Surviving Spouse or Partner Pension

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

This application form is for a surviving spouse or partner of a deceased Scheme One veteran.

The Surviving Spouse or Partner Pension provides financial support to the spouse or partner of deceased veterans who undertook qualifying operational service, or who were affected by significant service-related impairment during their lives or whose death was due to qualifying service.

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 66–67, Veterans' Support Act 2014)

You may be eligible for a Surviving Spouse or Partner Pension if the following criteria is met:

- the veteran had undertaken qualifying operational service; OR
- the veteran's death was service-related; OR
- at the time of the veteran's death, the veteran was receiving a permanent War Disablement Pension of 70% or more, or a permanent Disablement Pension of 52% or more in relation to whole-person impairment; OR
- Veterans' Affairs considers that had the veteran not died, the veteran would have been eligible to receive a pension to the extent of impairment specified above.

The above does not apply if, immediately before the veteran's death:

- the veteran and the claimant were living apart or were not maintaining a relationship in the nature of marriage; and
- the claimant was not contributing to the veteran's day-to-day welfare.

These two exclusions do not apply if the circumstances described occurred principally because of the health, imprisonment or employment obligations of the veteran or the claimant.

Refer to the list of qualifying service deployments and dates on our website.

When does a pension cease? (sections 68–70, Veterans' Support Act 2014)

A surviving spouse or partner is no longer entitled to the Surviving Spouse or Partner Pension if they enter into a new relationship (marriage, civil union or de facto). They can however elect to receive a payment equivalent to two years' worth of the Surviving Spouse or Partner Pension, either periodically or as a lump sum.

A surviving spouse or partner can have their entitlement to a Surviving Spouse or Partner Pension reinstated if their new relationship comes to an end within 5 years after the start of the relationship.

A surviving spouse or partner's entitlement to the Surviving Spouse or Partner Pension ceases 28 days after their death.

Process for deciding claims (sections 11–21, 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.

If your claim is accepted the pension will be paid from the day after the veteran's death if the application is received by Veterans' Affairs within 6 months of the veteran's death; or the day on which the application was received by Veterans' Affairs, if received more than 6 months after the veteran's death.

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***

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 10).

Step 1:

Complete pages 6–10*; 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 section 24 listing qualifying operational deployments. See list of qualifying operational service under the Veterans' Support Act 2014 on the Veterans' Affairs' website.

Step 2:

If required, arrange completion of pages 11–12* (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 11–12 (Late Veteran's Medical Certificate) do **not** need to be completed if:*

- *Medical Certificate not required if the veteran has undertaken qualifying operation service*
- *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 ffor a Surviving Spouse or Partner Pension 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 11–12 only need to be completed if there is **additional** medical information that relates the death to service.*

Step 3:

Complete the Checklist on page 3, then send your fully completed application and all supporting documentation to Veterans' Affairs at the address shown.

Documents required with this application

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

- Certified copies of **two** forms of identification (one from List A and one from List B):
  - List A: Full Birth Certificate (showing your parent's names), Current Passport **and**
  - List B: Current Drivers Licence, Firearms Licence, SuperGold Card, Community Services Card. NB. We require a certified copy of both sides of the licence/card.
- A copy of your bank statement showing the account number and name OR a preprinted deposit slip stamped by your bank.
- A copy of the late veteran's death certificate (if not already provided).
- A copy of your marriage or civil union certificate. If you were in a de facto relationship you will need to provide a statutory declaration regarding the duration and nature of yourrelationship and supporting documentation, such as home ownership documents, joint bankaccount statements, joint utilities etc that show you were financially interdependent.

Checklist

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

- ☐ I have fully completed my application form.
- ☐ I have provided certified copies of **two** forms of identification.
- ☐ I have attached the evidence of my bank account, as required for question 10.
- ☐ I have provided a certified copy of the late veteran's death certificate (if not already provided).
- ☐ I have provided a certified copy of my marriage or civil union certificate; or if in a de facto relationship a statutory declaration and supporting documentation.
- ☐ If applicable, the late veteran's Medical Practitioner has completed the Medical Certificate on pages 11–12 and attached medical records to support the application.
- ☐ I have read the Privacy Statement on our website and completed the Signature on page 5.
- ☐ I have written my name and address in the application

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.
- 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:

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:

Claimant's 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 Where do you live?

Street address

Suburb

City Postcode

Country

6 What is your postal address?

Street address

Suburb

City Postcode

Country

7 What are your contact details?

Email

We will contact you to verify this address

Home phone Mobile phone

Work phone

Claimant's Personal Details *continued …*

8 Please provide contact details of a next of kin not living at your address

First name

Family name

Street address

Suburb

City | Postcode

Country

Email

Home phone | Mobile phone

Work phone

Relationship to you

9 Do you have any dependant children?

Children who are living with you as family members whom you financially support, including: your natural children; stepchildren; children at boarding school; adopted children; and grandchildren and whāngai child/children.

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

Child 1
Full name
Relationship to veteran | Date of birth D D / M M / Y Y Y Y

Child 2
Full name
Relationship to veteran | Date of birth D D / M M / Y Y Y Y

10 Bank account your Surviving Spouse or Partner Pension will be paid into if granted

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.

Late Veteran's Personal Details

11 Work and Income number

☐☐☐–☐☐☐–☐☐☐

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

12 Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

13

First name

Middle names

Family name

Preferred name

14 Date of birth D D / M M / Y Y Y Y

Date of death D D / M M / Y Y Y Y

15 Residential address (at time of death)

Street address

Suburb

City Postcode

Country

16 Did the late veteran receive a War Disablement Pension or Disablement Pension?

☐ No **If no, go to page 9**

☐ Yes **If yes, go to page 10**

Late Veteran's Employment and Service History

If late veteran did not have qualifying operational service, fill in 17–19.
If late veteran did have qualifying operational service, only fill in 17 on this page.
Continue from 20.

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
	/	/
	/	/

Your Relationship Details

21 Your relationship status at time of veteran's death

☐ Married ☐ Civil Union ☐ De Facto ☐ Separated ☐ Divorced ☐ Single

22 Were you living with the veteran at the time of the veteran's death?

☐ No **If no, please give the reasons why and the date you stopped living together**

☐ Yes

23 Since the veteran's death, have you entered into a new relationship?

☐ No ☐ Yes **If yes, please complete the questions below**

Details of your current or most recent relationship

☐ Married ☐ Civil Union ☐ De Facto

Date relationship commenced D D / M M / Y Y Y Y

Date relationship ended (if applicable) D D / M M / Y Y Y Y

Spouse/partner's first names

Spouse/partner's family name

Details of your second most recent relationship

☐ Married ☐ Civil Union ☐ De Facto

Date relationship commenced D D / M M / Y Y Y Y

Date relationship ended (if applicable) D D / M M / Y Y Y Y

Spouse/partner's first names

Spouse/partner's family name

If you have had more than two marriages, civil unions or de facto relationships since the veteran's death please continue on a separate piece of paper and attach

Late Veteran's Medical Certificate
Doctor or health practitioner to complete

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

24 Veteran's full name

First name

Middle names

Family name

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

26 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

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

Condition 1

Medical diagnosis

Date first diagnosed D D / M M / Y Y Y Y

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 D D / M M / Y Y Y Y

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

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

Condition 3

Medical diagnosis

Date first diagnosed D D / M M / Y Y Y Y

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

28 General comments on the late veteran's overall health

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

29 **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: D D / M M / Y Y Y Y