



Applying for a War Disablement Pension for the First Time

(Issued under section 14 of the War Pensions Act and Regulation 9 (1) War Pensions Regulations 1956)

Eligibility

A claim can be made by a person who has service in one of the following areas. A full list with dates can be found on page 12 of this form.

- Members of the NZ Armed Forces who served in a war or recognised emergency or
- Members of the New Zealand Armed Forces who served before 1 April 1974 (prior to the introduction of ACC) or
- Civilians who were a resident of New Zealand and in the employ of the New Zealand Government and who have service in a war or recognised emergency and the declaration covers civilians or
- Members of other Commonwealth forces who were residents of New Zealand and served in those forces in connection with any New Zealand accepted war or emergency or
- Members of the New Zealand Mercantile Marine (Merchant Navy) during World War II or
- Members who were residents of New Zealand and served as members of any Commonwealth Mercantile Marine during World War II or
- Members of the Emergency Reserve Corps

Medical Conditions must be current and linked to eligible service

You can only apply for medical conditions that are **current** and which you believe are attributable to, or aggravated by, service in the areas referred to in the Eligibility section above.

You are to describe what you believe were the circumstances that connect each condition with your service. This is to be provided in number 38. Please use additional sheets if necessary.

The Basis for Decisions

(sections 15B, 15D, 17, 18 & 19 of War Pensions Act 1954)

A War Disablement Pension is a pension paid in recognition of the impact that a medical condition has on a claimant's quality of life. The decision on whether a medical condition is accepted as being attributable to, or aggravated by, service is made on a case by case basis by a War Pensions Claims Panel. The amount of War Disablement Pension awarded is based upon the percentage of whole of body impairment caused by the medical condition, and the impact of that medical condition on the individual claimant.

Identification

To ensure we are administering an application for the correct person, you need to provide us with two forms of certified identification, one from list A and one from list B, or two from list A.

List A

Full birth certificate
Current Passport

List B

Driver licence
Defence Force ID card
Firearms licence

NOTE: If you have difficulty obtaining two forms of certified identification, please contact us on 0800 483 8372.

Who can certify documents

Original documents must be photocopied and certified as true copies by:

Work and Income
Justice of the Peace
Solicitor

Police Officer
Registered Medical Professional
Court Registrar

Assistance

If you have any questions about filling out this form, you should contact Veterans' Affairs New Zealand (VANZ) on **free phone 0800 483 8372** (or +64 4 495 2070 if calling from overseas) or a person from an ex service organisation.

This form can be downloaded from the VANZ website at www.veteransaffairs.mil.nz



Applying for a War Disablement Pension for the First Time

VANZ 01

(Issued under section 14 of the War Pensions Act and Regulation 9 (1) War Pensions Regulations 1956)

Who completes and signs this form

- This form is completed and signed by the claimant; or
- Any person requested by the claimant to complete the form (the claimant must sign the application); or
- The holder of a Power of Attorney or other recognised authority (refer part 5).

How to complete this form

Step 1

- Please complete numbers 1-38. If a question is not applicable to you, please write N/A.
- If you are unable to complete the application yourself, you can ask someone to help you such as a family member, a friend or a person from an ex-services organisation.

Step 2

- Make an appointment with your Medical Practitioner. Tell the receptionist that you need a longer appointment than normal as you would like to have a medical assessment for a War Disablement Pension completed.
- Tell the receptionist that you will drop off the form a couple of days prior to the appointment so that your Medical Practitioner has time to read the form before the appointment. Your Medical Practitioner will complete numbers 38-44.

Step 3

- Attach any additional information, such as current doctor's or specialist's reports, which supports your application.

Step 4

- Attend the appointment with your Medical Practitioner and ensure numbers 38-44 are completed. The Medical Practitioner should complete a separate diagnosis for each medical condition and return the form to you with any supporting documentation.

Step 5

- Ensure all numbers have been answered and the checklist on page 11 of the Application Form has been completed. Read the Privacy Statement and sign the Declaration at number 53, Part 7.
- The signature block at number 53 in this application form is a declaration so it is important that the information you provide is correct. If someone else is filling in the application form for you, please tell us who they are in the box provided at number 54, page 10, and make sure you read the completed form and agree with the information before you sign it.

Step 6

- Send your fully completed application and accompanying documentation (including medical evidence) to VANZ at the address shown on Page 11.

Veterans' Pension

Step 7 (optional)

- If you are on NZ Superannuation and wish to transfer to a Veterans Pension there are additional benefits available to you.
- Please refer to page 11 for information and eligibility requirements.

Nomination of Advocate to represent this claim

- You can nominate a person to act as your advocate while your claim/s are being considered by a Claims Panel. The Claims Panel will accept your nomination if the person is sufficiently qualified by reason of his or her training and experience. **The person will cease to act as your advocate once your claim/s are either approved or declined by the Claims Panel. If your nominated advocate is declined by the Claims Panel you can make a further nomination.**
- **A VANZ 18 form will be required for this purpose and will need to be completed for each application made.**

Please write in **BLOCK LETTERS** with a **blue** or **black** pen only.

Part 1 Personal Details

1	War Pension / Work and Income Number	<input type="text"/>								
2	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Rev <input type="checkbox"/>	Other <input type="text"/>		
3	Surname	<input type="text"/>				Date of Birth				
4	Given Name/s	<input type="text"/>								
5	Residential Address	<input type="text"/>								
		<input type="text"/>				<input type="text"/>				
		Country (if not New Zealand)				Postal Code				
6	Postal Address <i>If different from above</i>	<input type="text"/>								
		<input type="text"/>				<input type="text"/>				
		Country (if not New Zealand)				Postal Code				
7	Other Contact Details	<input type="text"/>				<input type="text"/>				
		Home Phone				Work Phone				
		<input type="text"/>				<input type="text"/>				
		Mobile Number				Fax number				
		<input type="text"/>								
		E-mail								
8	Ability to Travel	Are you medically fit to travel to medical appointments?						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	Spouse/Partner Details	Do you have a spouse, civil union or de facto partner?						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		If you answered yes, please complete this section.								
10	Title of Spouse/Partner	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Rev <input type="checkbox"/>	Other <input type="text"/>		
11	Surname	<input type="text"/>				Date of Birth				
12	Given name/s	<input type="text"/>								
13	Contact numbers	<input type="text"/>				<input type="text"/>				
		Home Phone				Mobile Phone				
14	Relationship status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	De-facto <input type="checkbox"/>	Civil Union <input type="checkbox"/>			
		When did the relationship commence?						<input type="text"/>	<input type="text"/>	<input type="text"/>
		Day		Month		Year				

Part 2 Service History

24 Name **Did you serve under another name?** Yes No
 If yes, what is the other name?

25 Service

Branch of Service	Service number	Enlistment			Discharge		
		Day	Month	Year	Day	Month	Year

Are you currently serving? Yes No

26 Trade/Corps/ Branch
 Please state what trade/corps/branch you were in during your service.
If more than one trade, state the period you worked in each.

27 Operational Deployments **Did you serve overseas?** Yes No
 If you answered yes, please state all overseas operational deployments you served in as a member of the New Zealand Armed Forces.

Operational Deployment	Role	Commenced		Ended	
		Month	Year	Month	Year

28 Prisoner of War **Were you a Prisoner of War?** Yes No
 If you answered yes, please state where you were captured and imprisoned.

Imprisonment dates

Captured			Released		
Day	Month	Year	Day	Month	Year

29 Gallantry Award **Have you received a gallantry award?** Yes No
 If you answered yes, please list each gallantry award.

Other Service History

30 Prior to serving in the New Zealand Defence Force

Did you serve in any other country's armed forces? Yes No

If you answered yes, please provide details of that service:

Country	Service number	Enlistment Month	Year	Discharge Month	Year

Navy Army Air Force Merchant Navy Territorial Civilian

Compulsory Military Training

What was your trade/s?

31 After leaving the New Zealand Defence Force

Did you serve in any other country's armed forces? Yes No

If you answered yes, please provide details of that service:

Country	Service number	Enlistment Month	Year	Discharge Month	Year

Navy Army Air Force Merchant Navy Territorial Civilian

Compulsory Military Training

What was your trade/s?

Part 3 Employment History

32 Prior to serving in the New Zealand Defence Force

Did you undertake any form of employment or self-employment?

Yes No

If yes, please provide details:

Occupation	Nature of Work	Commenced Month	Year	Ended Month	Year

33 After leaving the New Zealand Defence Force

Did you undertake any form of employment or self-employment?

Yes No

If yes, please provide details (attach a further sheet if necessary):

Occupation	Nature of Work	Commenced Month	Year	Ended Month	Year

34 Current Employment

Are you currently employed or self-employed? Yes No

If yes, please provide details:

Occupation	Nature of Work	Commenced Month	Year

Part 4 Medical History

35 Accidents & Injuries

Have you applied to another agency such as ACC, NZDF Accredited Employment Programme (AEP) or other insurer for any of the conditions you are claiming?

Yes No

If yes, please provide details of each claim made.

If you do not have a record of your ACC claims you can contact ACC.

Medical Condition	Date of Claim			Currently Receiving Payment
	Day	Month	Year	
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

If you made an application, please state your Client Number.

Have you been injured in any accident occurring before or after service but made no ACC, AEP or insurance claim? Yes No

If yes, please provide details of the accident and resulting injury.

Type of Accident	Date of Accident			Resulting Injuries/Medical Conditions
	Day	Month	Year	

36 Hearing Aids

Do you wear hearing aids? Yes No

If yes, how were these funded? Self funded ACC Other

If other please provide details

37 Health Practitioners (other than your current Medical Practitioner)

Please provide the name and contact details of any other health practitioners providing treatment to you. Continue on a separate sheet if necessary. Your Medical Practitioner may be able to provide contact details if you are unsure.

This may be used to seek further medical information as part of considering your application.

Name	Profession	
Practice Name	Phone	
Address	E-mail	
	Fax	
	Postcode	
Name	Profession	
Practice Name	Phone	
Address	E-mail	
	Fax	
	Postcode	

VETERAN to complete

Please name the condition you are applying for that you believe is attributable to or aggravated by your service. If you don't know the medical diagnosis, please describe as fully as you can the symptoms that make you notice the condition (for example, pain in lower back, shortness of breath, loss of range of movement in arm).

Before lodging your claim please ask your doctor to fill in the Medical Practitioner column alongside this section.

Condition 1
Symptoms
How do you believe your service caused, contributed to or aggravated this condition? (continue on further page if necessary). For multiple deployments, what deployment do you believe caused this condition?
Date you first became aware of this condition

MEDICAL PRACTITIONER to complete

For each condition the veteran is claiming please provide a diagnosis and indicate whether this condition is temporary or permanent.

Please provide a brief summary of each diagnosis. Please provide copies of Medical Practitioner records and any specialist reports and investigations for each claimed condition.

VANZ will pay you for this service on receipt of your account. **Please complete numbers 38 to 44.**

Medical Diagnosis
Basis for Diagnosis
Treatment and impact on daily living
Date first consulted for this condition

Condition 2
Symptoms
How do you believe your service caused, contributed to or aggravated this condition? (continue on further page if necessary). For multiple deployments, what deployment do you believe caused this condition?
Date you first became aware of this condition

Medical Diagnosis
Basis for Diagnosis
Treatment and impact on daily living
Date first consulted for this condition

Condition 3	Medical Diagnosis
Symptoms	Basis for Diagnosis
How do you believe your service caused, contributed to or aggravated this condition? (continue on further page if necessary). For multiple deployments, what deployment do you believe caused this condition?	Treatment and impact on daily living
Date you first became aware of this condition	Date first consulted for this condition

Condition 4	Medical Diagnosis
Symptoms	Basis for Diagnosis
How do you believe your service caused, contributed to or aggravated this condition? (continue on further page if necessary). For multiple deployments, what deployment do you believe caused this condition?	Treatment and impact on daily living
Date you first became aware of this condition	Date first consulted for this condition

For additional conditions please copy and complete this sheet

39 Claimant's NHI Number

40 Enrolment History **Is the claimant enrolled with your practice?** Yes No Years Months
 If yes, how long has the claimant has been enrolled with you?
 If no, please provide the name and contact details of the claimant's usual medical practitioner and practice (if known).
 Name of Practitioner
 Practice Name

VANZ may arrange a medical assessment by a specialist or other medical practitioner.

Are you the best placed person to provide an assessment of all of the claimant's current medical conditions? Yes No
 If a specialist report is required please advise the name of the specialist you believe to be most appropriate so VANZ can arrange an appointment.

41 Terminal Condition **Does the claimant suffer from a terminal medical condition that may cause death within the next year?** Yes No
 If yes, what is the condition

42 Examination Date **Prior to today when did you last examine the claimant?**
 Day Month Year

43 Medical Practitioner Identity HPI No.
 Medical Council Registration No.
 Name
 Practice Stamp (or address and telephone)

44
Medical Practitioner's Signature Day Month Year

Please attach your invoice to the back of this application. Veterans' Affairs New Zealand will meet the cost of the consultation and completion of this form.

Part 5**Person With Power of Attorney** (or other recognised authority referred below at number 51)

Go to part 6 if not applicable

If you have authority to act on behalf of a claimant please fill in the following details. If the claimant is UNABLE to sign due to physical or mental incapacity and you are signing on his or her behalf, please attach a certified copy of your authority to act e.g. power of attorney.

45 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other <input type="text"/>
46 Surname	Date of Birth
47 Given Name/s	
48 Residential Address	
	Country (if not New Zealand) Postal Code
49 Postal Address	
<i>Please complete if your postal address differs from your residential address.</i>	
	Country (if not New Zealand) Postal Code
50 Other Contact Details	
	Home Phone Work Phone
	Mobile Number Fax Number
	E- mail

51 I confirm that I am authorised to act by way of Power of Attorney, Enduring Power of Attorney or Court Order under the Protection of Personal and Property Rights 1988 on behalf of the claimant in matters relating to this application and that the information provided in this application form is, to the best of my knowledge, true and complete.

I understand that, as part of processing this application, VANZ will seek to verify the information I have provided.

I certify that if I am relying on a Power Of Attorney or Enduring Power of Attorney for authority that:

- The claimant referred to in this application form has granted to me a Power of Attorney or Enduring Power of Attorney to act.
- I have not received notice of any event revoking my authority to act under that Power of Attorney or Enduring Power of Attorney.
- I have not received written notice from the claimant referred to in this application form suspending my authority to act under that Power of Attorney or Enduring Power of Attorney.

<input type="text"/>	<input type="text"/>
Power of Attorney Signature (You must also sign number 53)	Day Month Year

If you have completed this section, please attach a certified copy of at least one of the following documents:

Power of Attorney
Enduring Power of Attorney
Court Order
Certificate of Administration (from the Public Trustee)

Part 6

Privacy Statement

This application form needs to be signed. If someone has completed this form for you, you need to make sure that you agree with what he or she has written prior to signing the form.

52 Privacy Statement

The information you give us is collected under the legislation administered by New Zealand Defence Force (NZDF).

The information is collected for the following purposes:

- granting current and future pensions, allowances, and other assistance under the War Pensions Act 1954 and War Pensions Regulations 1956.
- providing advice to the Government.

VANZ may contact and obtain from other agencies information that is relevant to the processing of this and any future similar claims, including:

- service and medical documents from the New Zealand Defence Force or Maritime New Zealand.
- details of any claim made to the Accident Compensation Corporation or similar organisation for any claimed medical condition.
- details of entitlements administered by the Ministry of Social Development / Work and Income.
- information on any claimed medical condition from your medical practitioner, medical specialist, or other health professional.
- information about any service related assistance you receive from other countries.

VANZ may share medical information obtained by us with any health practitioner concerned with your health.

Under the Privacy Act 1993 you have the right to access all information we hold about you, and to request corrections to that information.

You are not required to give us any information, but if you do not give us all the information we ask for, your application may be declined.

Part 7

Declaration

53 Declaration

We may provide a copy of this Privacy Statement and declaration to other agencies or persons when requesting further information.

I declare that the information provided in this application form is, to the best of my knowledge, true and complete. I have read and understood the Privacy Statement set out above and I acknowledge that, as part of processing this application, VANZ will seek to verify the information I have provided.

Claimant's or Power of Attorney Signature	Day Month Year

54 Assistance Completing Application

If you have had assistance in completing this form please print the name of the person who assisted you and the name of the organisation that they represent (if applicable).

Veteran's Pension Information

The Veteran's Pension is an income support payment that is available to qualifying veterans as an alternative to New Zealand Superannuation. The Veteran's Pension is paid at the same rate as New Zealand Superannuation but provides qualifying veterans with additional benefits.

Eligibility

A veteran, who is 65 years of age or over, may be eligible for a Veteran's Pension if he or she:

- served in a declared war or emergency;
- is in receipt of a War Disablement Pension of 70% or more; and
- meets the New Zealand Superannuation residency criteria.

Benefits

Unlike New Zealand Superannuation, Veteran's Pension payments are not reduced should a veteran require long term hospital care.

The Veteran's Pension also confers an automatic entitlement to a Community Services Card for both the veteran and the veteran's partner.

In addition, a Veteran's Pension gives entitlement to a lump sum payment on the death of the veteran and a lesser amount on the death of the partner. This payment can be made only if there is a surviving partner, or a dependent child. The lump sum payment is in lieu of a Social Security Funeral Grant.

More Information

Entitlement to a Veteran's Pension commences on the later of either the date a veteran becomes eligible for the pension or the date on which an application is received. In the event that your War Disablement Pension reaches 70% permanent pension, VANZ will advise you that you are entitled to apply for a Veterans Pension.

If you are 65 years of age or over and in receipt of New Zealand Superannuation, do you wish to apply to transfer to a Veteran's Pension if, as a result of this application, your War Disablement Pension totals 70% or more?

Yes No

If you transfer to a Veteran's Pension and your spouse/partner is under 65 years of age do you wish to have your spouse/partner included in your Veteran's Pension?

Yes No

Claimant's or Power of Attorney Signature	Day Month Year

If you would like more information about the Veteran's Pension please contact:

Veterans Pension Centre
PO Box 5515
Wellington

Freephone: 0800 650 656

Email: veteranspension@msd.govt.nz

Current Recognised Wars and Emergencies

(as at Aug 2010)

War and Emergency	Dates covered
World War I	4 August 1914 to 11 November 1918
World War II	3 September 1939 to 14 August 1945
Occupation Force of Japan (J Force)	14 August 1946 to 28 April 1952
Mercantile Marine (Merchant Navy)	3 September 1939 to 14 Aug 1945
Korean War (K Force)	23 August 1950 to 27 July 1957
United Nations Military Observer Group in India and Pakistan (UNMOGIP) and United Nations India-Pakistan Observation Mission (UNIPOM)	January 1952 and 31 March 1974
United Nations Truce Supervision Organisation (UNTSO), and its detachments: the United Nations Yemen Observer Mission (UNYOM), the United Nations Observation Group in Lebanon (UNOGIL) or the United Nations Operation in the Congo (UNOC)	July 1954 and 31 March 1974
Operation Grapple (Christmas & Malden Islands)	Pukaki 15 May 1957 to 8 November 1957 and Rotoiti 15 May 1957 to 8 November 1957 and 28 April 1958 to 23 September 1958
The Malayan Emergency	18 June 1948 to 31 July 1960
Thai/Malay Border	31 July 1960 to mid June 1964
Indonesian Confrontation (including Borneo)	1 August 1964 to 31 December 1966
Vietnam	29 May 1964 to 31 December 1972
41 Squadron RNZAF - Vietnam	1 January 1973 to 21 April 1975
Vietnam - Service with civilian surgical team at the Qui Nhon Provincial State Hospital in Vietnam	December 1963 to March 1975
Mururoa (Nuclear Testing)	22 July 1973 on HMNZS Otago and 28 July 1973 on HMNZS Canterbury
Gulf Conflict	20 December 1990 to 13 April 1991
Angola (UNAVEM II & III - United Nations Verification Missions in Angola) or United Nations Observer Mission in Angola (MONUA) or the National Institute for the Removal of Obstacles and Explosive Ordinance in Angola (INAROOE)	July 1991 to June 1999
Bosnia (UNPROFOR - United Nations Protection Force)	23 March 1992 to present
Sierra Leone (UNOMSIL - United Nations Observers Mission in Sierra Leone or UNAMSIL - United Nations Mission Sierra Leone)	11 August 1998 to present
East Timor (UN peacekeeping)	30 August 1999 to present
Afghanistan - Deployed outside the territory of New Zealand as part of Operation Enduring Freedom	12 December 2001 to present
Iraq	1 September 2003 to present
Solomon Islands	July 2003 to present

Claimants Checklist

Have you:

Completed numbers 1 – 38 of this form in BLUE or BLACK pen.

Stated how you believe the condition claimed is attributable to, or aggravated by your service.

Had your medical practitioner complete numbers 38—43 and sign the form at number 44.

Enclosed copies of two forms of certified identification (as explained in the information section).

Enclosed an original or certified copy of your bank statement showing your name and account number.

Attached all relevant reports for each claimed condition, including any specialist reports.

Read the Privacy Statement and signed and dated the declaration at number 53.

Read the Veterans Pension Information on page 11.

Send your application to:
War Disablement Pension Application
Veterans' Affairs New Zealand
P O Box 9448
Waikato Mail Centre
HAMILTON 3240

War Disablement Pension Acknowledgement Receipt

This is to acknowledge receipt of your application to Veterans' Affairs New Zealand. A Case Manager will contact you shortly.

Please write your name and address details below.

Office Date Stamp