

**Please read  
before you  
complete this  
form**

The Dependant's Pension provides financial support to the dependants of veterans, who served in Viet Nam or before 1 April 1974, and who are either affected by significant service-related impairment or whose death was due to qualifying service.

Veterans' Affairs (VA) will take into account the dependant's economic position, and the economic position of their spouse or partner, when determining the rate of the Dependant's Pension.

If the dependant is not yet 16 years of age; or if the dependant is 16 years of age or more but suffering from any mental or physical infirmity, payment will be made to the veteran (if the veteran is deceased the person responsible for the care of the dependant), unless VA considers payment should be made to another person or to trustees. In all other cases payment will be made to the dependant.

To apply, you must fully complete this application form and provide any supporting information or evidence required by VA.

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

*Further information can be found in the Dependant's Pension factsheet on our website.*

*If a Dependant's Pension has been granted and there is a change in circumstances, please complete the Update of Circumstances form on our website.*

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## Eligibility

(sections 76 & 79,  
Veterans' Support  
Act 2014)

The dependant of a Scheme One veteran is eligible for the Dependant's Pension if:

- the veteran is receiving a War Disablement Pension of 70% or more; or
- the veteran is receiving a Disablement Pension of 52% or more; or
- the veteran's death was service-related; or
- the deceased veteran was, or could have been eligible for a permanent War Disablement Pension of 70% or more or permanent Disablement Pension of 52% or more and
- they meet the definition of dependant.

A child receiving the Children's Pension is not entitled to receive the Dependant's Pension.

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## Definition

(section 7,  
Veterans' Support  
Act 2014)

The Veterans' Support Act 2014 defines dependant, in relation to a veteran as:

- a person (not being the spouse, partner, or child of the veteran) who is under 18 years of age; and is wholly or primarily dependent on the veteran for financial support; and ordinarily resides with the veteran:
- a person (not being the spouse, partner, or child of the veteran) who is 18 years of age or more; and is under the care of the veteran; and ordinarily resides with the veteran because the person is unable to live independently of the veteran due to disability, illness or advanced age:
- a person who is a child of the veteran; is 18 years of age or more; and is under the care of the veteran; and is unable to live independently of the veteran due to physical or mental infirmity.

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## Offences

(sections 270 & 271,  
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.

It is an offence not to provide information about changes in earnings that may affect entitlements as soon as practicable and anyone who does so commits an offence against this section and is liable on conviction to a fine not exceeding \$5,000.

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## Assistance

If you have any questions or require assistance completing this form, you can contact us using the details shown below:

**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)

## Completing your application

If the dependant is not yet 16 years of age; or if the dependant is 16 years of age or more but suffering from any mental or physical infirmity the application form must be completed and signed by:

- the person responsible for the care of the dependant ("the applicant").
- any person requested by the applicant to complete the form (the applicant must complete the Signature & Acknowledgement); or
- the holder of a Power of Attorney or other recognised authority (refer to page 7).

In all other cases the dependant ("the applicant") must complete and sign the application form themselves.

### Step 1:

**Read page 3 regarding documentation required and completion of the application form.**

Complete page 4, 5 and 6 of the application form if applicable; read the Privacy Statement on page 7 and complete the Signature & Acknowledgement on page 7.

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.

### Step 2:

Complete the Checklist and Receipt on page 8, then send your fully completed application and all supporting documentation to VA at the address shown.

***If the veteran is deceased and was not receiving a War Disablement Pension of 70% or more, or a Disablement Pension of 52% or more in relation to whole-person impairment (or was not receiving any pension), further information may be required, such as the veteran's employment/service/medical history. If this situation applies, please contact us to discuss your situation.***

## Process for deciding claims

(section 11 & 77,  
Veterans' Support  
Act 2014)

VA will make a decision on your claim as soon as is reasonably practicable after receiving the claim. VA may need to wait for you or any other person to provide further information required to determine whether or not to accept your claim.

If an application is accepted by Veterans' Affairs, the entitlement to the Dependant's Pension is to be treated as beginning on:

- a) the day on which Veterans' Affairs received the application, if the veteran is living; or
- b) the day after the veteran's death, if the application is received by Veterans' Affairs within 6 months after the veteran's death; or
- c) the day on which Veterans' Affairs received the application, if the application is received by Veterans' Affairs more than 6 months after the veteran's death.

## Rate of the Dependant's Pension

Veterans' Affairs will take into account the dependant's economic position, and the economic position of their spouse or partner, when determining the rate of the Dependant's Pension.

The veteran's income is not considered when Veterans' Affairs is assessing a dependant's income.

Information on the payment rate can be found on our website.

## Dependant children who are over 18

Dependant children of the veteran who are over 18 and:

- a) under the care of the veteran, and
- b) unable to live independently of the veteran due to mental or physical infirmity

are entitled to the Dependant's Pension but are encouraged to apply for the Children's Pension over the Dependant's Pension because it is not income tested and is paid at a higher rate. An applicant can not receive both pensions.

## Documents required with a first-time application

### A first-time application for a Dependant's Pension must include the following documentation

- Certified copy of identification such as a current passport, drivers licence, community services card, for the applicant i.e. the person the pension is to be paid to (if not already provided).
- Certified copy of the dependant's full birth certificate.
- 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 of the account the pension is to be paid to.
- If the dependant and/or their spouse/partner earn wages or a salary they must provide an IRD statement which includes the amount earned before tax (the gross amount), the period the wages or salary covers, and their employer's details.
- The dependant and their spouse/partner must also provide a signed declaration confirming their income from all other sources.
- If applicable, a certified copy of the late veteran's death certificate (if not already provided).

### In addition the following evidence of dependence is required:

#### Person under 18 years of age (not spouse/partner or child of the veteran)

- Evidence<sup>1</sup> that the person is wholly or primarily dependant on the veteran<sup>2</sup> for financial support; and ordinarily resides with the veteran.

#### Person 18 years or age or more who is unable to live independently due to disability, illness or advanced age (not spouse/partner or child of the veteran)

- Evidence<sup>1</sup> that the person is under the care of the veteran<sup>2</sup>; and ordinarily resides with the veteran because the person is unable to live independently of the veteran due to disability, illness or advanced age.

#### Child of the veteran 18 years or age or more who suffers from physical or mental infirmity

- Evidence<sup>1</sup> that the child is under the care of the veteran<sup>2</sup>; and is unable to live independently of the veteran due to physical or mental infirmity.

<sup>1</sup> Evidence can include but is not limited to statutory declaration/s; custody documentation; letter from a lawyer; medical evidence from a medical practitioner etc.

<sup>2</sup> If the veteran is deceased the person responsible for the care of the dependant.

A 'statutory declaration' is a statement of facts, usually made in writing before someone authorised to take a statutory declaration such as:

- Justice of the Peace; Solicitor, Court Registrar; Notary Public.

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.

## Dependant's Details

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

**2 Title** Mr  Mrs  Miss  Ms  Other   
(tick)

**3 Surname**

**4 Given Name/s**

**5 Date of Birth**  /  /

**6 Address and Contact Details**

Postal Address	
<input type="text"/>	
Physical Address	
<input type="text"/>	
Daytime Contact Number	Mobile Number
E-mail Address	
<input type="text"/>	

**7 Relationship to veteran**

## Application Type

**8 Current Situation** Indicate the situation that applies to this Dependant's Pension application

First-time application for a person under 18 years of age (not spouse/partner or child of the veteran)

First-time application for a person 18 years or age or more who is unable to live independently due to disability, illness or advanced age (not spouse/partner or child of the veteran)


First-time application for a child of the veteran 18 years or age or more who suffers from physical or mental infirmity

**!** If a Dependant's Pension has been granted and there is a change in circumstances, please complete the Update of Circumstances form on our website.

## Pension Payment Details

**9 Bank Details** *This will be the account the Dependant's Pension will be paid into if granted*

Name of Bank	Branch
<input type="text"/>	
Account Name	
<input type="text"/>	

 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															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Details of person responsible for dependant's care

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

**11** Title Mr  Mrs  Miss  Ms  Dr  Other   
(tick)

**12** Surname

**13** Given Name/s

**14** Date of Birth  /  /

### **15** Address and Contact Details

Postal Address

Physical Address

Daytime Contact Number

Mobile Number

E-mail Address

### **16** Relationship and Living Arrangements

What is your relationship to the dependant?

What is/was your relationship to the veteran (if applicable)?

Are you responsible for the care of the dependant?  No  Yes

Does the dependant live with you full-time?  No  Yes

If No, please provide details regarding living arrangements:

## Veteran's Details

These details are to be completed for all first-time applications, unless the veteran is responsible for the care of the dependant as listed above. \*If the veteran is deceased and was not on a pension with VA, please provide the veteran's service number and military service i.e. Army, Navy, Air Force.

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

**18** Title Mr  Mrs  Miss  Ms  Dr  Other   
(tick)

**19** Surname

**20** Given Name/s

**21** Date of Birth  /  /

**22** Date of Death  /  /  (If known and applicable)

**23** \*Service details

# Dependant's Income

## Assessing the rate of pension

For the purposes of determining the rate of Dependant's Pension VA will take into account the criteria set out in regulations 21 to 25 of the Veterans' Support Regulations 2014.

- If a dependant's and their spouse/partner's weekly income is equal to or less than 50% of the maximum rate of the Dependant's Pension, the dependant will be paid the maximum rate.
- For every dollar a dependant and/or their spouse/partner earns over 50% of the maximum rate, the pension rate is deducted \$1 for every \$1 over the 50% threshold.
- If a dependant and/or their spouse/partner earns more than 150% of the maximum rate of the Dependant's Pension the pension ceases to be paid.

### 24 Weekly income

Did you (the dependant) and/or your spouse/partner receive income from any source in the last 52 weeks?

No  Yes If Yes, please provide details below

*(Income includes but is not limited to, income from employment, income derived from assets and any benefit paid to you by the Ministry of Social Development)*

Dependant's Source of Income	Gross Income Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Spouse/Partner's Source of Income	Gross Income Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

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

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

### Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant

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## Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have completed the relevant sections of the application form.
  - I have attached certified copies of the required evidence relevant to my circumstance.
  - I have attached an original or certified copy of my bank statement OR a pre printed deposit slip stamped by my bank.
  - I have read the Privacy Statement on page 4 and completed the Signature & Acknowledgement on page 5.
  - 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  
WELLINGTON 6140