

Reconsider Decision application information

(Issued under sections 27, 205 and 213 of the Veterans' Support Act 2014)

Please read before you complete this form

This application form is for reconsideration of a claim decision that:

- (a) has been through the review and appeal process under the Veterans' Support Act 2014; and
- (b) where changes have been made to statements of principles; presumptive conditions or qualifying service lists that would have affected the claim decision; or
- (c) Veterans' Affairs (VA) has received new information that, had it been received before the claim decision was made, would have materially affected that decision.

For more information, visit: www.va.mil.nz/reconsider-decision

To apply, you must fully complete this application form and provide any evidence and/or other documentation to support your claim. Please complete the Checklist on page 5 to ensure your application is complete before submitting.

If your application is incomplete it will be returned to you unprocessed.

Reconsider decision

(section 205,
Veterans' Support
Act 2014)

If a decision by VA affects a person and in respect of which -

- (a) an application for review of the decision did not succeed (in whole or in part); and;
- (b) an appeal against the unsuccessful review decision did not succeed (in whole or in part)

VA may reconsider that decision if, in VA's view, any of the following apply:

- (a) a statement of principles is adopted or modified under section 22 after the decision was made and, if the statement had been adopted or modified before the decision was made, it would have materially affected the decision; or
- (b) a presumptive decision-making condition is specified or amended in regulations made after the decision was made and, if the condition had been specified or amended before the decision was made, it would have materially affected the decision; or
- (c) service is declared operational service under section 9 after the decision was made and, if the declaration had been made before the decision was made, it would have materially affected the decision; or
- (d) VA has received new information which, had it been received before the claim decision was made, would have materially affected that decision.

You must set out fully the reasons you are requesting reconsideration and attach any evidence and/or other documentation which supports your application.

Process

(section 205,
Veterans' Support
Act 2014)

Applications for reconsideration will be dealt with by the Deputy General Manager. You will be advised in writing of the decision.

If Reconsideration is declined there is no right of review.

If Reconsideration is allowed the claim will be forwarded to a VA Decision Officer for a decision.

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

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 Contact Details

Postal Address	
<input type="text"/>	
Country (if not New Zealand)	Post Code
Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	

7 Medical Practitioner Details

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

Reconsider Decision

8 Details of the decision/s

Please set out in full your reasons for seeking reconsideration and attach any evidence and/or other documentation which supports your claim.

Please use a separate box for each decision and continue on a separate sheet if necessary.

Decision 1:
Date of decision:
I am seeking reconsideration of the decision because (tick one):
<input type="checkbox"/> A statement of principles has been adopted or modified.
<input type="checkbox"/> A presumptive decision-making condition has been specified or amended.
<input type="checkbox"/> Service has been declared operational service.
<input type="checkbox"/> There is new information which would have materially affected the claim decision had VA received it before that decision was made.
Provide the details of Statements of Principles; presumptive condition; operational service; or the new information which VA did not receive before the claim decision was made and explain how that decision would have been affected:

Decision 2:
Date of decision:
I am seeking reconsideration of the decision because (tick one):
<input type="checkbox"/> A statement of principles has been adopted or modified.
<input type="checkbox"/> A presumptive decision-making condition has been specified or amended.
<input type="checkbox"/> Service has been declared operational service.
<input type="checkbox"/> There is new information which would have materially affected the claim decision had VA received it before that decision was made.
Provide the details of Statements of Principles; presumptive condition; operational service; or the new information which VA did not receive before the claim decision was made and explain how that decision would have been affected:

Privacy Statement

You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- www.va.mil.nz/privacy

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on www.va.mil.nz/privacy
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

Signature | Please sign

Claimant or authorised person

Claimant or authorised person name
Claimant or authorised person signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	/	M	M	/	Y	Y	Y	Y
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Helper | Complete this section if you've helped the claimant to complete this form.

Helper name
Helper's relationship to claimant

Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have fully completed my application form.
- I have attached evidence and/or other documentation which supports my claim.
- I have read the Privacy Statement on page 4 and completed the Signature on page 4.
- 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