

Please read before you complete this form

This application form is for a veteran who is currently in receipt of a War Disablement Pension*; or a Disablement Pension and who wishes to apply for new conditions and/or reassessment of accepted disabilities.

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.

***Please note:** If you are currently in receipt of a War Disablement Pension under the War Pensions Act 1954, this application will transition you to a Disablement Pension under the Veterans' Support Act 2014 regardless of the outcome.

Further information can be found in the War Disablement Pension; and Disablement Pension factsheets on our website regarding the transition process and provisions.

Reassessment

(section 52,
Veterans' Support
Act 2014)

A reassessment cannot be undertaken earlier than 2 years after your disablement pension is accepted as permanent; or after your last whole-person impairment assessment.

However, a reassessment can be undertaken earlier if you provide medical evidence to the satisfaction of VA that the whole-person impairment has increased by 10% or more, or VA considers your whole-person impairment has changed by 10% or more. If you are unsure, please contact your Case Manager to discuss.

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

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 8).

Step 1:

Complete pages 1 - 5; read the Privacy Statement on page 7; and complete the Signature & Acknowledgement on page 8.

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 4 and 5 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 3; completes the 'Medical Practitioner' portion for each condition you are claiming on pages 4 and 5; completes page 6; and returns the form to you with the invoice and any supporting documentation.

Step 4:

Complete the Checklist and Receipt on page 9, then send your fully completed application and all supporting documentation to VA at the address shown.

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

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 Date of Birth / /

6 Residential Address

Country (if not New Zealand)	Post Code

7 Postal Address (if different from residential address)

Country (if not New Zealand)	Post Code

8 Other Contact Details

Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	

9 Change of Circumstances / Details

If there have been any changes to your Relationship Status; Next of kin details; Dependant Children; Employment or Service History since your last application, please enter the details and effective date below:

continue on a separate sheet if necessary

Your medical information

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

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

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

13 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"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

14 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 4 and 5 for each condition being claimed.
- Complete page 6.
- 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

15 Details of new 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:
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:
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 Certificate

16 Details of the accepted disabilities you are seeking reassessment for

VETERAN to complete

Please describe fully how you believe the accepted disabilities you are reassessing have deteriorated since your last assessment by VA.

MEDICAL PRACTITIONER to complete

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



1	Disability:
How do you believe your accepted disability has worsened since your last assessment by VA?	

Medical Diagnosis and causation:
Past treatment:
Current treatment and impact on daily living:
Percentage of impairment as per AMA guides if known:

2	Disability:
How do you believe your accepted disability has worsened since your last assessment by VA?	

Medical Diagnosis and causation:
Past treatment:
Current treatment and impact on daily living:
Percentage of impairment as per AMA guides if known:

For additional conditions please copy and complete the relevant sheet

MEDICAL PRACTITIONER to complete

17 Veteran's Name

18 Veteran's NHI Number

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

20 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

21 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/disability being reassessed

22 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 8



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 any additional information which supports my application.
- My Medical Practitioner has completed pages 4, 5 and 6; attached their invoice and any supporting documentation.
- I have read the Privacy Statement on page 7 and completed the Signature & Acknowledgement on page 8.
- 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

Application for New Conditions and Reassessment of Accepted Disabilities 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