



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.

The information sought on this form and on any additional forms is required to determine your WW1 or WW2 qualifying service and to assess your eligibility for a benefit under the *Veterans' Entitlements Act 1986*. The Act requires that an application for a Repatriation Pharmaceutical Benefits Card be made on this form approved by the Repatriation Commission.

Information contained in this form and on any additional forms may be provided to another Agency or body. These Agencies or bodies include:

- Centrelink and the Australian Taxation Office for the purposes of matching information;
- The Department of Health and Aged Care for income testing in relation to aged care services;
- The Health Insurance Commission for treatment account payments;
- The various State or Local Government authorities to verify your eligibility for rebates or concessions relating to rates, electricity, transport, motor vehicles and ambulance;
- Doctors, pharmacists and other health providers to provide treatment or concessions.

Giving false or misleading information is a serious offence.

Please notify the Department if you change your address.



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

133 254

Callers from regional Australia can call:

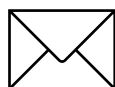
1800 555 254

To contact your local Veterans' Affairs Network (VAN) Office please call:

1300 55 1918

If you wish to call DVA in another State please call:

1300 13 1945



The addresses of the Department of Veterans' Affairs offices are:

State Offices:

Sydney

Centennial Plaza Tower B
280 Elizabeth Street
GPO Box 3994
Sydney NSW 2001

Adelaide

Blackburn House
199 Grenfell Street
GPO Box 1652
Adelaide SA 5001

Melbourne

300 Latrobe Street
GPO Box 87A
Melbourne VIC 3001

Perth

AMP Building
140 St Georges Terrace
GPO Box F352
Perth WA 6001

Brisbane

Macarthur Tower
259 Queen Street
GPO Box 651
Brisbane QLD 4001

Hobart

21 Kirksway Place
Cnr Gladstone Street
GPO Box 481
Hobart TAS 7001

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

Postcode

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

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
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	

Pharmaceutical Allowance Payment

About you

33. Do you receive a Pharmaceutical Allowance?

No

Yes - If yes, from whom?

DVA

Centrelink

34. Do you receive any payments from Centrelink other than the Family Tax Benefit?

No - Go to question 37.

Yes

35. What is your Centrelink reference number?

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

About your partner (if you have a partner)

37. Your partner's surname

38. Your partner's given name(s)

39. Does your partner receive any payments from Centrelink or DVA other than the Family Tax Benefit?

No - Go to question 42.

Yes

40. What is your partner's Centrelink reference number (if applicable)?

41. What type of payment does your partner receive from Centrelink or DVA?

Pharmaceutical Allowance Payment (Continued)

42. 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.

43. What account do you want your Pharmaceutical Allowance paid into?

Name of bank, credit union
or building society

Branch

Address

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 the last page on 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 documents about your proof of identity, about your service and about your Australian residency.

Please forward original documents or copies certified as true copies of the original documents by a Justice of the Peace. All original documents sent will be copied and returned to you by registered mail. Alternatively, you may take the original documents to your closest VAN office where copies will be made and certified by a departmental officer.

Any documents in a foreign language must be accompanied by a certified translation in English.

Proof of identity

We need **three** original documents.

One must show your date of birth. Documents which satisfy this requirement include:

- BIRTH CERTIFICATE
- MARRIAGE CERTIFICATE
- CURRENT PASSPORT
- CERTIFICATE OF AUSTRALIAN CITIZENSHIP
- SERVICE DOCUMENTS

One identity document **MUST** also show your name and current address. Documents which satisfy this requirement include:

- CURRENT DRIVER'S LICENCE
- CURRENT RATES NOTICE THAT HAS BEEN STAMPED AS PAID
- TAXATION ASSESSMENT NOTICE

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

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

Note: 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.