

Funeral Expenses

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

Further information can be found on our website www.va.mil.nz/a-z/funeral-expenses

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

Eligibility for funeral expenses and the amount Veterans' Affairs may pay or contribute to funeral expenses is dependent on whether the veteran had undertaken qualifying operational service, or veteran's death was service-related.

Death due to qualifying service:

If Veterans' Affairs determines that the veteran had undertaken qualifying operational service or suffered a service-related death, Veterans' Affairs 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, Veterans' Affairs 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:

Funeral expenses: other deceased veteran (Scheme One veterans only)

If Veterans' Affairs determines that a Scheme One veteran had not undertaken qualifying operational service or their death was not service-related, but

- The veteran leaves a surviving spouse or partner, or a child, or dependant, who will, in the opinion of Veterans' Affairs be entitled to 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 entitlements:
 - Weekly Income Compensation
 - Veteran's Pension
 - New Zealand Superannuation
 - Supported Living Payment under the Social Security Act 1964

Veterans' Affairs 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)

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

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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.

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); or
- the holder of a Power of Attorney or other recognised authority (refer to page 5).

Step 1:

Complete pages 6–11*; read the Privacy Statement on page 5; and complete the Signature on page 5.

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 9 (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. If the late veteran had qualifying operational service you only need to fill in question 19 listing qualifying operational deployments.

Page 11 (Transportation Expenses) only needs to be completed if the veteran died in hospital.

Step 2:

If required, arrange completion of pages 12–13* (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 12–13 (Late Veteran's Medical Certificate) do **not** need to be completed if:*

- *Medical Certificate not required if the veteran has undertaken qualifying operation service (see list of qualifying operational service under the Veterans' Support Act 2014 on the Veterans' Affairs website)*
- *the primary cause of death was an accepted disability; or*
- *Veterans' Affairs 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 12–13 only need to be completed if there is **additional** medical information that relates the death to service.*

Documents required with this application

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

- a 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 and a copy of their bank statement showing the account number and name OR a preprinted deposit slip stamped by their bank.

Any questions?






Contact us:

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070
- Or email us at veterans@nzdf.mil.nz

For more information visit our website www.va.mil.nz

Checklist

Please complete the checklist below to ensure your application is complete:

- I have fully completed my application form.
-  I have provided a 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 one of the following: a bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, account holder's name and the account number, or a screenshot from a banking app or website that displays all of the following: the account holder's full name, the name or logo of the bank, and the bank account number – for the person who paid the funeral account.
-  If applicable, I have completed the Transportation Expenses on page 11 and attached evidence of the method/s of transport.
-  If applicable, the late veteran's Medical Practitioner has completed the Medical Certificate on pages 12–13 and attached medical records to support the application.
- I have read the Veterans' Affairs Privacy Statement (page 5) on their website at www.va.mil.nz/privacy, and have signed the signature fields 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).

↓ Email your completed application form and any supporting documents to:

veterans.projects@nzdf.mil

OR

↓ Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

Personal information is managed in accordance with the privacy statement on our website www.va.mil.nz/privacy. If you would like a copy of the privacy statement posted to you, please email veterans@nzdf.mil.nz to request it.

Signature and acknowledgement

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
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), 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.
- I have read my obligations in the 'Information for Applicant' section at the start of this form.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

/ /

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

Helper's relationship to claimant:

First names:

Surname:

Claimant's Personal Details

1 What is your title?

 Mr Mrs Ms Miss

Other

2 What is your full name?

First name

Middle names

Family name

Preferred name

3 What is your postal address?

Street address

Suburb

City Postcode

Country

4 What are your contact details?

Email

We will contact you to verify this address

Home phone Mobile phone

Work phone

5 What is your relationship to veteran?

Late Veteran's Personal Details

6

Work and Income number

--

If you don't know this number, please leave it blank.

7

Title

Mr Mrs Ms Miss Other

8

First name

Middle names

Family name

Preferred name

9

Date of birth

/ /

Date of death

/ /

10

Relationship status at time of death

Married Civil Union De Facto Separated Divorced Single

11

Full name of veteran's partner (if applicable)

First name

Middle names

Family name

Preferred name

12

Residential address (at time of death)

Street address

Suburb

City

Postcode

Country

Late Veteran's Personal Details *continued ...*

13

Did the veteran have any 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; grandchildren and whāngai child/children.

No Yes **↓ If yes, please list details below**

Child 1 Full name
 Relationship to veteran Date of birth / /

Child 2 Full name
 Relationship to veteran Date of birth / /

14

Was the veteran in receipt of any of the following pensions or entitlements

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

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Executor/s Details

Executor 1 Full name
 Organisation (if applicable)
 Address (Street/PO Box, suburb, city, post code, country)
 Email
 Phone Mobile

Executor 2 Full name
 Organisation (if applicable)
 Address (Street/PO Box, suburb, city, post code, country)
 Email
 Phone Mobile

Late Veteran's Employment and Service History

If late veteran did not have qualifying operational service, fill in 16-20.

If late veteran did have qualifying operational service, only fill in 19 on this page and continue to 21.

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

Employer	Nature of work	Commenced MM/YYYY	Ended MM/YYYY
		/	/
		/	/
		/	/
		/	/
		/	/

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

Refer to the list of qualifying service deployments on our website

18 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)	Commenced MM/YYYY	Ended MM/YYYY
			/	/
			/	/
			/	/

19 Did the veteran serve overseas?

No Yes **↓ If yes, please list details below (if known)**

Operational Service	Enlistment date MM/YYYY	Discharge date MM/YYYY
	/	/
	/	/
	/	/

20 Was the veteran a Prisoner of War?

No Yes **↓ If yes, please list details below (if known)**

Where captured	Capture date MM/YYYY	Release date MM/YYYY
	/	/
	/	/

Funeral Expenses

21 Funeral Director's Details

Company name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	Mobile phone	<input type="text"/>

22 Has the funeral account been paid?

No Yes **↓ If yes, who paid the account?**



Attach an itemised copy of the funeral account. If the funeral account has been paid we also require a copy of the receipt, which must show the name of the person who paid the account.

If the funeral account has not been paid at the time of application submission, but is paid prior to a decision being made on your application by Veterans' Affairs, please contact us to advise who has paid the account and send in the evidence requested at questions 23 and 24.

23 Funeral Expenses grant

If a Funeral Expenses grant is made, payment will be made to the person who paid the funeral account. Please provide bank details of the person who paid the funeral account.

Name of the account

You must attach **one** of the following



A bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, **account holder's name and the account number**, or



A screenshot from a banking app or website that displays **all** of the following:

- The account holder's full name
- The name or logo of the bank, and
- The bank account number.

24 Has any assistance been received by another agency e.g. ACC, Work and Income, RSA?

No Yes **↓ If yes, please state who by and the amount of grant/assistance received**

Transportation Expenses

Complete this page only if the late veteran died in hospital

25 Hospital and Funeral Details

Hospital name	<input type="text"/>		
Address	<input type="text"/>		
City and country	<input type="text"/>	Postcode	<input type="text"/>
Place of burial or cremation	<input type="text"/>		
Address	<input type="text"/>		
City and country	<input type="text"/>	Postcode	<input type="text"/>

26 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.

27 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 the account

You must attach **one** of the following

- A bank statement, printout, or letter issued within the last six months that includes the **account holder's name and account number**, or
- A screenshot from a banking app or website that displays **all** of the following:
 - The account holder's full name
 - The name or logo of the bank, and
 - The bank account number.



Late Veteran's Medical Certificate

Doctor or health practitioner to complete

Refer to page 2 to check if the Medical Certificate requires completion

28

Veteran's full name

First name

Middle names

Family name

29

Veteran's National Health Index (NHI) number, or equivalent in your country

30

Was the veteran enrolled with your practice?

No

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

Practitioner's name

Practice name

Yes

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

Years

Months

31

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

Condition 1

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?

No

Yes

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

Did the veteran have a specialist assessment of this condition?

No

Yes



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

Condition 2

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?

No

Yes

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

Did the veteran have a specialist assessment of this condition?

No

Yes



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



Late Veteran's Medical Certificate *continued ...*

Doctor or health practitioner to complete

31

Details of the conditions the veteran had prior to his/her death *continued ...*

Condition 3

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? No Yes

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

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

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

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General comments on the late veteran's overall health

Please attach supporting documentation such as copies of medical reports, blood test results etc.

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Health practitioner information

First name

Family name

Practice phone

Practice email

What is your CPN (HPI number)?

What is your Medical Council registration number?

Stamp your practice stamp, otherwise write your full contact details

Signature

Today's Date:

/ /