

# Funeral Expenses application information

(Issued under sections 27 and 213 of the Veterans' Support Act 2014)

## Please read before you complete this form

This application form is to apply for assistance in relation to funeral expenses of a deceased veteran.

To apply, you must fully 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.**

*Further information can be found in the Funeral Expenses factsheet on our website.*

## Eligibility (sections 152 - 155, Veterans' Support Act 2014)

Eligibility for funeral expenses and the amount VA may pay or contribute to funeral expenses is dependent on whether the veteran's death was due to qualifying service.

### Death due to qualifying service:

If VA determines that the veteran's death was due to qualifying service, VA may pay or contribute to the payment of the expenses of the funeral and burial or cremation of the veteran.

If the veteran dies in hospital, VA may also pay or contribute to the costs of transporting the veteran, dependent on the locality of the burial or cremation in relation to where the veteran was admitted to hospital.

### Death not due to qualifying service:

If VA determines the veteran's death was not attributable to qualifying service but:

- The veteran leaves a surviving spouse or partner, or a child, or dependant, who will, in the opinion of VA be entitled to pension Surviving Spouse or Partner Pension, Children's Pension or Dependant's Pension; AND

The veteran was, at the time of death, receiving any of the following pensions or entitlements:

- Weekly Income Compensation
- Veteran's Pension
- New Zealand Superannuation
- Supported Living Payment under the Social Security Act 1964

VA may pay a reasonable amount in respect of the funeral and burial or cremation of the veteran, but not transportation expenses.

## Process for deciding claims

(sections 14 - 21,  
Veterans' Support  
Act 2014)

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 that it requires to determine whether to accept the claim.

## Offences

(section 270,  
Veterans' Support  
Act 2014)

It is an offence to make a false statement or provide misleading information 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](mailto:veterans@nzdf.mil.nz) or visit our website: [www.veteransaffairs.mil.nz](http://www.veteransaffairs.mil.nz)

# Funeral Expenses application information

(Issued under sections 27 and 213 of the Veterans' Support Act 2014)

## Completing your application

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

- any person requested by the claimant to complete the form (the claimant must complete the Signature & Acknowledgement); or
- the holder of a Power of Attorney or other recognised authority (refer to page 9).

### Step 1:

Complete pages 1 - 5\*; read the Privacy Statement on page 8; and complete the Signature & Acknowledgement on page 9.

If a question is not applicable, please write N/A. If there is insufficient space to answer a question, please include additional sheet/s of paper to complete your answer, including the question or page number it relates to.

#### **\*Please note:**

*Page 3 (Late Veteran's Employment and Service History) does **not** need to be completed if the late veteran was in receipt of a War Disablement Pension or Disablement Pension.*

*Page 5 (Transportation Expenses) only needs to be completed if the veteran died in hospital.*

### Step 2:

If required, arrange completion of pages 6 - 7\* (Late Veteran's Medical Certificate) by the late veteran's Medical Practitioner. Any costs associated with the gathering of information or completion of the Medical Certificate will need to be met by the claimant.

#### **\*Please note:**

*Pages 6 - 7 (Late Veteran's Medical Certificate) do **not** need to be completed if:*

- *the primary cause of death was an accepted disability; or*
- *VA has already determined the veteran's death was service-related, or that the qualifying criteria for a Funeral Expenses grant has already been met.*

*If the late veteran was in receipt of a permanent War Disablement Pension of 70% or more, or a permanent Disablement Pension of 52% in relation to whole-person impairment, for accepted disabilities that were **not** the cause of death, then pages 6 - 7 only need to be completed if there is **additional** medical information that relates the death to service.*

### Step 3:

Complete the Checklist and Receipt on page 10, then send your fully completed application and all supporting documentation to VA at the address shown.

## Documents required with this application

The following documents **must** be submitted with your application:

- a certified copy of the late veteran's death certificate (if not already provided).
- an itemised copy of the funeral account.
- if the funeral account has been paid, a copy of the receipt, showing the name of the person who paid the account.
- bank details of the person who paid the funeral account - an original or certified copy of their bank statement showing the account number and name OR a pre printed deposit slip stamped by their bank.

A 'certified' copy is an original document that has been photocopied and certified as a true copy by one of the following:

- Work and Income; Justice of the Peace; Solicitor; Police Officer; Registered Medical Professional; Court Registrar; or other people authorised to take statutory declarations.

# Funeral Expenses application form

## Claimant's Personal Details

**1 Title**  Mr  Mrs  Miss  Ms  Dr  Other

(tick)

**2 Surname**

**3 Given Name/s**

**4 Contact Details**

Postal Address	
<input type="text"/>	
Country (if not New Zealand)	Post Code
Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	
<input type="text"/>	

**5 Relationship to veteran**

## Late Veteran's Personal Details

**6 Work and Income / Client Number** (if known)

**7 Title** Mr  Mrs  Miss  Ms  Dr  Other

**8 Surname**

**9 Given Name/s**

**10 Date of Birth**

**11 Date of Death**

**12 Relationship status at time of death**

Married  Civil Union  De facto  Separated  Divorced  Single

**13 Full name of veteran's partner** (if applicable)

**14 Residential address** (at time of death)

Country (if not New Zealand)

## 15 Dependant Children

Children who were living with the veteran as a family member who were financially supported by the veteran, including:  
• natural children; stepchildren; children at boarding school; adopted children; and grandchildren.

Did the veteran have any dependant children?  No  Yes If yes, please list details below

Name	
Date of Birth	
Relationship to veteran	

Name	
Date of Birth	
Relationship to veteran	

## 16 Pensions or Entitlements

Please indicate if the veteran was in receipt of any of the following pensions or entitlements:

- War Disablement Pension or Disablement Pension
- Weekly Income Compensation
- Veteran's Pension
- New Zealand Superannuation
- Supported Living Payment under the Social Security Act 1964

## 17 Executor/s Details

Name (and organisation if applicable)	
Address	
Country (if not New Zealand)	Post Code
Phone number	Fax number
E-mail Address	

Name (and organisation if applicable)	
Address	
Country (if not New Zealand)	Post Code
Phone number	Fax number
E-mail Address	

# Late Veteran's Employment and Service History

**Complete page 3 if the late veteran was NOT in receipt of a War Disablement Pension or a Disablement Pension**

## 18 Details of Employment

Please provide details of the veteran's employment before **and** after service in the NZ Defence Force (NZDF)

Employer	Nature of Work	Commenced		Ended	
		Month	Year	Month	Year

## 19 Qualifying Service Refer to the list of qualifying service deployments on our website

Please state the veteran's qualifying service deployment/s below:


## 20 Details of Service

Please provide details of the veteran's service in NZDF **and** forces of other countries (if known)

Service Number	Trade/Corps/Branch	Nature of duties (and country served for)	Enlistment & Discharge dates (if known)
			/ / to / /

## 21 Operational Deployments

Did the veteran serve overseas?  No  Yes If yes, please list details below (if known)

Operational Deployment	Role	Commenced		Ended	
		Month	Year	Month	Year

## 22 Prisoner of War Was the veteran a Prisoner of War? No Yes

If yes, please state where the veteran was captured and imprisoned, and dates if known

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# Transportation Expenses

Complete page 5 only if the late veteran died in hospital

## 27 Hospital and Funeral Details

Name and Address of Hospital
Country (if not New Zealand)
Place of burial or cremation and Address
Country (if not New Zealand)

## 28 Transportation Expenses

Please indicate which method/s were used to transport the veteran from hospital, to the place of burial or cremation and attach the evidence required. If more than one method of transport was used, you will need to attach evidence for each.

### Funeral Home:



Attach a copy of an itemised invoice specifying the transportation expenses.

### Private vehicle:



Attach copies of itemised receipts specifying fuel costs for the return journey; and signed declaration from the next of kin confirming the transportation of the veteran.

### Rental vehicle:



- Attach copies of itemised receipts specifying fuel costs for the return journey or return of vehicle to the nearest drop-off point to the burial or cremation site of the veteran; **AND**
- A copy of the rental vehicle hire paperwork which specifies the transportation of the veteran; or signed declaration from the next of kin confirming the transportation of the veteran.

### Air or other carriages, such as train or sea vessel:



- Attach a copy of the invoice specifying the transportation expenses; **AND**
- A copy of the shipment paperwork which specifies the transportation of the veteran; or signed

## 29 Transportation Expenses grant

If a Transportation Expenses grant is made, payment will be made to the person who paid the transportation expenses. Please provide bank details of the person who paid the transportation expenses.

Name of Bank	Branch
Account Name	



Write the bank account number below and attach an original or certified copy of the bank statement showing the account number and name **OR** a pre printed deposit slip stamped by the bank.

Bank	Branch	Account number
■ /	■ ■ /	■ ■   / ■ ■

# Late Veteran's Medical Certificate - to be completed by a Medical Practitioner

Refer to page 2 of the Information Sheet to check if the Medical Certificate requires completion

**30** Veteran's Name

**31** Veterans NHI Number

**32** **Enrolment History** Was the veteran enrolled with your practice?  No  Yes

If yes, how long had they been enrolled with you?  Years  Months

If no, provide the name and contact details of their usual medical practitioner (if known)

Name of Practitioner

Practice Name

## **33** Details of the conditions the veteran had prior to his/her death

Medical diagnosis

Date first diagnosed  How long did you treat this condition for?

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

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

Did the veteran have a specialist assessment of this condition? Yes  No

**If yes please attach a copy of the report, or provide contact details of specialist**

Medical diagnosis

Date first diagnosed  How long did you treat this condition for?

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

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

Did the veteran have a specialist assessment of this condition? Yes  No

**If yes please attach a copy of the report, or provide contact details of specialist**

Medical diagnosis

Date first diagnosed  How long did you treat this condition for?

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

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

Did the veteran have a specialist assessment of this condition? Yes  No

**If yes please attach a copy of the report, or provide contact details of specialist**





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## 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 9**



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## 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).

**Claimant 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 claimant 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 claimant. 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)**

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## Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have fully completed my application form.
  - I have provided a certified copy of the late veteran's death certificate (if not already provided).
  - I have provided an itemised copy of the funeral account.
  - If applicable, I have provided a copy of the funeral account receipt, showing the name of the person who paid the funeral account.
  - If applicable, I have attached an original or certified copy of a bank statement showing the account number and name OR a pre printed deposit slip stamped by the bank, for the person who paid the funeral account.
  - If applicable, I have completed the Transportation Expenses on page 5 and attached evidence of the method/s of transport.
  - If applicable, I have attached an original or certified copy of a bank statement showing the account number and name OR a pre printed deposit slip stamped by the bank, for the person who paid the transportation expenses.
  - If applicable, the late veteran's Medical Practitioner has completed the Medical Certificate on pages 6 - 7 and attached medical records to support the application.
  - I have read the Privacy Statement on page 8 and completed the Signature & Acknowledgement on page 9.
  - 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

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## Funeral Expenses Application Receipt

This is to acknowledge Veterans' Affairs has received your application. Provided no further information is required you will be advised of a decision within 30 working days.

*Please write your name and address details below:*

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Office Date Stamp