



# Employment and Earnings Declaration

## Claimant's Personal Details

**1** Veterans' Affairs number (if known)

**2** Title (tick) Mr  Mrs  Ms  Dr  Miss  Other

**3** Last name

**4** First name/s

**5** Date of birth  /  /

**6** Date I started working  /  /

**7** My tax code

**8** My personal IRD number is

**9** Are you still working?  No  Yes Go to question 12

**10** Date I finished working  /  /

**11** I received the following payments when I left my employment

	Before tax	After tax
<input type="checkbox"/> Sick Pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Holiday Pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Termination Pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Redundancy Pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Other payment	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Other source of earnings	\$ <input type="text"/>	\$ <input type="text"/>

**12** What type of work do you do?

Full-time  Part-time  Casual

Seasonal  Voluntary  Self-employed or trustee, go to question 14

## 13 Employers details

Employers Name	
Employers Postal Address	
Country (if not New Zealand)	Post Code
Phone	Mobile Number
E-mail Address	

# Breakdown of your income

## 14 What have you been paid?

	Week ending	Amount before tax	Amount after tax	Hours worked
1	/ /	\$	\$	
2	/ /	\$	\$	
3	/ /	\$	\$	
4	/ /	\$	\$	
5	/ /	\$	\$	
6	/ /	\$	\$	
7	/ /	\$	\$	
8	/ /	\$	\$	
9	/ /	\$	\$	
10	/ /	\$	\$	
11	/ /	\$	\$	
12	/ /	\$	\$	
13	/ /	\$	\$	
14	/ /	\$	\$	
15	/ /	\$	\$	
16	/ /	\$	\$	
17	/ /	\$	\$	
18	/ /	\$	\$	
19	/ /	\$	\$	
20	/ /	\$	\$	
21	/ /	\$	\$	
22	/ /	\$	\$	
23	/ /	\$	\$	
24	/ /	\$	\$	
25	/ /	\$	\$	
26	/ /	\$	\$	

	Week ending	Amount before tax	Amount after tax	Hours worked
27	/ /	\$	\$	
28	/ /	\$	\$	
29	/ /	\$	\$	
30	/ /	\$	\$	
31	/ /	\$	\$	
32	/ /	\$	\$	
33	/ /	\$	\$	
34	/ /	\$	\$	
35	/ /	\$	\$	
36	/ /	\$	\$	
37	/ /	\$	\$	
38	/ /	\$	\$	
39	/ /	\$	\$	
40	/ /	\$	\$	
41	/ /	\$	\$	
42	/ /	\$	\$	
43	/ /	\$	\$	
44	/ /	\$	\$	
45	/ /	\$	\$	
46	/ /	\$	\$	
47	/ /	\$	\$	
48	/ /	\$	\$	
49	/ /	\$	\$	
50	/ /	\$	\$	
51	/ /	\$	\$	
52	/ /	\$	\$	



If you prefer, please attach your payslips for the last 52 weeks, rather than completing the table.

## 15 What was the total amount received, including the extra payments at question 11?

Before tax	After tax
\$ <input type="text"/>	\$ <input type="text"/>

## Business/income details

**16** What is your trade/business?

**17** What is the name of the business/trust?

**18** What date did the business/company begin to operate?  \  \

**19** Business IRD number

**20** What is the balance date of the business/company?

**21** Do you operate your business/company

In partnership (i.e. with other persons)? or **go to Q.22**

as a limited liability "Ltd" company (in which you are a shareholder)? or **go to Q.23**

as a sole trader (i.e. alone)? **go to Q.24**

**22** If in a partnership, how many partners are there?

How are profits shared?

Please list the names of all the partners in the business:


**23** If a limited liability company, how many shares do you hold?

Who are the directors of the company?


**24** If you are involved in any other business or occupation other than what is listed

Please give details below:

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## Before incapacity

**25** When did you first start self-employment or work as a shareholder employee?

Please state the number of hours and days you normally work each week in your business or company.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	
								Hours	Days
Hours:									

**24** Please state the hours worked in each of the four weeks immediately before this incapacity.

Week 1:	Week 2:	Week 3:	Week 4:
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Are these the typical hours normally worked in your business or company?

No  Yes If no, state the hours normally worked

Please describe the range of duties you normally did before the injury?


## After incapacity

**25** What input do you currently have into the business or company? Include management and overseeing work

Give details of duties you are now <b>unable</b> to do:

**26** How many hours did you work each week **following the start of your incapacity?**

Week 1:	Week 2:	Week 3:	Week 4:
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1. Is the business or company continuing to function?  No  Yes
2. If self-employed, is the business continuing to earn income?  No  Yes
3. If a shareholder employee, are you continuing to receive any income from the company?  
 No  Yes

If yes to any of the above, give details:


Has your tax return for the most recently completed financial year been lodged with Inland Revenue?

No  Yes

If yes, when was it loaded? Date: \ \

Do you have a Tax Exemption Certificate (1R331) for the current financial year?  No  Yes

**27** Accountant / Financial Advisor Details

Name:	Telephone:
Address:	

## Declaration

I declare that to the best of my knowledge the above particulars are true and correct and I have not withheld any information. I am aware that I have a responsibility to advise Veterans' Affairs if I return to work in any capacity, or receive any income. I have read and understand the Privacy Statement

I am aware that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section states that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:

- imprisonment for a term not exceeding 3 months; or
- a fine not exceeding \$5,000.00.

**Signature**


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**Date**

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## 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 or service. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

In this form Veterans' Affairs seeks the evidence and information it needs to assess your eligibility to entitlements, services and support. If you do not provide all the information we ask for, your application for an entitlement and/or service 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, which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims, entitlements and services 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 Corporation – 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 and services 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 services, 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.