

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 as soon as is reasonably practicable after receiving the claim. VA may need to wait for you or any other person to provide further information required to determine whether or not to accept your 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 9).

Step 1:

Complete pages 1 - 5; read the Privacy Statement on page 7 and 8; and complete the Signature & Acknowledgement on page 9.

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 10, 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



Te Tira Ahu Ika A Whiro

VETERANS' AFFAIRS
New Zealand

Application for New Conditions and Reassessment of Accepted Disabilities

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"/>				

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 servicewhere 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 servicewhere 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.

Veterans' Affairs Privacy Statement (page 1 of 2)

This is our Privacy Statement. It tells you:

- why we collect your information
- how we collect, use, and share your information
- your rights to see your information and ask for it to be corrected if it's wrong.

We will always treat your information with respect and keep it safe to protect your privacy.

Collecting your information

Collection of your information is authorised by the Veterans' Support Act 2014 and its regulations.

We only collect information needed to manage the entitlements we administer.

There's certain information we need in order to accept your claim and provide you with an entitlement, service, or payment. You can choose not to give us this information but it may mean that your claim cannot be processed or may be declined.

We collect your personal information so we can:

- contact you
- identify you
- better assess your claim for entitlements or services
- and look at what other services you may be eligible for under the Veterans' Support Act 2014.

We collect this information from you through our forms and through other interactions with you. We also collect your information from other people and organisations. We hold all the information that we collect about you.

Using your information

We use your information to:

- make decisions about you in relation to claims, entitlements and services under the Veterans' Support Act 2014
- consider and review how we operate
- improve our processes and services, through monitoring of the operation of the Act and policy/law reform development.

Sharing your information

We sometimes need to share your information with people or organisations outside of Veterans' Affairs. We share your information when:

- you give us permission to share it
- legislation authorises it
- we have legal authority to do so, under the Privacy Act 2020
- our reason for sharing the information matches the reason why we collect it.

Your information may be shared with other Government agencies for several purposes. The agencies that we share information with are listed below.

- The Ministry of Social Development, for provision of the Veteran's Pension and consistency with other benefits.
- Accident Compensation Commission, for consistency with other claims.
- Maritime New Zealand, for Merchant Navy records.
- Inland Revenue, for personal income information on the rate assessment of taxable entitlements.
- Archives New Zealand, for service records.
- The Department of Internal Affairs, to verify your birth, birth of any children who may have entitlements, marriage and/or nationality records.

Veterans' Affairs may exchange information about you with your health practitioners in order to:

- provide you with the correct entitlements and assistance
- clarify any health-related information you give us
- put in place treatment and rehabilitation if required.

Veterans' Affairs may share your personal information, as well as next of kin information, with our service providers or contractors to enable them to provide support to you, for example the Veteran's Independence Programme (VIP).

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.

Questions or concerns about your information

You can contact us at anytime if you have concerns on what information about you we are collecting, how it is being used, or how it may be used.

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 8, and completed the Signature & Acknowledgement on page 9.
- 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
WELLINGTON 6140