


Survivor's Grant and Weekly Compensation

Personal Details of the Claimant

1	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>			
3	Last Name	<input type="text"/>								
4	First name/s	<input type="text"/>								
5	Other name/s known as	<input type="text"/>								
6	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				

 Attach a certified copy of your full birth certificate; current passport, drivers licence or firearms licence.

7 What was your relationship to the veteran?

Married De facto Civil union Child Dependant Other

8 Residential Address

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

9 Postal Address (if different from residential address)

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

10 Other Contact Details

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

Personal Details of the late Veteran

11	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	Title	Rank <input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>				
13	Last name	<input type="text"/>								
14	First name/s	<input type="text"/>								
15	Other name/s known as	<input type="text"/>								
16	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				

17 Bank Details *This will be the account your Survivor's Grant & Weekly Compensation will be paid into if granted.*

You do **not** need to complete this if Veterans' Affairs already hold a current bank account for you.

Name of bank	Branch
Account Name	



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

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

18 Other entitlements

Have you applied for a Survivors Grant from ACC?

No If no, you will need to apply

Yes If yes, please advise the outcome of your claim below

Income Information

19 Tax Code Information

*Weekly Compensation is a taxable entitlement. Enter **your** IRD number and tax code information.*

IRD Number

--	--	--	--	--	--	--	--	--	--

Tax Code



Attach a signed Tax code declaration IR330 form. These can be downloaded from www.ird.govt.nz

20 Other entitlements

Have you applied for Weekly Compensation from ACC?

No If no, you will need to apply

Yes If yes, please advise the outcome of your claim below

Income Information for the late veteran

This section is only to be completed where the veteran was **not** receiving Weekly Compensation

21 Tax Code Information for the late veteran

Please advise the late veteran's IRD number and Tax Code if known

IRD Number Tax Code

22 Details of Benefits/Pensions or ACC Payments for the late veteran

Was the late veteran receiving any benefit or pension from Work & Income (MSD) or ACC? No Yes If yes, please list details below

Type of Benefit/Pension/Payment	Amount	Commenced		End Date (if applicable)	
		Month	Year	Month	Year
	\$				
	\$				
	\$				

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 Corporation, 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 that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section states that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:
 - imprisonment for a term not exceeding 3 months; or
 - a fine not exceeding \$5,000.00.
- I have read and understand the Privacy Statement.
- The document showing legal authority to act on behalf of the claimant is attached to this application and is current (where the application is being signed by a person holding this document).

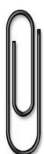
Claimant or person with legal authority to act's name (print)

Signature

Date

		/ /
---	---	-----

If you had assistance completing this form, print the person's 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 legal authority to act on behalf of the claimant. If this situation applies you must also attach a certified copy of the document/s which give legal authority to that person (if not already held by Veterans' Affairs).**

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 or service. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

In this form Veterans' Affairs seeks the evidence and information it needs to assess your eligibility to entitlements, services and support. If you do not provide all the information we ask for, your application for an entitlement and/or service 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, which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims, entitlements and services 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 Corporation – 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 and services 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 services, 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.

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140