

Review of Decision application information

(Issued under sections 27, 213 and 215 of the Veterans' Support Act 2014)

Please read before you complete this form

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.

If you wish to review a decision you must apply to Veterans' Affairs (VA) **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 5 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 in the Reviews and Appeals factsheet on our website.

Right to apply for a Review

(sections 12 - 13 &
215 - 218,
Veterans' Support
Act 2014)

VA 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 VA's decisions on the claim.

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

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

- (a) a decision of VA 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 VA to decline entitlement to a Veteran's Pension on the basis that the service on 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 a decision made by the General Manager of Veterans' Affairs, the review will be conducted by a Review Officer appointed by the Chief of the Defence Force.

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.

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)

You can email: veterans@nzdf.mil.nz or visit our website: www.veteransaffairs.mil.nz

Review of Decision application form

Personal Details

1 Work and Income / Client Number (if known)

2 Title (tick) Mr Mrs Miss Ms Dr Other

3 Surname

4 Given Name/s

5 Date of Birth / /

6 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"/>	

7 Medical Practitioner Details

GP Name	<input type="text"/>
Practice Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>

Review of Decision

8 Details of the decision/s you are reviewing

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 1:
Date of decision:
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 ? <input type="checkbox"/> No <input type="checkbox"/> Yes

Decision 2:
Date of decision:
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 ? <input type="checkbox"/> No <input type="checkbox"/> Yes

Decision 3:
Date of decision:
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 ? <input type="checkbox"/> No <input type="checkbox"/> Yes

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

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 4



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 attached any additional information which supports my claim.
- I have read the Privacy Statement on page 3 and completed the Signature & Acknowledgement on page 4.
- 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

Review of Decision Application Receipt

This is to acknowledge Veterans' Affairs has received your application.

Please write your name and address details below:

Office Date Stamp