 9998 Canberra ACT 2601

# Claim for Repatriation Pharmaceutical Benefits Card

Please use BLOCK letters. You must answer all questions as directed.

## About You

1. DVA file number (if known)

2. Your surname

3. Given name(s)

4. Current residential address

  

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Postcode

5. Postal address (if same as residential, write 'AS ABOVE')

  

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Postcode

6. Telephone number(s)

Home

Work

7. Date of birth

8. Place of birth

Town

State

Country

9. Have you previously had a decision made by DVA on your WW1 or WW2 qualifying service?

No  - Go to question 10.

Don't know  - Go to question 10.

Yes  - Was qualifying service accepted?

No  - If you have been told by DVA that you do not have WW1 or WW2 qualifying service but can now provide some new relevant information go to question 10.

Yes  - You do not have to provide any further service details or supporting documentation. If you have the letter from DVA stating that you have qualifying service, please attach a copy to this application. Go to question 25.

## About your service (Veterans only) - Mariners go to question 19

Your answer to these questions will help us to decide if you have qualifying service.

Please attach any relevant papers you have such as a discharge certificate, a statement of service, certificates for the award of campaign stars/medals etc. Any papers you forward with this form will be returned to you by certified mail. Any documents in a foreign language must be accompanied by a certified translation in English.

### 10. In which branch(es) of the armed forces did you serve?

Country of forces	Branch of armed forces (please tick)				Other (please specify)
	Army	Marines	Navy	Air Force	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 11. Please give details of enlistment(s) (list all countries in whose armed forces you served).

Date of enlistment (approx. if unsure)	Place of enlistment			Service number
	Town	State	Country	
/ /				
/ /				
/ /				

If insufficient space, please attach a separate sheet giving the required details.

### 12. Please give details of discharge(s).

Date of discharge (approx. if unsure)	Place of discharge		
	Town	State	Country
/ /			
/ /			
/ /			

If insufficient space, please attach a separate sheet giving the required details.

### 13. Did you serve under any names other than the one on this form?

No

Yes  - State other name(s) used.

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### 14. Did you serve outside the country of your enlistment?

No

Yes  - Please provide details below.

Period served (approx. if unsure)	Country or area where you served
From / / to / /	
From / / to / /	
From / / to / /	

If insufficient space, please attach a separate sheet giving the required details.

**About your service (Veterans only) - (Continued)**

**15. Did you experience actual danger from hostile enemy forces?**

No

Yes  - Please provide details below.

Date of action (approx. if unsure)	Nature of enemy activity	Area or location of enemy activity
/ /		
/ /		
/ /		

What danger did you experience?	What were you doing at the time?

*If insufficient space, please attach a separate sheet giving the required details.*

**16. Were you held by an enemy as a Prisoner of War?**

No

Yes  - When were you held Prisoner of War? (approx. if unsure)

From  /  /  to  /  /

Where were you imprisoned?

By whom?

**17. Did you, at any time, serve with or assist a force that was at war with Australia?**

No

Yes  - Please provide details below.

Date of action (approx. if unsure)	Name of force
From / / to / /	
From / / to / /	
From / / to / /	

**18. List any campaign medals you are eligible for or have been awarded.**


**Go to question 25**

## About your service (Mariners only)

Your answer to these questions will help us to decide if you have qualifying service.

Please attach any relevant papers you have such as a certificate of employment on merchant vessels, certificates for the award of campaign medals etc. Any papers you forward with this form will be returned to you by certified mail. Any documents in a foreign language must be accompanied by a certified translation in English.

19. List all countries in whose merchant navy you have served.


20. Please give the relevant information in relation to each ship you served on during WW2:

	1	2	3
Ship's name			
Port or country of registration			
Port engaged			
Date engaged			
Port discharged			
Date discharged			
Rank, rating or duty			
Purpose of voyage			
Ports of call			

21. Did you experience actual danger from hostile enemy forces?

No

Yes  - Please provide details below.

Date of action (approx. if unsure)	Nature of enemy activity	Area or location of enemy activity
/ /		
/ /		
/ /		

What danger did you experience?	What were you doing at the time?

If insufficient space, please attach a separate sheet giving the required details.

## About your service (Mariners only) (Continued)

22. Were you held by an enemy as a Prisoner of War?

No

Yes  - When were you held Prisoner of War? (approx. if unsure)

From  /  /  to  /  /

Where were you imprisoned?

By whom?

23. Were you ever employed on a ship which was:

operating to or from the port of a country at war with Australia?

No

Yes

engaged in trading with a country at war with Australia?

No

Yes

engaged in providing assistance or support to the enemy of Australia or a country at war with Australia?

No

Yes

24. List any campaign medals you are eligible for or have been awarded as a mariner.


## Residence in Australia - (Veterans and Mariners)

To help us quickly decide on your residence qualifications, please show us a copy of your residence papers (e.g. citizenship papers, passport, visa, immigration papers). We will return the papers as soon as possible by certified mail.

25. Do you currently reside in Australia?

No

Yes

26. Are you an Australian citizen?

No

Yes  - Go to question 30.

27. Do you hold a Permit for Permanent Entry to Australia?

No

Yes  - Go to question 30.

28. Do you hold a Visa for Temporary Entry to Australia?

No

Yes  - Go to question 30.

## Residence in Australia - (Continued)

29. Have you been granted recognised refugee status by the Department of Immigration? No   
Yes

30. How long have you been in Australia?  Years  Months

31. Date of first arrival in Australia?  /  /

32. Please give details of periods of absences from Australia.

From	To	Reason
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	

## Veterans Supplement Payment

### About you

33. Do you receive any payments from Centrelink other than the Family Tax Benefit? No  - Go to question 36.  
Yes

34. What is your Centrelink reference number?

35. What type of payment do you receive from Centrelink?



## Veterans Supplement Payment (Continued)

36. Are you already receiving a payment of any type from DVA? No  - Please fill in the account details below.

Yes  - We do not need your account details.  
Please go to the Declaration below.

37. What account do you want your Veterans Supplement paid into?

Name of bank, credit union  
or building society

Branch

Address

  

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Postcode

Account in the name of:

Account number

Branch identification  
number (if known)

## Documents required with your application

To help us make a decision quickly, you will need to include documents about your proof of identity, about your service and about your Australian residency. Please refer to pages 11 and 12 of this form for a list of relevant documents.

## Declaration

- I declare that the details I have given in this form are complete and correct.
- I authorise the Department of Veterans' Affairs to obtain from other organisations, any information that is required to determine my qualifying service.
- I consent to the disclosure by other organisations of any information required by the Department of Veterans' Affairs to determine my qualifying service.
- I consent to the release of relevant information relating to my qualifying service to the person or organisation named in the Authority overleaf, who is acting on my behalf in relation to this application.
- I am aware that there are penalties for making false statements.

## Signature of Veteran or Mariner\*

Date

**\* If the veteran or mariner is unable to sign this form because of mental or physical disability:**

- sign the form on behalf of the veteran or mariner; and
- complete the authority overleaf for you to act on behalf of the veteran or mariner.

## Authority to act on behalf of a veteran or mariner

The veteran or mariner may elect to have a friend or relative, or an ex-service organisation (or its representative) act on behalf of the veteran or mariner in relation to this application. If so, this authority must be completed by that person.

If you have a legal authorisation to act on behalf of the veteran or mariner a certified copy of that authorisation should be forwarded with this application.

I declare that I am authorised by  to act on behalf of the veteran or mariner in matters relating to this application.

Representative's surname

Given name(s)

Address

Telephone number(s)  
Home

Work

Representative's relationship to the veteran or mariner

Representative's signature

Date

## Attachments

To help us make a decision quickly, you will need to include original or certified copies of documents about your proof of identity, about your service and about your Australian residency. Any documents in a foreign language must be accompanied by a certified translation in English.

## Proof of identity

When you lodge a claim with DVA, you must show documents from the Category A and B lists below which prove your identity.

You must show original documents or true and certified copies of these documents. (See 'Who can certify copies of documents' on next page.)

If you mail your claim and originals of your proof of identity documents, your documents will be returned by registered post. From the lists of Category A and B documents on this page, you must provide **3 different documents** with 1 document from Category A and two documents from category B. If none of the documents you produce to satisfy Category A or B provide evidence of your current residential address, then you must also produce a document from Category C:



If any of the documents are in a previous name, you must provide an additional document which shows how your name was changed (e.g. a marriage certificate).

### Category A documents

Documents from Category A provide proof of birth or arrival in Australia

- Australian passport (current) - not to be used concurrently as a Category B document
- Full Australian birth certificate
- Record of Immigration Status
- Foreign passport and current Australian Visa
- Travel document and current Australian Visa
- Certificate of Evidence of residential status
- Citizenship Certificate

### Category B documents

Documents from Category B provide evidence of your identity existing in the community

- Australian driver's licence (current and original)
- Australian passport (current) - not to be used concurrently as a Category A document
- Australian Defence Force (ADF) (including retired members) identification card
- Firearms licence (current and original)
- Current overseas passport with valid entry stamp or visa
- Medicare card
- Change of name certificate (for marriage or legal name change - showing link with previous name(s))
- Credit or bank account card
- DVA card
- Security Guard/Crowd Control licence
- Australian marriage certificate issued by a government department
- Tertiary identification card

### Category C documents

Documents from Category C provide evidence of residential address or residence in a Nursing Home or Residential Care Facility

- Utilities notice
- Rent details
- Document from Nursing Home or Residential Care Facility that provides evidence of residence

### If you don't have the right documents

Other documents may be acceptable. Contact your nearest DVA or VAN office

## About your service

Please provide all of the papers that you have which relate to your service. Some documents which assist are:

- DISCHARGE CERTIFICATE
- STATEMENT OF SERVICE
- CERTIFICATE OF EMPLOYMENT ON MERCHANT VESSELS
- CERTIFICATES FOR THE AWARD OF CAMPAIGN STARS/MEDALS etc

## About your residency

Please provide all of the papers that you have which relate to your residency. Some documents which assist are:

- CITIZENSHIP PAPERS
- PASSPORT
- VISA
- IMMIGRATION PAPERS

## Who can certify copies of documents?

When you lodge a claim with DVA, you must provide documents as proof of identity. In response to some questions on the forms, you will also have to provide documents (such as financial documents).

If you provide original documents, your documents will be sighted and verified by a DVA officer and returned to you by registered post.

If you provide copies of your documents, they must be certified copies (certified as true by a Justice of the Peace or other person as listed below). The person certifying the copies must see the original documents.

Note: DVA employees with 5 years continuous service can certify your documents as true copies and will do so without charge.

### Persons who can certify copies include:

- Justice of the Peace
- Commissioner for Declarations
- permanent employee of:
  - the Commonwealth or of a Commonwealth authority, or
  - a State or Territory or of a State or Territory authority, or
  - a local government authoritywith 5 or more years of continuous service
- member of the Australian Defence Force who is:
  - an officer; or
  - a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
  - a warrant officer within the meaning of that Act.
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- bank officer with 5 or more continuous years of service
- building society officer with 5 or more years of continuous service
- credit union officer with 5 or more years of continuous service
- finance company officer with 5 or more years of continuous service
- Member of the Association of Taxation and Management Accountant
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Division 1 Part IV of the Marriage Act 1961
- police officer
- chiropractor
- dentist
- legal practitioner
- medical practitioner
- nurse
- pharmacist
- physiotherapist
- veterinary surgeon
- teacher employed on a full time basis at a school or tertiary education institution.

### A full list of who can certify documents can be found at:

<http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200400084?OpenDocument>

If you ask someone to certify copies of your documents, you must make sure that:

- the person certifying is on the above list
- they use the wording "CERTIFIED TRUE COPY"
- they sign and date the copy
- they print their name, address, business hours phone number and profession or qualification to sign or if the certifying officer is a Justice of the Peace or a Commissioner for Declarations they should provide their name and relevant registration number including state/territory of registration

## Checklist

Before forwarding this claim form to the Department of Veterans' Affairs, please answer the following questions:

### Have you provided your:

- DVA File Number (*if known*)
- Proof of Identity documents (*certified copies or originals*)

### Have you:

- Answered ALL relevant questions on this form
- Attached all documentation as required
- Signed and dated the declaration

**If you are not sure about any aspect of preparing your claim, please contact the Department of Veterans' Affairs on the telephone numbers listed on page 2 of this form.**