Review of Decision

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

This application form is for a veteran or other claimant who is dissatisfied with the outcome of a claim and wishes to apply for a review of decision.

You can find information on how we make decisions at:
www.va.mil.nz/determining-a-claim-under-section-14-or-15

If you wish to review a decision, you must apply to Veterans' Affairs **within 6 months** after receiving notification of the decision.

To apply, you must fully complete this application form and provide any supporting information to support your claim. Please complete the Checklist on page 2 to ensure your application is complete before submitting.

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

Further information can be found on our website: ***www.va.mil.nz/review-or-appeal***

Right to apply for a Review (sections 12 - 13 & 215 - 218, Veterans' Support Act 2014)

Veterans' Affairs must give notice of decisions on claims to the claimant. This notice will be in writing; and contain the reasons for the decision; and tell the claimant if they have the right to apply for a review of any of Veterans' Affairs decisions on the claim.

Application must be made to Veterans' Affairs **within 6 months** after receiving notification of the decision.

A veteran or other claimant may apply for a review of decision by Veterans' Affairs that relates to that person's entitlement, including -

(a) a decision of Veterans' Affairs if the decision relates to 1 or more of the following:
  (i) eligibility for an entitlement;
  (ii) whether there is a relationship between a veteran's injury, illness, or death and the veteran's qualifying service;
  (iii) whether and, if so, to what extent a veteran's service is qualifying service;
  (iv) the degree of impairment caused by an injury or illness.

(b) a decision of Veterans' Affairs to decline entitlement to a Veteran's Pension on the basis that the serviceon which a claim for entitlement is based is not qualifying operational service.

You must set out fully the reasons you are seeking a review of the decision and attach any evidence not previously provided, such as medical reports and/or other documentation which supports your claim.

Review Process (section 222, Veterans' Support Act 2014)

A Review Officer will conduct a review and must:

- confirm the decision; or
- modify the decision; or
- revoke the decision; or
- make any other decision that is appropriate to the circumstances of the case.

If the review is in relation to qualifying service or qualifying operational service, the review will be conducted by a Veterans' Service Review Panel (the Review Panel).

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.

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 attached any additional information which supports my claim.
- ☐ I have read the Veterans' Affairs Privacy Statement (page 3) on their website at ***www.va.mil.nz/privacy***, and have signed the signature fields on page 5.

Email your completed application form and any supporting documents to:

veterans@nzdf.mil.nz

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.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

D D / M M / Y Y Y Y

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

Helper's relationship to claimant:

First names:

Surname:

Your personal details

1 Work and Income number

☐☐☐–☐☐☐–☐☐☐

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

2 What is your title?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

3 What is your full name?

First name

Middle names

Family name

Preferred name

4 What is your date of birth?

D D / M M / Y Y Y Y

5 What is your postal address?

Street address

Suburb

City Postcode

Country

6 What are your contact details?

Email

Home phone Mobile phone

Work phone

7 **Medical practitioner information**

First name

Family name

Practice name

Practice phone

Practice email

Review of Decision

8 Please set out in full your reasons for seeking a review and attach any evidence not previously provided, such as medical reports and/or other documentation which supports your application.

Please use a separate box for each decision and continue on a separate sheet if necessary.

Decision number ☐

What is the decision about?

Date of the decision D D / M M / Y Y Y Y

I would like the decision reviewed because:

Does this review relate to a declined entitlement on the basis that service on which the claim for entitlement is based is **not qualifying service**?

☐ No ☐ Yes

Decision number ☐

What is the decision about?

Date of the decision D D / M M / Y Y Y Y

I would like the decision reviewed because:

Does this review relate to a declined entitlement on the basis that service on which the claim for entitlement is based is **not qualifying service**?

☐ No ☐ Yes

For additional reviews with this application please copy and complete this sheet