



Surviving Spouse or Partner Pension—New Relationship (Scheme One)

Surviving Spouse or Partner's Personal Details

1	Veterans' Affairs number (if known)	<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"/>	
2	Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>				
3	Last name	<input type="text"/>									
4	First name/s	<input type="text"/>									
5	Other name/s known as	<input type="text"/>									
6	Date of birth	<input type="text"/>		<input type="text"/>		<input type="text"/>					
7	New relationship status	<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single									

8	Date relationship started or will start	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9	Residential address	<input type="text"/>									
		<input type="text"/>									
		Country (if not New Zealand)					Post Code				

10	Postal Address (if different from residential address)	<input type="text"/>									
		<input type="text"/>									
		Country (if not New Zealand)					Post Code				


11	Other contact details	<table border="1"> <tr> <td>Home Phone</td> <td>Work Phone</td> </tr> <tr> <td>Mobile Number</td> <td>E-mail Address</td> </tr> </table>										Home Phone	Work Phone	Mobile Number	E-mail Address
Home Phone	Work Phone														
Mobile Number	E-mail Address														

Only complete the following question if you would like to receive your payment(s) in a different bank account

12	Bank Details	<i>This will be the account Veterans' Affairs will make any payments to</i>									
		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	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

 Please attach documentation to verify your relationship. Marriage or civil union certificate, or documentation to confirm a de facto relationship.

New Spouse or Partner's Personal Details

13	Work and Income number (if known)	<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	Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>			
15	Last name	<input type="text"/>								
16	First name/s	<input type="text"/>								
17	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>								
18	Residential address	<input type="text"/>								
		<input type="text"/>								
		<input type="text"/>								
		Country (if not New Zealand)						Post Code		

Cessation of Surviving Spouse or Partner Pension

19 Additional payment/s

I acknowledge that the date I entered into a new relationship, I was no longer entitled to the Surviving Spouse or Partner Pension. Veterans' Affairs has or will now cease my payments. I may be eligible to receive either of the following (tick one):

Equivalent of 2 years Surviving Spouse or Partner Pension as a one off Lump Sum payment.

In electing the lump sum payment, I understand that any overpayments made will be taken into account in the final calculation of the lump sum payment.

Periodic payments equal to the Surviving Spouse or Partner Pension for the next 2 years.

Signature & Acknowledgement

By signing this claim form I acknowledge and understand that:

- The information provided in this claim form is, to the best of my knowledge, true and complete.
- As part of processing this claim, Veterans' Affairs may obtain further information in addition to what I have provided.
- I have started a new relationship from the date above.
- 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

Date



<input type="text"/> / <input type="text"/> / <input type="text"/>
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Please send to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

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.

Please retain this Privacy Statement for your information and records.