

Disablement Pension application information

(Issued under sections 27, 48 and 213 of the Veterans' Support Act 2014)

Please read before you complete this form

This application form is for a veteran who is **not** currently in receipt of a Disablement Pension (or a War Disablement Pension) and has service in Viet Nam, or before 1 April 1974.

A Disablement Pension is granted in recognition of the disablement that a veteran suffers as a consequence of a service-related injury, illness or condition. It is not income or asset tested.

You can only apply for a Disablement Pension for medical conditions that are current and which you believe are related to your qualifying service.

To apply, 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 Disablement Pension factsheet on our website.

Entitlement

(sections 47 & 55,
Veterans' Support
Act 2014)

A veteran (whether resident in New Zealand or overseas) who suffers disablement as a consequence of a service-related injury or illness is entitled to a Disablement Pension.

A veteran's entitlement to the Disablement Pension ceases 28 days after their death.

Rehabilitation Plan

(sections 49 - 51,
Veterans' Support
Act 2014)

If a claim is accepted, the Disablement Pension is temporary unless VA notifies the veteran that it is permanent.

If a temporary pension is granted you will be required to participate in a rehabilitation plan unless there is good reason you are unable to do so. Your Case Manager will contact you about this.

Process for deciding claims

(sections 14 - 16 & 48,
Veterans' Support
Act 2014)

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 it requires to determine whether to accept the claim.

The decision on whether a condition is accepted as being service-related is made on a case by case basis by VA. VA will:

- (i) apply the Presumptive Conditions where applicable and Statement of Principles (SOPs) in relation to the conditions claimed; and
- (ii) make all reasonable inferences from the circumstances of the case, the evidence furnished, and medical opinions supplied.

The amount of Disablement Pension awarded is based upon the percentage of whole-person impairment using the American Medical Association Guides to the Evaluation of Permanent Impairment, 4th Edition (AMA Guides), caused by the medical condition.

You can view the SOPs on the Australian Government Repatriation Medical Authority (RMA) website www.rma.gov.au and the reference library (The Consolidated Library of Information and Knowledge (CLIK)) on the Australian Government Department of Veterans' Affairs website www.dva.gov.au

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

Offences

(section 270,
Veterans' Support
Act 2014)

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

Assistance

If you have any questions or require assistance completing this form, you can contact us using the details shown below or a person from an ex-service organisation:

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

Disablement Pension application information

(Issued under sections 27, 48 and 213 of the Veterans' Support Act 2014)

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 10).

Step 1:

Complete pages 1 - 7; read the Privacy Statement on page 9; and complete the Signature & Acknowledgement on page 10.

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.

Step 2:

Make an appointment with your Medical Practitioner. Tell the receptionist that the appointment is for a medical assessment for a Disablement Pension claim, and you need a **longer** appointment - this could mean you need a **double/triple** appointment slot.

Make sure you have completed the 'Veteran' portion for each condition you are claiming on pages 6 and 7 and attached any additional information, such as current doctor's or specialist's reports, which supports your application.

Step 3:

Attend the appointment with your Medical Practitioner. Make sure your Medical Practitioner reads the Guidance Notes on page 5; completes the 'Medical Practitioner' portion for each condition you are claiming on pages 6 and 7; completes page 8; and returns the form to you with the invoice and any supporting documentation.

Step 4:

Complete the Checklist and Receipt on page 11, then send your fully completed application and all supporting documentation to VA at the address shown.

Identification

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:

- Work and Income; 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.

Veteran's Pension

The Veteran's Pension is an income support payment that is available to qualifying veterans as an alternative to New Zealand Superannuation. The Veteran's Pension is paid at the same rate as New Zealand Superannuation but provides qualifying veterans with additional benefits.

If you would like more information about the Veteran's Pension please contact:

Veteran's Pension Centre
PO Box 5515
Lambton Quay
Wellington 6140

Freephone: **0800 650 656** Email: veteranspension@msd.govt.nz

Disablement Pension 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 Disablement Pension will be paid into if granted*

| | |
|--------------|--------|
| 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 | | | | | | | | | | | | | | |
| ■ | / | | | | ■ | / | | | | | | | | ■ | ■ | / | | ■ | |

Employment History (excluding service)

14 Details of Employment

Please provide details of your employment before **and** after service in the New Zealand Defence Force (NZDF)

| Employer | Nature of Work | Commenced | | Ended | |
|----------|----------------|-----------|------|-------|------|
| | | Month | Year | Month | Year |
| | | | | | |
| | | | | | |
| | | | | | |
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Service History

15 Qualifying Service Refer to the list of qualifying service deployments on our website

Please state your qualifying service deployment/s below:

| |
|--|
| |
|--|

If you have qualifying service in Viet Nam and would like information on the Viet Nam Veterans and their Families Trust; and/or the Register of Viet Nam veterans and their families, please contact us or refer to our website.

16 Details of Service

Please provide details below of your service in 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 / / |
| | | | |
| | | | |
| | | | |

17 Operational Deployments

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

| Operational Deployment | Role | Commenced | | Ended | |
|------------------------|------|-----------|------|-------|------|
| | | Month | Year | Month | Year |
| | | | | | |
| | | | | | |
| | | | | | |

18 Prisoner of War Were you a Prisoner of War? No Yes

If yes, please state where you were captured and imprisoned, and dates (if known)

| |
|--|
| |
|--|

19 Gallantry Award Have you received a UK gallantry award? No Yes

If yes, please list details below

| |
|--|
| |
|--|



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.

Your Medical Information

20 Hearing Aids Do you wear hearing aids? No Yes If yes, how were these funded?
 Self funded ACC Other (specify)

21 Smoking Do or did you smoke tobacco during service? No Yes

22 Alcohol Do or did you consume alcohol during service? No Yes

23 Accidents and Injuries

Have you applied to any agency such as ACC, NZDF Accredited Employment Programme (AEP) or other insurer for any of the conditions you are claiming?

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="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

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

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 | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

24 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 | <input type="text"/> |
| Practice Name | <input type="text"/> |
| Address | <input type="text"/> |
| Phone | <input type="text"/> |

| | |
|---------------------|----------------------|
| Name and Profession | <input type="text"/> |
| Practice Name | <input type="text"/> |
| Address | <input type="text"/> |
| Phone | <input type="text"/> |

Guidance Notes for Medical Practitioner

A Disablement Pension is granted under the Veterans' Support Act 2014 in recognition of the disablement that a veteran suffers as a consequence of service-related injury, illness or condition.

The decision on whether a condition is accepted as being service-related is made on a case by case basis by Veterans' Affairs (VA). VA will:

- (i) apply the Presumptive Conditions where applicable and Statement of Principles (SOPs) in relation to the conditions claimed; and
- (ii) make all reasonable inferences from the circumstances of the case, the evidence furnished, and medical opinions supplied.

The amount of Disablement Pension awarded is based upon the percentage of whole-person impairment using the American Medical Association Guides to the Evaluation of Permanent Impairment, 4th Edition (AMA Guides), caused by the medical condition.

The veteran can only apply for medical conditions that are **current** and which they believe are caused by, contributed to, or aggravated by **qualifying** service.

The SOPs can be viewed on the Australian Government Repatriation Medical Authority (RMA) website www.rma.gov.au and the reference library (The Consolidated Library of Information and Knowledge (CLIK)) viewed on the Australian Government Department of Veterans' Affairs website www.dva.gov.au

Terminology:

Stable:

A condition is stable if it is not expected to improve within the next 12 months, with or without medical treatment.

Impairment:

By impairment, VA means a loss, loss of use, or derangement of any body part, organ system or organ function.

Permanent Impairment:

A permanent impairment is an impairment that is considered unlikely to improve substantially and by more than 3% in the next year, with or without medical treatment.

Completing the Medical Certificate:

- Complete the 'Medical Practitioner' portion on pages 6 and 7 for each condition being claimed.
- Complete page 8.
- 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.

If you require any assistance completing this certificate please contact us on 0800 483 8372

Medical Certificate

25 Details of the condition/s you are applying for

VETERAN to complete

Please provide the **diagnosis** of the condition, if known.
 If not known, describe as fully as you can the symptoms that make you notice the condition (e.g. pain in lower back, shortness of breath, loss of range of movement in left arm).
Do not list multiple conditions as one condition - list each condition separately.

MEDICAL PRACTITIONER to complete

For each claimed condition provide a detailed **diagnosis**; indicate whether **stable** or **not stable** and attach copies of any records, specialist reports and investigations.



| | |
|--|-------------------|
| 1 | Condition: |
| | |
| Symptoms: | |
| | |
| State the period of service where the injury / illness occurred: | |
| | |
| How do you believe your service has caused, contributed to or aggravated this condition? Continue on further page if needed | |
| | |
| | |
| | |
| | |
| Date you first became aware of condition: | |

| |
|---|
| Medical Diagnosis and causation of condition: |
| |
| |
| Basis for Diagnosis: |
| |
| |
| Past treatment: |
| |
| |
| Current treatment and impact on daily living: |
| |
| |
| Percentage of impairment as per AMA guides if known: |
| |
| Date first consulted for condition: |

| | |
|--|-------------------|
| 2 | Condition: |
| | |
| Symptoms: | |
| | |
| State the period of service where the injury / illness occurred: | |
| | |
| How do you believe your service has caused, contributed to or aggravated this condition? Continue on further page if needed | |
| | |
| | |
| | |
| | |
| Date you first became aware of condition: | |

| |
|---|
| Medical Diagnosis and causation of condition: |
| |
| |
| Basis for Diagnosis: |
| |
| |
| Past treatment: |
| |
| |
| Current treatment and impact on daily living: |
| |
| |
| Percentage of impairment as per AMA guides if known: |
| |
| Date first consulted for condition: |

VETERAN to complete

Please provide the **diagnosis** of the condition, if known.
 If not known, describe as fully as you can the symptoms that make you notice the condition (e.g. pain in lower back, shortness of breath, loss of range of movement in left arm).
Do not list multiple conditions as one condition - list each condition separately.



| | |
|--|-------------------|
| 3 | Condition: |
| | |
| Symptoms: | |
| | |
| State the period of service where the injury / illness occurred: | |
| | |
| How do you believe your service has caused, contributed to or aggravated this condition? Continue on further page if needed | |
| | |
| | |
| | |
| | |
| Date you first became aware of condition: | |
| | |

| | |
|--|-------------------|
| 4 | Condition: |
| | |
| Symptoms: | |
| | |
| State the period of service where the injury / illness occurred: | |
| | |
| How do you believe your service has caused, contributed to or aggravated this condition? Continue on further page if needed | |
| | |
| | |
| | |
| | |
| Date you first became aware of condition: | |
| | |

MEDICAL PRACTITIONER to complete

For each claimed condition provide a detailed **diagnosis**; indicate whether **stable** or **not stable** and attach copies of any records, specialist reports and investigations.



| |
|---|
| Medical Diagnosis and causation of condition: |
| |
| |
| Basis for Diagnosis: |
| |
| |
| Past treatment: |
| |
| |
| Current treatment and impact on daily living: |
| |
| |
| Percentage of impairment as per AMA guides if known: |
| |
| Date first consulted for condition: |
| |

| |
|---|
| Medical Diagnosis and causation of condition: |
| |
| |
| Basis for Diagnosis: |
| |
| |
| Past treatment: |
| |
| |
| Current treatment and impact on daily living: |
| |
| |
| Percentage of impairment as per AMA guides if known: |
| |
| Date first consulted for condition: |
| |

For additional conditions please copy and complete this sheet

MEDICAL PRACTITIONER to complete

26 Veteran's Name

27 Veteran's NHI Number

28 Examination Date Prior to today when did you last examine the veteran? / /

29 Terminal Condition

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

No Yes If yes, please state the condition below

30 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

Are you the best placed person to provide an assessment of the medical conditions the veteran is claiming? No Yes


As VA may require a further specialist assessment, please provide details of a recommended specialist for each claimed condition

31 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.

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 on page 10



Terminal Condition

If you have been diagnosed with a service-related terminal condition, please advise your Case Manager immediately. They can provide you with information on receiving the Disablement Pension at the maximum rate or requesting a lump sum payment.

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).

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 6, 7 and 8; attached their invoice and any supporting documentation.
 - I have read the Privacy Statement on page 9 and completed the Signature & Acknowledgement on page 10.
 - 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

Disablement Pension Application Receipt

This is to acknowledge Veterans' Affairs has received your application. If your claim for a condition is accepted, the Disablement Pension will be paid from the date shown below. If your claim is accepted as a temporary pension 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