

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 had undertaken qualifying operational service, or veteran's death was service-related.

Death due to qualifying service:

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

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

If VA 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 VA 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

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 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.

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)

Funeral Expenses application information

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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. If the late veteran had qualifying operational service you only need to fill in section 21 listing qualifying operational deployments.*

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:*

- *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 VA website)*
- *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.*

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 preprinted 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.

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)

| |
|------------------------------|
| <input type="text"/> |
| <input type="text"/> |
| 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; grandchildren and whāngai child/children.

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

If late veteran did not have qualifying operational service, fill in 18-22.
 If late veteran did have qualifying operational service, only fill in 21 on this page.
 Continue from 23.

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

| |
|--|
| |
|--|


Funeral Expenses

23 Funeral Director's Details

| | |
|------------------------------|------------|
| Company Name | |
| Address | |
| | |
| Country (if not New Zealand) | Post Code |
| Phone number | Fax number |
| E-mail Address | |

24 Funeral Account


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.

25 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 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 preprinted deposit slip stamped by the bank.

| | | |
|------|--------|----------------|
| Bank | Branch | Account number |
| ■ / | ■ ■ / | ■ ■ / ■ ■ |

26 Other Funeral Assistance

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

 *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.*

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 <input type="checkbox"/> No <input type="checkbox"/> |
| What would you assess the level of disablement/severity to have been? | |
| Did the veteran have a specialist assessment of this condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please attach a copy of the report, or provide contact details of specialist | |
| <input type="text"/> | |

| | |
|--|--|
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| What would you assess the level of disablement/severity to have been? | |
| Did the veteran have a specialist assessment of this condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please attach a copy of the report, or provide contact details of specialist | |
| <input type="text"/> | |

| | |
|--|--|
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| What would you assess the level of disablement/severity to have been? | |
| Did the veteran have a specialist assessment of this condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please attach a copy of the report, or provide contact details of specialist | |
| <input type="text"/> | |

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



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)**

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 preprinted 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 preprinted 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