



GP Form for Surviving Spouse Pension Application

Veterans with service in a recognised war or emergency can apply for a War Disablement Pension for any current disability that they believe is attributable to or aggravated by their service. Once an application is made the disability is medically assessed and consideration given to whether the disability is attributable to or aggravated by service on the basis of the balance of probabilities. If a disability is accepted it is awarded a percentage based on the whole person disablement for that disability.

When the veteran dies the surviving spouse, civil union partner or de facto partner may be eligible for a Surviving Spouse Pension if:

- the death of the late veteran is deemed to be attributable to his or her service as a member of the Forces; or
- the veteran was in receipt of a permanent War Disablement Pension of 70% or more at the time of death; or
- it is deemed that the veteran could have received a permanent pension of 70% or more had he or she not died.

If a veteran was not in receipt of a War Disablement Pension of 70% or more the decision to award a Surviving Spouse Pension is dependent on the decision of the War Pensions Claims Panel. The War Pensions Claims Panel considers whether the causes of death of the veteran could be attributable to or have been aggravated by service and, if the veteran was not on a War Disablement Pension of 70% or more, whether he or she could have received a permanent pension of 70%.

If the veteran was not in receipt of a War Disablement Pension at the time of death

If the veteran was not in receipt of a War Disablement Pension at the time of death the surviving spouse, civil union partner or de facto partner can still make application for a Surviving Spouse Pension. In order to support the application medical evidence which shows a link between the veteran's service and their disabilities or cause of death needs to be provided.

In order to obtain information we recommend that the veteran's former GP be asked to provide information on any disabilities that they treated the veteran for.

Part 1		To be completed by GP.	
Title:	Name:		
Practice Name:			
Practice Address:			
Postal Address (if different)			
Telephone Number:		Fax Number:	
Email Address:			

Part 2

To be completed by GP.

Name of the veteran

How long did you treat the veteran for?

Part 3**Disabilities**To be completed by the GP (additional copies of this assessment can be found on the Veterans' Affairs New Zealand website www.veteransaffairs.mil.nz).**Please attach copies of any relevant medical reports to this form**

Disability	How long did you treat this disability for?	What do you think are the contributing factors to the development of this disability? Please attach copies any relevant medical reports relating to this disability.

Was this disability current at the time of the veteran's death? Yes No

What would you assess the level of disablement/ severity to have been?

Did you refer the veteran to a specialist for an assessment for this disability? Yes No Do you have a copy of the specialists report? Yes No **If yes, Please attach a copy of the report, if no please provide contact details of specialist.**

Disability	How long did you treat this disability for?	What do you think are the contributing factors to the development of this disability? Please attach copies any relevant medical reports relating to this disability.

Was this disability current at the time of the veteran's death? Yes No

What would you assess the level of disablement/ severity to have been?

Did you refer the veteran to a specialist for an assessment for this disability? Yes No Do you have a copy of the specialists report? Yes No **If yes, Please attach a copy of the report, if no please provide contact details of specialist.**