

Please read before you complete this form

Weekly Income Compensation is an income support payment available to veterans, who have service in Viet Nam, or before 1 April 1974, and are unable to work full-time as a consequence of injury or illness, whether service-related or not. Veterans receiving Weekly Income Compensation are entitled to rehabilitation support and services.

To apply for Weekly Income Compensation 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 Weekly Income Compensation factsheet on our website.

Entitlement

(sections 59 & 62, Veterans' Support Act 2014)

A veteran* (whether resident in New Zealand or overseas) who is unable to work full-time, as a consequence of injury or illness from whatever cause is entitled to Weekly Income Compensation. Veterans cannot receive Weekly Income Compensation and any benefit or payment under the Social Security Act 1964 at the same time.

A veteran's entitlement to Weekly Income Compensation ceases if VA assesses the veteran as being able to go back to full-time employment under the following circumstances:

- (i) If you have been receiving Weekly Income Compensation for **less than 6 months**, and you have been assessed as being able to go back to the same full-time employment held just before you started receiving Weekly Income Compensation, then your Weekly Income Compensation will cease 10 days after receiving notice of the decision.
- (ii) If you have been receiving Weekly Income Compensation for **6 months or more**, and you have been assessed as being able to go back to the same full-time employment held just before you started receiving Weekly Income Compensation, then your Weekly Income Compensation will cease on the earlier of:
 - The date on which you commence full-time employment; or
 - 28 days after receiving notice of the decision.
- (iii) If you are assessed as not being able to go back to the same full-time employment you held just before you started receiving Weekly Income Compensation, but VA assesses that you are able to return to other full-time employment, then your Weekly Income Compensation will cease on the earlier of:
 - The date on which you commence full-time employment; or
 - 28 days after receiving notice of the decision.

Working part-time

(section 63, Veterans' Support Act 2014)

Entitlement to Weekly Income Compensation reduces if the veteran is able to work part-time. VA will reduce the amount of Weekly Income Compensation to ensure that the total of earnings from work (excluding passive income such as interest) and Weekly Income Compensation does not exceed the average wage (as defined in the Social Security Act 1964). You must discuss any changes in your circumstances with VA.

Receiving ACC income compensation

(section 64, Veterans' Support Act 2014)

Veterans already receiving income compensation under the Accident Compensation Act 2001 are not entitled to receive Weekly Income Compensation from VA at the same time. However, VA will top up the difference between the Weekly Income Compensation payable and what you would otherwise receive from ACC.

Rehabilitation

(section 59, Veterans' Support Act 2014)

You may be required to undertake medical and vocational assessments for which you will be given a minimum of 10 days notice. Failure to attend an appointment may result in the termination or decline of your Weekly Income Compensation.

Applying overseas

If you are applying for Weekly Income Compensation from outside of New Zealand, you are responsible for paying the costs of assessing whether you are unable to work full-time. Medical certificates must be provided by a Registered Medical Practitioner.

Process for deciding claims

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 is required to determine whether to accept the claim.

If a claim is accepted by VA, the veteran's entitlement to Weekly Income Compensation will be paid from the day on which the completed application was received at VA.

Reimbursing Ministry of Social Development benefits from your Weekly Income Compensation

If you received a Ministry of Social Development (MSD) benefit (such as a Veteran's Pension) during the period in which your application for Weekly Income Compensation was being processed and decided, VA will provide details of your Weekly Income Compensation entitlement to MSD.

MSD will review the benefit they've paid you for that period, and let VA know if it needs to be reimbursed. If it does, MSD will advise VA the gross amount (i.e. tax plus net) of the reimbursement, and VA will deduct this from your gross backdated Weekly Income Compensation.

VA will then:

- (i) pay MSD the net amount of the benefit to be reimbursed.
- (ii) pay Inland Revenue the tax amount to be reimbursed.
- (iii) pay the balance of your Weekly Income Compensation (you will receive the net amount, and Inland Revenue the tax amount).

WIC and New Zealand Superannuation or Veteran's Pension

(section 65, Veterans' Support Act 2014)

When you reach New Zealand Superannuation qualification age, you can elect to continue to receive Weekly Income Compensation.

The following rules apply:

- (i) If you have been entitled to Weekly Income Compensation for 24 months or longer, entitlement ceases upon reaching New Zealand Superannuation qualification age.
- (ii) If you have been entitled to Weekly Income Compensation for 12 months or more but less than 24 months, you can elect to stay on Weekly Income Compensation for 24 months.
- (iii) If you have been entitled to Weekly Income Compensation for less than 12 months, you remain entitled for a period of 12 months following the later of the date of reaching New Zealand Superannuation qualification age; or the date of entitlement to Weekly Income Compensation. You can elect to remain on Weekly Income Compensation for a further 12 months.

Any election to remain on Weekly Income Compensation must be made to VA by the later of:

- (i) Within 1 month before the date on which the election would take effect, or
- (ii) Within 1 month after the veteran has been notified of the amount of the Weekly Income Compensation by Veterans' Affairs, the Review Officer, or the Veterans' Entitlements Appeal Board, as applicable.

Offences

(sections 270 - 271, Veterans' Support Act 2014)

It is an offence to make a false statement or provide misleading information to VA 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.

It is an offence not to provide information about changes in earnings that may affect entitlements as soon as practicable and anyone who does so commits an offence against this section and is liable on conviction to 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.

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

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 and Obligations); or
- the holder of a Power of Attorney or other recognised authority (refer to page 13).

Step 1:

Complete pages 1 - 7*; read the Privacy Statement on page 12; and complete the Signature & Acknowledgement and Obligations on page 13.

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:**

*Question 13 (Bank Details); and Questions 17 - 19 (Service History) do **not** need to be completed if you are in receipt of a War Disablement or Disablement Pension.*

Step 2:

Make an appointment with your Medical Practitioner, advise when making the appointment that it is for a veteran entitlement and that the appointment is to assess fitness to undertake employment, and you need a **longer** appointment - this could mean you need a double/triple appointment slot.

Step 3:

Attend the appointment with your Medical Practitioner. Make sure your Medical Practitioner reads the Guidance Notes and completes the 'Medical Certificate' on pages 8, 9, 10 and 11; and returns the form to you with the invoice* and any supporting documentation.

**NB. Veterans' Affairs will meet the cost of the consultation and completion of this medical certificate upon receipt of the completed application and invoice, except where the veteran is applying from outside of New Zealand. In this case, the veteran is responsible for meeting the cost of assessment.*

Step 4:

Complete the Checklist and Receipt on page 14, then send your completed application and all supporting documentation to VA at the address shown.

Identification

(Only required if you are **not** in receipt of a War Disablement or Disablement Pension)

You will be identified by your service number plus **one** of the following documents that must be certified:

- Full Birth Certificate; Current Passport, Drivers Licence or Firearms Licence.

A 'certified' document is an original document that has been photocopied and certified as a true copy by one of the following:

- Justice of the Peace; Solicitor; Police Officer; Registered Medical Professional; Court Registrar; or other people authorised to take statutory declarations.

Travel Costs

As 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.

Weekly Income Compensation application form

Veteran'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 Name/s

6 Date of Birth / /  Attach a certified copy of your full birth certificate; current passport, drivers licence or firearms licence.

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 Relationship Status Married De facto Widowed Divorced Single

If you are in a relationship please complete your partner's details below

Work and Income / Client Number (if known)

Name Date of Birth / /

Address

Contact Details

Date relationship started

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

Name

Address

Contact Details

Relationship to veteran

12 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 veteran	

Name	
Date of Birth	
Relationship to veteran	

13 Bank Details *This will be the account your Weekly Income Compensation will be paid into if granted*

If you are in receipt of a War Disablement Pension or a Disablement Pension, you do not need to complete question 13.

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			
■	/			■	■	/		■	■	■	/

Income Information

14 Tax Code Information

Weekly Income Compensation is intended to be a taxable entitlement. Enter your IR number and tax code information.

IR Number Tax Code

 Attach a signed Tax code declaration IR330 form. These can be downloaded from www.ird.govt.nz

15 Details of Benefits/Pensions

Are you receiving any benefit or pension from Work & Income (MSD)? No Yes If yes, please list details below

Type of Benefit/Pension	Amount	Commenced		End Date (if applicable)	
		Month	Year	Month	Year
	\$				
	\$				
	\$				
	\$				

16 Details of Employment

Please provide details of your employment immediately before you were unable to work full-time and any part-time work you are currently undertaking or earnings you are currently receiving.

Employment:

Employer	If part-time, hours per week	Weekly Earnings (after tax)	Commenced Month	Year	Ended Month	Year
		\$				
		\$				
		\$				

Earnings from other sources:

Source of Earnings (i.e. self employed, interest, etc.)	Weekly Earnings (after tax)	Commenced Month	Year	Ended Month	Year
	\$				
	\$				
	\$				

Service History

If you are in receipt of a War Disablement Pension or a Disablement Pension, you do not need to complete questions 17 - 19.

17 Qualifying Service

Refer to the list of qualifying service deployments on our website

Please state your qualifying service deployment/s below:

18 Details of Service

Please provide details of your service in the 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 / /

19 Operational Deployments

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

Operational Deployment	Role	Commenced Month	Year	Ended Month	Year



Please DO NOT request your military records from NZDF Archives or NZDF Health Services as we will request these records as part of the application process, but if you have any other documentation or information that would assist with processing your application, please attach a copy.

Work Capability

- 20** Please give a brief description of your home environment i.e. the people you live with, stairs, any adaptations made, garden etc.

- 21** Please describe how you spend your free time i.e. any hobbies, exercise groups or clubs you may participate in

- 22** Please state how you manage the following daily tasks. If you do not complete any of the listed tasks, please state how you feel you would manage them if you were to attempt them.

Walking inside your home	
Stairs	
Getting in and out of bed	
Getting in and out of a chair	
Getting in and out of the bath	
Getting in and out of the car	
Getting up off the floor	
Do you have a medical alarm?	

Have you had a fall in the past 6 months? If yes, what happened?

Making hot drinks

Cooking a meal

Washing the dishes

Sweeping or vacuuming the floors

Hanging out the washing

Driving

Shopping

Mowing the lawn and gardening i.e. weeding, digging

Sitting in a chair for half an hour

Standing for half an hour

Walking 500 metres

Picking an object up off the floor

Employment

Veterans' Affairs may contact your most recent employer

23 What was your role in your most recent employment

What hours did you work?

When did you last work?

Did you enjoy your job?

24 Please explain why you stopped working (physical, personal reason etc)

25 What aspects of your work do you feel you could still manage?

26 What aspects of you work do you feel you could not manage at present?

27 How much sick leave have you taken over the last 24 months of your employment?

What were the medical reasons for taking the sick leave?

28 Do you feel there is other employment you could do? No Yes

Please elaborate on your answer

29 Do you intend to return to work? No Yes

If yes, when do you think you will be able to work?

30 Are you willing to work in other forms of employment as your health allows?

No Yes

31 Any other relevant information that prevents you from undertaking all work?

Please continue on a separate sheet of paper if necessary

Your medical information

32 Accidents and Injuries

Are you currently receiving income compensation from ACC or your employer via their AEP programme?

No Yes If yes, please list details of each claim made below

Medical Condition	Date of Claim			Currently Receiving Payment	
	Day	Month	Year	No	Yes
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please state the agency and your Client Number for any claim made below

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Have you been injured in any accident occurring before or after your service but made no ACC, AEP or insurance claim?

No Yes If yes, please list details of each accident and resulting injury below

Type of Accident	Date of Accident			Resulting Injuries / Medical Conditions
	Day	Month	Year	

33 Health Practitioner (other than your current Medical Practitioner, if applicable)

Please provide the name and contact details of any other health practitioner providing treatment to you. Continue on a separate sheet if necessary. Your Medical Practitioner may be able to assist with these details if you are unsure.

Name and Profession	
Practice Name	
Address	
Phone	

Guidance Notes for Medical Practitioner

Weekly Income Compensation is available to veterans who are unable to undertake full-time employment due to any injury or illness, regardless of whether it is related to their service or not.

Completing the Medical Certificate:

- Complete pages 8, 9, 10 and 11.
- Attach your invoice and any supporting documentation such as medical reports, blood test results etc.
- Return the completed form, invoice and supporting documentation to the veteran.

Veterans' Affairs will meet the cost of the consultation and completion of this medical certificate upon receipt of the completed application and your invoice, except where the veteran is applying from outside of New Zealand. In this case, the veteran is responsible for meeting the cost of assessment.

Medical Certificate - to be completed by your GP

Medical Information

34 How would you describe the veterans' hearing, vision and communication skills?

35 Can the veteran do the following:

- Stand up from a chair without using their hands? No Yes
- Stand on one leg for 10 seconds? No Yes
- Pick up an object from the floor? No Yes

36 Can the veteran control their bladder and bowels independently? No Yes

37 Does the veteran suffer from any form of seizures? No Yes

If yes, please describe what type of seizure and how frequently:

38 Does the veteran suffer from any mental, cognitive or intellectual disability?

No Yes

If yes, how does this affect them?

Medical Certificate continued on page 9

39 Is the veteran currently receiving any medical treatment which can prevent them from working i.e. dialysis, chemotherapy? No Yes

If yes, what type of treatment, and does this treatment require an overnight stay in the hospital?

40 Please list the medications the veteran is currently taking and any side effects, if any, the veteran is experiencing from this medication

41 Does the veteran need supervision (someone with them to stay safe)? No Yes

If yes, please explain:

42 Can the veteran manage to start and finish daily tasks? No Yes

43 Does the veteran have difficulty learning to do different tasks? No Yes

44 Can the veteran cope with small changes to their routine if they are unexpected? No Yes

45 How does the veteran cope in different social situations?

Medical Certificate continued on page 10



Fitness for Work (all questions must be answered)

46 Is the veteran able to work full-time? No Yes

47 Is the veteran medically fit to undergo their current or previous employment?

No Yes From (date) / / To / /

Please explain the medical reason for this:


48 Is the veteran medically fit to undergo any form of employment?

No Yes From (date) / / To / /

Please explain the medical reason for this:

49 What work is the veteran able to do?

50 Are you the best person to make this decision? No Yes

Medical Certificate continued on page 11 

51 Veteran's Name & NHI Number

52 Enrolment History

Is the veteran enrolled with your practice?

No

Yes

If yes, how long have 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


53 Medical Practitioner Identity

HPI No.

Medical Council Registration No.

Name

Practice Stamp (or address and telephone)

Medical Practitioner Signature 

/ /



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

End of Medical Certificate

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 and Obligations on page 13



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).

Obligations

By signing this application form I understand that I will have the following obligations:

- To make myself available for medical and vocational assessments, for which I will be given a minimum of 10 days notice.
- To notify Veterans' Affairs about any changes to my medical, earnings or employment status that may affect my Weekly Income Compensation payments or eligibility to these payments.

Veteran 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 veteran 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 veteran. 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 a certified copy of my 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 attached any additional information which supports my application.
 - My Medical Practitioner has completed pages 8, 9, 10 and 11, attached their invoice and any supporting documentation.
 - I have read the Privacy Statement on page 12 and completed the Signature & Acknowledgement and Obligations on page 13.
 - 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

Weekly Income Compensation Application Receipt

This is to acknowledge Veterans' Affairs has received your application. If your claim is accepted, the Weekly Income Compensation will be paid from the date shown below. You will be required to participate in a Rehabilitation Plan. A Case Manager will contact you shortly.

Please write your name and address details below:

Office Date Stamp