Weekly Income Compensation

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

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.

Further information can be found on our website: ***www.va.mil.nz/a-z/weekly-income-compensation/***

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

Information for applicant

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 Veterans' Affairs 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 Veterans' Affairs 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. Veterans' Affairs 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 Veterans' Affairs.

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 Veterans' Affairs at the same time. However, Veterans' Affairs 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)

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

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

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 by Veterans' Affairs, Weekly Income Compensation will be paid from the day on which the completed application was received at Veterans' Affairs.

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, Veterans' Affairs 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 Veterans' Affairs know if it needs to be reimbursed. If it does, MSD will advise Veterans' Affairs the gross amount (i.e. tax plus net) of the reimbursement, and Veterans' Affairs will deduct this from your gross backdated Weekly Income Compensation.

Veterans' Affairs 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 Veterans' Affairs by the later of:

(i) Within 1 month before the date on which the election would take affect, 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 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.

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.

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.

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 6).

Step 1:

Complete pages 7–17*; read the Privacy Statement on page 6; and complete the Signature & Acknowledgement on page 6.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 9 (Bank Details); and Questions 25–27 (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 18 and 19; 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 on page 5, then send your completed application and all supporting documentation to Veterans' Affairs at the address shown.

Help completing this form

- You can ask someone you trust to help you complete this form. This might be whānau or family, someone from your local RSA, or a Veterans' Affairs Case Manager.
- If you're unable to complete and sign this form due to physical or mental incapacity, it must be signed by a person with authority to act on your behalf. Evidence of this authority must be provided with the application.

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***

Checklist

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

- ☐ I have completed the relevant sections of the application form.
- ☐ I have attached a certified copy of my identification.
- ☐ If applicable, I have attached 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.
- ☐ I have attached any additional information which supports my application.
- ☐ My Medical Practitioner has completed pages 18 and 19, attached their invoice and any supporting documentation.
- ☐ I have read the Veterans' Affairs Privacy Statement (page 6) on their website at ***www.va.mil.nz/privacy***, and have signed the signature fields 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

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 the 'Information for applicant' section and understand my obligations.

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:

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

☐ Attach a certified copy of your full birth certificate, current passport, drivers licence or firearms licence.

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

Your personal details *continued …*

7 What are your contact details?

Email

We will contact you to verify this address

Home phone

Mobile phone

Work phone

8 What is your relationship status?

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

If you are in a relationship please complete questions 11 to 16

9 What bank account do you want payments to be made to?

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.

Dependant children

10 Do you have any dependant children?

Children who are living with the veteran as a family member who are financially supported by the veteran, including: natural children; stepchildren; children at boarding school; adopted children; 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

Your partner's details *(if applicable)*

11 Does your partner have a Work and Income number?

☐ No

☐ Yes ➡ **Enter the number** ☐☐☐–☐☐☐–☐☐☐

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

12 Full name of veteran's partner (if applicable)

First name

Middle names

Family name

Preferred name

13 Partner's residential address

Street address

Suburb

City Postcode

Country

14 What is your partner's date of birth?

D D / M M / Y Y Y Y

15 What are your partner's contact details?

Email

Home phone Mobile phone

Work phone

16 Date the relationship started

D D / M M / Y Y Y Y

Next of kin details

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

17 Next of kin's

First name

Middle names

Family name

Preferred name

18 Next of kin's residential address

Street address

Suburb

City

Postcode

Country

19 Next of kin's contact details

Email

Home phone

Mobile phone

Work phone

20 What is this person's relation to the veteran?

Income information

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

IRD Number ☐☐☐–☐☐☐–☐☐☐ Tax code ☐☐☐

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

22 Are you receiving any benefit or pension from Work & Income (MSD)?

☐ No

☐ Yes **Please list details below**

Type of Benefit/Pension/Payment	Amount	Commenced MM/YYYY	End date (if applicable) MM/YYYY
	$	/	/
	$	/	/
	$	/	/

23 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

Employer	If part-time, hours per week	Weekly Earnings (after tax)	Commenced MM/YYYY	End date (if applicable) MM/YYYY
		$	/	/
		$	/	/
		$	/	/

24 Earnings from other sources:

Source of Earnings (i.e. self employed, interest, etc.)	Weekly Earnings (after tax)	Commenced MM/YYYY	End date (if applicable) MM/YYYY
	$	/	/
	$	/	/
	$	/	/

Service History

If you are in receipt of a War Disablement Pension or a Disablement Pension, you do not need to complete questions 25-27

25 Please state your qualifying service deployment/s below:

Refer to the list of qualifying service deployments on our website ***www.va.mil.nz/eligibility/qualifying-service/list-of-qualifying-operations/***

26 Please provide details of your 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
			/	/
			/	/
			/	/

27 Did you serve overseas?

☐ No ☐ Yes **If yes, please list details below (if known)**

Operational Service	**Enlistment date** MM/YYYY	**Discharge date** MM/YYYY
	/	/
	/	/
	/	/

☐ 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

28 Please give a brief description of your home environment for example, the people you live with, stairs, any adaptations made, garden etc …

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

30 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	
Have you had a fall in the past 6 months? If yes, what happened?	

Work capability *continued …*

30 continued …

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	

Do you have a medical alarm? ☐ No ☐ Yes

Employment

Veterans' Affairs may contact your most recent employer

31 What was your role in your most recent employment

What hours did you work?

When did you last work? D D / M M / Y Y Y Y

Did you enjoy your job? ☐ No ☐ Yes

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

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

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

35 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?

Employment *continued …*

36 Do you feel there is other employment you could do?

☐ No ☐ Yes

Please elaborate on your answer

37 Do you intend to return to work?

☐ No ☐ Yes **If yes, when do you think you will be able to work?**

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

☐ No ☐ Yes

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

Please continue on a separate sheet of paper if necessary

Your medical information

40 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	Agency	Date of claim MM/YYYY	Claim number
		/	
		/	
		/	

41 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 claim made below**

Type of Accident	Date of accident DD/MM/YYYY	Resulting Injuries/Medical Conditions
	/ /	
	/ /	
	/ /	

42 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.

First name

Family name

Profession

Practice address

Postcode

Practice phone

Practice email

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

Doctor or health practitioner to complete

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:

- 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.

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

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

☐ Yes

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

D D / M M / Y Y Y Y

46 What is your patient's full name?

First name

Middle names

Family name

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

48 When did your patient enrol with your practice?

MM/YYYY

Doctor or health practitioner to complete

49 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**

50 **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