

Maximum rate of Disablement Pension and Lump Sum Payment for terminal condition application information

(Issued under sections 27, 53 - 54 and 213 of the Veterans' Support Act 2014)

Please read before you complete this form

This application form is for a veteran who has been diagnosed with a terminal medical condition that is service-related and is in receipt of or entitled to a Disablement Pension.

A terminal medical condition is an advanced progressive disease likely to cause death within a 12-month period.

The lump sum payment is a one off, tax-free payment equivalent to the total of the Disablement Pension maximum rate payable for a 12 month period.

If you elect to receive the lump sum payment your Disablement Pension will be suspended for 12 months. The Disablement Pension will be reinstated and paid at the maximum rate at the close of the 12-month period.

To apply, please complete this application form and provide any supporting information or evidence required by Veterans' Affairs (VA).

If your application is incomplete it will be returned to you unprocessed.

Entitlement

(sections 53 - 54, & clause 7 Schedule 1, Veterans' Support Act 2014)

Any veteran who is entitled to a Disablement Pension or War Disablement Pension **and** has a service-related terminal medical condition can receive the maximum rate of Disablement Pension and a lump sum payment.

If your claim is accepted:

- your Disablement Pension if not already, will be increased to the maximum rate; and
- you can opt to -
 - i. suspend payment of the pension for a period of 12 months; and
 - ii. receive a lump sum payment equal to the aggregate of the pension payable at the maximum rate for the 12-month period.

The 12-month period will be treated as starting on the day on which VA receives your decision to suspend your periodic payment so you can receive the lump sum payment.

The option to elect to receive a lump sum payment is available once.

If during the 12-month period the Disablement Pension rate is adjusted, you will be entitled to the residual amount of the lump sum payment paid to you and what would have been paid had you received the lump sum payment when the adjustment occurred.

A veteran's entitlement to the Disablement Pension ceases 28 days after their death; but does not apply in relation to a veteran who has elected to receive a lump sum payment under section 53 and dies during the 12-month period referred to in that section.

Process for deciding claims

VA will make a decision on your claim within **30 working days** of receipt of the application. However, the 30 working days does not include any period while VA is waiting for further information required from you to determine the claim.

Offences

(section 270, Veterans' Support Act 2014)

It is an offence to make a false statement or provide misleading information to VA and anyone who does so commits an offence against this section and is liable on conviction to a term of imprisonment not exceeding 3 months or a fine not exceeding \$5,000.

Assistance

If you have any questions or require assistance completing this form, you can contact us using the details shown below or a person from an ex-service organisation:

Freephone 0800 483 8372 / 0800 4 VETERANS (or +64 4 495 2070 if calling from overseas)

You can email: veterans@nzdf.mil.nz or visit our website: www.veteransaffairs.mil.nz

Completing your application

This application form must be completed and signed by the veteran or:

- any person requested by the veteran to complete the form (the veteran must complete the Signature & Acknowledgement); or
- the holder of a Power of Attorney or other recognised authority (refer to page 4).

Step 1:

Complete page 1; read the Privacy Statement on page 3; and complete the Signature & Acknowledgement on page 4.

Step 2:

Contact your Medical Practitioner to check if an appointment is required to complete the Medical Certificate OR if it can be completed without an appointment.

Your Medical Practitioner needs to complete the Medical Certificate on page 2; and return the form to you with the invoice and any supporting documentation.

Step 3:

Complete the Checklist and Receipt on page 5, then send your fully completed application and all supporting documentation to VA at the address shown.

Travel Costs

If you are required to undergo a medical assessment as part of this application, you may be able to claim travel costs. For further information please contact your Case Manager.

Veteran's Personal Details

1 Work and Income / Client Number (if known)

2 Title (tick) Mr Mrs Miss Ms Dr Other

3 Surname

4 Given Name/s

5 Date of Birth / /

6 Residential Address

Country (if not New Zealand)	Post Code

7 Postal Address (if different from residential address)

Country (if not New Zealand)	Post Code

8 Other Contact Details

Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	

Payment Option please select one option

9 Maximum rate of Disablement Pension or Lump sum payment

If Veterans' Affairs accepts that the terminal medical condition is service-related, your Disablement Pension will be increased to the maximum rate, or you can elect to receive a lump sum payment.

Option 1:

Please tick this box if you wish to receive regular Disablement Pension payments at the maximum rate.
This option does not prevent you from subsequently making an election for a lump sum payment.

Option 2:

Please tick this box if you wish to suspend payments of your Disablement Pension for a period of 12 months, **and** receive a one-off lump sum payment equal to the aggregate of the pension payable at the maximum rate for the 12-month period.
At the close of the 12-month period, your regular Disablement Pension payments will be resumed at the maximum rate payable.

Medical Certificate - Medical Practitioner to complete

10 Veteran's Name

11 Veteran's NHI Number

12 Terminal Condition

Does the veteran suffer from an advanced progressive disease likely to cause death within 12 months?

No Yes If yes, please provide details below

13 Medical Practitioner Identity


HPI No.


<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

 Medical Council Registration No.

Name

Practice Stamp (or address and telephone)

Medical Practitioner Signature  / /

 Please attach your invoice to this form along with any supporting documentation such as copies of medical reports, blood test results etc.

Veterans' Affairs will meet the cost of the consultation and completion of this medical certificate upon receipt of the completed application and your invoice.

Privacy Statement

The Veterans' Support Act 2014 (the Act) which is administered by the New Zealand Defence Force allows us to obtain further information about you to help us assess your application. This may happen when you apply for or are receiving an entitlement. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

You are not required to give Veterans' Affairs any information, but if you do not provide all the information we ask for, your application for an entitlement and/or assistance may not be able to be processed and may be returned to you.

Why we collect information

The information we collect about you will be held by Veterans' Affairs New Zealand (Veterans' Affairs), which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims and entitlements under the Veterans' Support Act 2014
- Enabling a comprehensive claims database to be maintained
- To monitor and evaluate the nature, incidence, severity and consequences of service-related illness and injuries
- The provision of appropriate treatment, rehabilitation and compensation
- Facilitating the monitoring of the operation of the Act and policy development
- The information you give us may be shared with other government agencies for several purposes, such as the Ministry of Social Development – consistency with other benefits, Accident Compensation Commission – consistency with other claims, Maritime New Zealand – for merchant navy records, Inland Revenue – for payment of tax on taxable entitlements, Archives New Zealand – for service records and the Department of Internal Affairs – to verify your date of birth.

We only collect information needed to manage the entitlements we administer.

Using and sharing personal and health-related information

Veterans' Affairs may exchange information about you with your health practitioner(s) in order to provide you with the correct entitlements and assistance, to clarify any health-related information you give us and for the purposes of putting in place treatment and rehabilitation if required.

Veterans' Affairs will also collect personal and health information from a variety of sources including information provided when making an application to Veterans' Affairs, information supplied by others including treatment providers, and other government agencies.

The information we collect about you can be via various channels, such as email, telephone, face to face and in various formats, such as letters, forms and electronic file notes.

Veterans' Affairs uses personal information provided only for the purposes consistent with the reason it was obtained and will not share it with other parties unless there is a legal authority to do so.

You have the right to access and correct your personal information

You may access personal information that we hold about you. You can ask us to correct errors contained in the information we have about you.

You can contact us at anytime if you have concerns on what information about you we are collecting and how it is or may be used.

Please complete the Signature & Acknowledgement on page 4



Signature & Acknowledgement

By signing this application form I acknowledge and understand that:

- The information provided in this application form is, to the best of my knowledge, true and complete.
- As part of processing this application, Veterans' Affairs may obtain further information in addition to what I have provided.
- I am consenting to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Commission, Ministry of Social Development, Department of Internal Affairs or other persons or agencies for the purposes of assessing and processing this application and administering any resulting entitlement or assistance.
- I am aware there are penalties for providing false information as set out in the information sheet at the front of this application.
- I have read and understand the Privacy Statement contained in this form.
- The Power of Attorney or Enduring Power of Attorney document attached to this application is current (where the application is being signed by a person holding this document).

Veteran or Power of Attorney's name (print)

Signature

Date

If you had assistance completing this form, print the persons name (and organisation they represent if applicable) below:

If the veteran is unable to sign due to physical or mental incapacity, the application must be signed by a person with authority to act on behalf of the veteran. If this situation applies you must also attach a certified copy of at least one of the following documents:

- **Power of Attorney or Enduring Power of Attorney (in relation to Property)**
- **Court Order**
- **Certificate of Administration (from the Public Trustee)**

Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have fully completed my application form.
- My Medical Practitioner has completed page 2; attached their invoice and any supporting documentation.
- I have read the Privacy Statement on page 3 and completed the Signature & Acknowledgement on page 4.
- I have written my name and address in the application receipt below (we will return this to you when we receive your application for your records).

Send your completed application to:

Veterans' Affairs
PO Box 5146
Lambton Quay
WELLINGTON 6140

Maximum rate of Disablement Pension and Lump Sum Payment for terminal condition Application Receipt

This is to acknowledge Veterans' Affairs has received your application. A Case Manager will contact you shortly.

Please write your name and address details below:

Office Date Stamp