

# Weekly Income Compensation application information

(Issued under sections 27, 59 and 213 of the Veterans' Support Act 2014)

## 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 on our website: [www.va.mil.nz/a-z/weekly-income-compensation/](http://www.va.mil.nz/a-z/weekly-income-compensation/)

## 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.



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<b>Applying overseas</b>	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.
<b>Process for deciding claims</b>	<p>VA will make a decision on your claim as soon as is reasonably practicable after receiving the claim. VA may need to wait for you or any other person to provide further information required to determine whether or not to accept your claim.</p> <p>If your claim is accepted by VA, Weekly Income Compensation will be paid from the day on which the completed application was received at VA.</p>
<b>Reimbursing Ministry of Social Development benefits from your Weekly Income Compensation</b>	<p>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.</p> <p>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 <u>gross</u> amount (i.e. <u>tax</u> plus <u>net</u>) of the reimbursement, and VA will deduct this from your gross backdated Weekly Income Compensation.</p> <p>VA will then:</p> <ul style="list-style-type: none"><li>(i) pay MSD the <u>net</u> amount of the benefit to be reimbursed.</li><li>(ii) pay Inland Revenue the tax amount to be reimbursed.</li><li>(iii) pay the balance of your Weekly Income Compensation (you will receive the <u>net</u> amount, and Inland Revenue the <u>tax</u> amount).</li></ul>
<b>WIC and New Zealand Superannuation or Veteran's Pension</b> (section 65, Veterans' Support Act 2014)	<p>When you reach New Zealand Superannuation qualification age, you can elect to continue to receive Weekly Income Compensation.</p> <p>The following rules apply:</p> <ul style="list-style-type: none"><li>(i) If you have been entitled to Weekly Income Compensation for 24 months or longer, entitlement ceases upon reaching New Zealand Superannuation qualification age.</li><li>(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.</li><li>(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.</li></ul> <p>Any election to remain on Weekly Income Compensation must be made to VA by the later of:</p> <ul style="list-style-type: none"><li>(i) Within 1 month before the date on which the election would take effect, or</li><li>(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.</li></ul>
<b>Offences</b> (sections 270 - 271, Veterans' Support Act 2014)	<p>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.</p> <p>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.</p>



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**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](mailto:veterans@nzdf.mil.nz) or visit our website: [www.veteransaffairs.mil.nz](http://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 4–10\*; read the Privacy Statement on page 13; and complete the Signature & Acknowledgement 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 11 and 12; 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.



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# Weekly Income Compensation application form

## Veteran's Personal Details

**1 Work and Income / Client Number** (if known)

**2 Title** ☐ 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**

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

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

<input type="text"/>	
<input type="text"/>	
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; grandchildren and whāngai child/children.

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](http://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 Month	Commenced Year	End Date (if applicable) Month	End Date (if applicable) 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 Earn-  
ings (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		Ended	
		Month	Year	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	
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

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 11 and 12.
- 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.***

**34**

## Claimant to complete

What has stopped you from working full-time (30 hours per week or more)?


## Doctor or health practitioner to complete

**35**

Is your patient able to work 30 hours per week or more?

☐

Yes

☐

No ➡

**If no, what are the conditions causing your patient's inability to work?**

When was the first date the claimant became unable to work 30 hours per week or more?

/  /  ( DD/MM/YYYY )

Medical Certificate continued on page 12



## Doctor or health practitioner to complete

**36** What is your patient's full name?

First name

Family name

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

**38** When did your patient enrol with your practice?  /  ( MM/YYYY )

**39** Are any of the conditions your patient has applied for likely to cause their death within the next 12 months?

☐

No

☐

Yes ➔

Enter the condition below



**40** Health practitioner information

What is your 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**

 /  / 

( DD/MM/YYYY )

## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### 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](http://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.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

/  /  D D / M M / Y Y Y Y

### Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant

## Your 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.

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## 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 11 and 12, attached their invoice and any supporting documentation.
- ☐ I have read the Privacy Statement and completed the Signature & Acknowledgement 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  
WELLINGTON 6140