New Zealand VETERANS' AFFAIRS
Te Tira Ahu Ika A Whiro

# Surviving Spouse or Partner Pension application information

**(Issued under sections 27, 67 and 213 of the Veterans' Support Act 2014)**

## Please read before you complete this form

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

The Surviving Spouse or Partner Pension provides financial support to the spouse or partner of deceased veterans either affected by significant service-related impairment during their lives or whose death was due to qualifying service. It is not income or asset tested in New Zealand.

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 Surviving Spouse or Partner Pension factsheet on our website.*

## 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'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**
- VA 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, unless these circumstances occurred principally because of 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)

VA will make a decision on your claim within **30 working days** of receipt of the application. However, the 30 working days does not include any period while VA is waiting for further information that it requires to determine whether to accept the claim.

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

## 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**

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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 8).

**Step 1:**

Complete pages 1 - 4*; read the Privacy Statement on page 7; and complete the Signature & Acknowledgement on page 8.

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.*

**Step 2:**

If required, arrange completion of pages 5 - 6* (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 5 - 6 (Late Veteran's Medical Certificate) do **not** need to be completed if:*

- *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 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 5 - 6 only need to be completed if there is **additional** medical information that relates the death to service.*

**Step 3:**

Complete the Checklist and Receipt on page 9, then send your fully completed application and all supporting documentation to VA 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.
- An original or certified copy of your bank statement showing the account number and name OR a pre printed deposit slip stamped by your bank.
- A certified copy of the late veteran's death certificate (if not already provided).
- A certified 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 your relationship and supporting documentation, such as home ownership documents, joint bank account statements, joint utilities etc that show you were financially interdependent.

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.

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# Surviving Spouse or Partner Pension application form

## Claimant's 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 Other Known Names** List other names that you use now or in the past including maiden name/s

**6 Date of Birth** / /

**7 Residential Address**

Country (if not New Zealand) Post Code

**8 Postal Address** (if different from residential address)

Country (if not New Zealand) Post Code

**9 Other Contact Details**

| | |
|---|---|
| Home Phone | Work Phone |
| Mobile Number | Fax Number |
| E-mail Address | |

**10 Next of kin details** Please provide contact details of a next of kin **not living at your address**

Name

Address

Contact Details

Relationship to claimant

## 11 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.*

Do you have any dependant children? ☐ No ☐ Yes If yes, please list details below

| | |
|---|---|
| Name | |
| Date of Birth | |
| Relationship to late veteran | |

| | |
|---|---|
| Name | |
| Date of Birth | |
| Relationship to late veteran | |

## 12 Bank Details

*This will be the account your Surviving Spouse or Partner Pension will be paid into if granted*

| | |
|---|---|
| Name of bank | Branch |
| Account Name | |

Write your bank account number below and attach an original or certified copy of your bank statement showing the account number and name **OR** a pre printed deposit slip stamped by your bank

Bank Branch Account number

# Late Veteran's Personal Details

## 13 Work and Income / Client Number (if known)

## 14 Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐

## 15 Surname

## 16 Given Name/s

## 17 Date of Birth

/ /

## 18 Date of Death

/ /

## 19 Residential Address (at time of death)

| | |
|---|---|
| | |
| | |
| Country (if not New Zealand) | Post Code |

## 20 War Disablement Pension / Disablement Pension

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

☐ No **If No, go to page 3** ☐ Yes **If yes, go to page 4**

# Late Veteran's Employment and Service History

**Complete page 3 if the late veteran was NOT in receipt of a War Disablement Pension or a Disablement Pension**

## 21 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 Month | Commenced Year | Ended Month | Ended Year |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## 22 Qualifying Service

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

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

| |
|---|
| |
| |

## 23 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 / / |
| | | | |
| | | | |

## 24 Operational Deployments

Did the veteran serve overseas? ☐ No ☐ Yes If yes, please list details below (if known)

| Operational Deployment | Role | Commenced Month | Commenced Year | Ended Month | Ended Year |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## 25 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

| |
|---|
| |

# Your Relationship Details

## 26 Your relationship status at time of veteran's death

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

## 27 Living arrangements

Were you living with the veteran at the time of the veteran's death? ☐ No ☐ Yes

If no, please give the reasons why and the date you stopped living together:

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

## 28 Relationships

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 |
| Spouse or partner's surname |
| Spouse or partner's first names |
| Date relationship ended (if applicable) |

**Details of your second most recent relationship** Married ☐ Civil Union ☐ De facto ☐

| |
|---|
| Date relationship commenced |
| Spouse or partner's surname |
| Spouse or partner's first names |
| Date relationship ended |

**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 - to be completed by a Medical Practitioner

**Refer to page 2 of the Information Sheet to check if the Medical Certificate requires completion**

**29 Veteran's Name**

**30 Veterans NHI Number**

**31 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 |

**32 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 ☐ No ☐ |
| What would you assess the level of disablement/severity to have been? | |
| Did the veteran have a specialist assessment of this condition? | Yes ☐ No ☐ |
| **If yes please attach a copy of the report, or provide contact details of specialist** | |
| | |

| 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 ☐ No ☐ |
| What would you assess the level of disablement/severity to have been? | |
| Did the veteran have a specialist assessment of this condition? | Yes ☐ No ☐ |
| **If yes please attach a copy of the report, or provide contact details of specialist** | |
| | |

| 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 ☐ No ☐ |
| What would you assess the level of disablement/severity to have been? | |
| Did the veteran have a specialist assessment of this condition? | Yes ☐ No ☐ |
| **If yes please attach a copy of the report, or provide contact details of specialist** | |
| | |

## Late Veteran's Medical Certificate - to be completed by a Medical Practitioner

### 33 General comments on the late veteran's overall health

### 34 Medical Practitioner Identity

**HPI No.** | | | | | | | **Medical Council Registration No.**

Name

Practice Stamp (or address and telephone)

**Medical Practitioner Signature** / /

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

# 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 8**

## 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 certified copies of **two** forms of identification.

☐ I have attached an original or certified copy of my bank statement OR a pre printed deposit slip stamped by my bank.

☐ 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 5 - 6 and attached medical records to support the application.

☐ I have read the Privacy Statement on page 7 and completed the Signature & Acknowledgement on page 8.

☐ 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

## Surviving Spouse or Partner Pension Application Receipt

This is to acknowledge Veterans' Affairs has received your application. Provided no further information is required you will be advised of a decision within 30 working days.

*Please write your name and address details below:*

_____

_____

_____

_____

Office Date Stamp