Terminal Rate and Lump Sum

APPLICATION FORM

This application form is for a veteran who has been diagnosed with a terminal medical condition that is service-related and is in receipt of or entitled to a Disablement Pension or War Disablement Pension.

A terminal medical condition is an advanced progressive disease likely to cause death within a 12-month period.

The Terminal Lump Sum is a one off, tax-free payment equivalent to the total of the Disablement Pension or War Disablement Pension maximum rate payable for a 12-month period.

If you elect to receive the lump sum payment your pension will be suspended for 12 months. The pension will be reinstated and paid at the maximum rate at the close of the 12-month period.

To apply, please 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.

Entitlement (sections 53 - 54, & clause 7 Schedule 1, Veterans' Support Act 2014)

Any veteran who is entitled to a Disablement Pension or War Disablement Pension and has a service-related terminal medical condition can receive the maximum rate of pension or a lump sum payment.

If your claim is accepted:

- your pension if not already, will be increased to the maximum rate; and
- you can opt to -
  i. suspend payment of the pension for a period of 12 months; and
  ii. receive a lump sum payment equal to the aggregate of the pension payable at the maximum rate for the 12-month period.

The 12-month period will be treated as starting on the day on which Veterans' Affairs receives your decision to suspend your periodic payment so you can receive the lump sum payment.

The option to elect to receive a lump sum payment is available once.

If during the 12-month period the pension rate is adjusted, you will be entitled to the residual amount of the lump sum payment paid to you and what would have been paid had you received the lump sum payment when the adjustment occurred.

A veteran's entitlement to the Disablement Pension ceases 28 days after their death; but does not apply in relation to a veteran who has elected to receive a lump sum payment under section 53 and dies during the 12-month period referred to in that section.

Process for deciding claims

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.

Offences (section 270, Veterans' Support Act 2014)

It is an offence to make a false statement or provide misleading information to Veterans' Affairs 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.

Completing your application

This application form must be completed and signed by the veteran or:

- any person requested by the veteran to complete the form (the veteran must complete the Signature & Acknowledgement); or
- the holder of a Power of Attorney or other recognised authority (refer to page 6).

Step 1:

- Complete pages 3 to 4.
- Read the Privacy Statement on page 2.
- Complete the Signature & Acknowledgement on page 6.

Step 2:

Contact your Medical Practitioner to check if an appointment is required to complete the Medical Certificate OR if it can be completed without an appointment.

Your Medical Practitioner needs to complete the Medical Certificate on page 4; and return the form to you with the invoice and any supporting documentation.

Step 3:

Complete the Checklist on page 6, then send your fully completed application and all supporting documentation to Veterans' Affairs at the address shown.

Travel Costs

If you are required to undergo a medical assessment as part of this application, you may be able to claim travel costs. For further information please contact your Case Manager.

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***

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.

Your personal details

1 Do you have a Work and Income number?

☐ No

☐ Yes ➡ **Enter the 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 If your postal address is different to where you live, enter details below.

Street address

Suburb

City Postcode

Country

7 What are your contact details?

Email

Home phone Mobile phone

Work phone

Payment Option

8 Terminal rate or Lump Sum

If Veterans' Affairs accepts that the terminal medical condition is service-related, your pension will be increased to the maximum rate, or you can elect to receive a lump sum payment.

☐ **Option 1** – Please tick this box if you wish to receive regular pension payments at the maximum rate.

This option does not prevent you from subsequently making an election for a lump sum payment.

☐ **Option 2** – Please tick this box if you wish to suspend payments of your pension for a period of 12 months, and receive a one-off lump sum payment equal to the aggregate of the pension payable at the maximum rate for the 12-month period.

At the close of the 12-month period, your regular pension payments will be resumed at the maximum rate payable.

Medical practitioner to complete

9 What is your patient's full name?

First name

Middle names

Family name

10 What is your patient's National Health Index (NHI) number, or equivalent in your country?

☐☐☐☐☐☐☐☐☐

11 Does the veteran suffer from an advanced progressive disease likely to cause death within 12 months?

☐ No

☐ Yes **Enter the condition below**

Medical practitioner to complete *continued …*

12 **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

Please attach your invoice to this form along with any supporting documentation such as copies of medical reports, blood test results etc.

Veterans' Affairs will meet the cost of the consultation and completion of this medical certificate upon receipt of the completed application and your invoice.

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, 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:

Checklist

- ☐ I have fully completed my application form.
- ☐ My Medical Practitioner has completed page 5; attached their invoice and any supporting documentation.
- ☐ I have read the Privacy Statement on page 2, and completed the Signature on page 6.

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