Reassessment of Accepted Disabilities and Application for New Conditions

Complete this form only if

You are currently receiving a War Disablement Pension for at least one accepted disability AND;

- You think your accepted disability/ies have deteriorated OR
- You have a new condition which you would like to be considered for a War Disablement Pension.

Existing accepted Disabilities

Please describe fully how you believe accepted disabilities that you would like reassessed have deteriorated since they were accepted. You can do this at number 20. Please use additional sheets if necessary.

New Medical Conditions must be current and linked to eligible service

For new conditions, you can only apply for medical conditions that are **current** and which you believe are attributable to, or aggravated by service.

You must describe what you believe were the circumstances that connect each condition with your service. This is to be provided at number 21. Please use additional sheets if necessary.

The Basis for Decisions
(sections 15B, 15D, 17, 18 & 19 of War Pensions Act 1954)

A War Disablement Pension is not compensation for an injury. A War Disablement Pension is a pension paid in recognition of the impact that a medical condition has on a claimant's quality of life. The decision on whether a medical condition is accepted as being attributable to, or aggravated by service is made on a case by case basis by a War Pensions Claims Panel.

The amount of War Disablement Pension awarded is based upon the percentage of whole of body impairment caused by the medical condition, and the impact of that medical condition on the individual claimant.

Assistance

If you have any questions about filling out this form, you should contact Veterans' Affairs New Zealand (VANZ) on free phone 0800 483 8372 (or +64 4 495 2070 if calling from overseas) or a person from an ex service organisation.

This form can be downloaded from the VANZ website at www.veteransaffairs.mil.nz.

Reassessment of Accepted Disabilities and Application for new Conditions Receipt

This is to acknowledge receipt of your application to Veterans' Affairs New Zealand.

Please write your name and address details below.

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Office Date Stamp

Reassessment of Accepted Disabilities and Application for New Conditions

How to Complete this Form

Step 1

- Please complete numbers 1-22. If a question is not applicable to you, please write N/A.
- If you are unable to complete the application yourself, you can ask someone to help you such as a family member, a friend or a person from an ex-services organisation.

Step 2

- Make an appointment with your Medical Practitioner. Tell the receptionist that you need a longer appointment than normal as you would like to have a medical assessment for a War Disablement Pension completed.
- Tell the receptionist that you will drop off the form a couple of days prior to the appointment so that your Medical Practitioner has time to read the form before the appointment. Your Medical Practitioner will complete numbers 20 and 21, and 23 – 28.

Step 3

- Find and attach any additional information, such as current doctors or specialist reports which support your application.

Step 4

- Attend the appointment with your Medical Practitioner and ensure numbers 20 and 21, and 23-28 are completed. The Medical Practitioner should complete a separate diagnosis for each medical condition and/or accepted disability and return the form to you with any supporting documentation.

Step 5

- Ensure all numbers have been answered and the checklist on page 8 of the Application Form has been completed. Read the Privacy Statement at number 36 and sign the declaration at number 37, Part 3.
- The signature block at number 37 in this application form is a declaration so it is important that the information you provide is correct. If someone else is filling in the application form for you, please tell us who they are in the box provided at number 38, page 7, and make sure you read the completed form and agree with the information before you sign it.

Step 6

- Send your fully completed application and accompanying documentation (including medical evidence) to VANZ at the address shown on Page 8.

Veterans' Pension Application

Step 7 (optional)

- If you are on NZ Superannuation and wish to transfer to a Veteran's Pension there are additional benefits available to you.
- Please refer to page 9 for the Application form and eligibility requirements.

Please write in **BLOCK LETTERS** with a **blue** or **black** pen only.

Part 1
Personal Details

1 War Pension Number ☐☐☐☐☐☐☐☐☐

2 Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Rev ☐ Other ☐

3 Surname | **Date of Birth**

4 Given Name/s

5 Residential Address

Country (if not New Zealand) Postal Code

6 Postal Address
If different from above

Country (if not New Zealand) Postal Code

7 Other Contact Details

Home Phone Work Phone
Mobile Number Fax number
E– mail

8 Ability to Travel

Are you medically fit to travel to medical appointments? Yes ☐ No ☐

9 Spouse/Partner Details
(If no change since last application go to number 13)

Do you have a spouse, civil union or de facto partner? Yes ☐ No ☐

If you answered yes, please complete this section.

10 Title of Spouse/Partner Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Rev ☐ Other ☐

11 Surname | **Date of Birth**

12 Given name/s and Contact numbers

Home Phone Mobile Phone

13 Relationship status
(If no change since your last application go to the next number)

Married ☐ Single ☐ Widowed ☐ Divorced ☐ De-facto ☐ Civil Union ☐

When did the relationship commence? Day Month Year

14 After leaving the New Zealand Defence Force

(If no change since your last application go to the next number)

Did you serve in any other country's armed forces? Yes ☐ No ☐

If you answered yes, please provide details of that service:

Country

Navy ☐ Army ☐ Air Force ☐ Merchant Navy ☐ Territorial ☐ Civilian ☐

Compulsory Military Training ☐

What was your trade/s?

15 Prior to serving in the New Zealand Defence Force

(If no change since your last application go to the next number)

Did you undertake any form of employment or self-employment?

Yes ☐ No ☐

If yes, please provide details:

Occupation	Nature of Work	Date Commenced Month	Date Commenced Year	Date Ended Month	Date Ended Year

16 After leaving the New Zealand Defence Force

(If no change since your last application go to the next number)

Did you undertake any form of employment or self-employment?

Yes ☐ No ☐

If yes, please provide details (attach a further sheet if necessary):

Occupation	Nature of Work	Date Commenced Month	Date Commenced Year	Date Ended Month	Date Ended Year

17 Current Employment

(If no change since your last application go to the next number)

Are you currently employed or self-employed? Yes ☐ No ☐

If yes, please provide details:

Occupation	Nature of Work	Date Commenced Month	Date Commenced Year

18 Hearing Aids

Do you wear hearing aids? Yes ☐ No ☐

If yes, how were these funded? Self ☐ ACC ☐ Other ☐

19 Accidents & Injuries

(If no change since your last application go to the next number)

Since making your previous application have you applied to another agency such as ACC, NZDF Accredited Employment Programme (AEP) or other insurer for any of the conditions you are claiming?

Yes ☐ No ☐

Medical Condition / If yes, please provide details of each claim	Date of Claim Day	Month	Year	Currently Receiving Payment
				Yes ☐ No ☐
				Yes ☐ No ☐

If you do not have a record of your ACC claims you can contact ACC.

If you made an application, please state your Client Number.

Have you been injured in any accident occurring before or after service but made no ACC, AEP or insurance claim? Yes ☐ No ☐

If yes, please provide details of the accident and resulting injury.

Type of Accident	Date of Accident Day	Month	Year	Resulting Injuries/Medical Conditions

Accepted Disabilities you would like Reassessed

20 VETERAN to complete

Please describe fully how you believe accepted disabilities that you would like reassessed have deteriorated since they were accepted. Please use additional sheets if necessary.

Before lodging your claim please ask your doctor to fill in the Medical Practitioner column next to this section.

MEDICAL PRACTITIONER to complete

For each accepted disability for which the veteran is seeking a reassessment, please provide an updated diagnosis and brief summary of the extent of deterioration. Please provide any further copies of your records, specialist reports and investigations that support changes to this accepted disability.

VANZ will pay you for this service on receipt of your account.

Please complete numbers 20 and 21, and numbers 23 to 28.

Disability 1

How do you believe your accepted disabilities have deteriorated since they were last assessed and in what way?

Updated Medical Diagnosis

Treatment and impact on daily living

Disability 2

How do you believe your accepted disabilities have deteriorated since they were last assessed and in what way?

Updated Medical Diagnosis

Treatment and impact on daily living

PLEASE USE ADDITIONAL SHEETS IF NECESSARY

NEW conditions you are claiming

21 **VETERAN** to complete

Please name the condition you are applying for that you believe are attributable to or aggravated by service. If you don't know the medical diagnosis, please describe as fully as you can the symptoms that make you notice the condition (for example, pain in lower back, shortness of breath, loss of range of movement in arm).

Before lodging your claim please ask your doctor to fill in the Medical Practitioner column next to this section.

MEDICAL PRACTITIONER to complete

For each condition the veteran is claiming please provide a diagnosis indicating whether the diagnosis is interim or final. A final is preferred.

Please provide a brief summary of each diagnosis. Please provide copies of Medical Practitioner records and any specialist reports and investigations for this claimed condition.

VANZ will pay you for this service on receipt of your account.
Please complete numbers 20 and 21, and numbers 23 to 28.

Condition 1

Symptoms

How do you believe your service caused, contributed to or aggravated this condition

Date you first became aware of the condition

Medical Diagnosis

Basis for diagnosis

Treatment and impact on daily living

Date first consulted for this condition.

Condition 2

Symptoms

How do you believe your service caused, contributed to or aggravated this condition

Date you first became aware of the condition

Medical Diagnosis

Basis for diagnosis

Treatment and impact on daily living

Date first consulted for this condition.

PLEASE USE ADDITIONAL SHEETS IF NECESSARY

22 Additional Health Practitioner (other than your Medical Practitioner, if known)

This may be used to seek further medical information as part of considering your application.

Name		**Profession**	
Practice Name		**Phone**	
Address		**E-mail**	
		Fax	
		Postcode	

23 Name of Claimant

NHI Number

24 Enrolment History

Is the claimant enrolled with your practice? Yes ☐ No ☐

If yes, how long has the claimant has been enrolled with you? Years ☐ Months ☐

If no, please provide the name and contact details of the claimant's usual medical practitioner and practice (if known).

Name of Practitioner

Practice Name

VANZ may arrange a medical assessment by a specialist or other medical practitioner.

Are you the best placed person to provide an assessment of all of the claimant's current medical conditions? Yes ☐ No ☐

If a specialist report is required please advise the name of the specialist you believe to be most appropriate so VANZ can arrange an appointment.

25 Terminal Condition

Does the claimant suffer from a terminal medical condition that is likely to cause death within the next year? Yes ☐ No ☐

If yes, what is the condition

26 Examination Date

When did you last examine the claimant?

Day Month Year

27 Medical Practitioner Identity

HPI No.

Medical Council Registration No.

Name

Practice Stamp (or address and telephone)

28

Medical Practioners Signature

Day Month Year

Please attach your invoice to the back of this application. Veterans' Affairs New Zealand will meet the cost of the consultation and completion of this form.

Part 2
Person With Delegated Authority (go to part 3 if not applicable)

This needs to be completed if a person with delegated authority is applying for a War Disablement Pension on behalf of a claimant.

If you have authority to act on behalf of a claimant please fill in the following details. If the claimant is UNABLE to sign due to physical or mental incapacity and you are signing on his or her behalf, please attach a certified copy of your authority to act e.g. power of attorney.

29 Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Rev ☐ Other ☐

30 Surname

Date of Birth

31 Given Name/s

32 Residential Address

Country (if not New Zealand) Postal Code

33 Postal Address

Please complete if your postal address differs from your residential address.

Country (if not New Zealand) Postal Code

34 Other Contact Details

Home Phone	Work Phone
Mobile Number	Fax Number
E– mail	

I confirm that I am authorised to act by way of Power of Attorney, Enduring Power of Attorney or Court Order under the Protection of Personal and Property Rights 1988 on behalf of the claimant in matters relating to this application and that the information provided in this application form is, to the best of my knowledge, true and complete.

I understand that as part of processing this application, VANZ will seek to verify the information I have provided.

I certify that if I am relying on a Power Of Attorney or Enduring Power of Attorney for authority that:

- The veteran referred to in this application form has granted to me a Power of Attorney or Enduring Power of Attorney to act.
- I have not received notice of any event revoking my authority to act under that Power of Attorney or Enduring Power of Attorney.
- I have not received written notice from the veteran referred to in this application form suspending my authority to act under that Power of Attorney or Enduring Power of Attorney.

35

Delegated Person's Signature **Day Month Year**

If you have completed this section, please attach a certified copy of at least one of the following documents:

Power of Attorney
Enduring Power of Attorney
Court Order
Certificate of Administration (from the Public Trustee)

Part 3 Declaration

This application form needs to be signed. If someone has completed this form for you, you need to make sure that you agree with what he or she has written prior to signing the form.

36 Privacy Statement

The information you give us is collected under the legislation administered by Veterans' Affairs New Zealand (VANZ).

The information is collected for the following purposes:

- granting current and future pensions, allowances, and other assistance under the War Pensions Act 1954 and War Pensions Regulations 1956.
- providing advice to the Government.
- research and statistical purposes.

VANZ may contact and obtain from other agencies information that is relevant to the processing of this and any future similar claims, including:

- service and medical documents from the New Zealand Defence Force or Maritime New Zealand.
- details of any claim made to the Accident Compensation Corporation or similar organisation for any claimed medical condition.
- information on any claimed medical condition from your medical practitioner, medical specialist, or other health professional.
- information about any service-related assistance you receive from other countries.

VANZ may share medical information obtained by us with any health practitioner concerned with your health.

Under the Privacy Act 1993 you have the right to access all information we hold about you, and to request corrections to that information.

You are not required to give us any information, but if you do not give us all the information we ask for, your application may be declined.

37 Declaration

We may provide a copy of this Privacy Statement and declaration to other agencies or persons when requesting further information.

I declare that the information provided in this application form is, to the best of my knowledge, true and complete. I have read and understood the Privacy Statement set out above and I acknowledge that, as part of processing this application, VANZ will seek to verify the information I have provided.

Claimant's or Delegated Person's Signature **Day Month Year**

38 Assistance Completing Application

If you have had assistance in completing this form please print the name of the person who assisted you and the name of the organisation that they represent (if applicable).

Claimants Checklist

Have you:

Completed numbers 1 – 22 of this form in BLUE or BLACK pen.	☐
Read the Privacy Statement at number 36 and signed and dated the declaration at number 37.	☐
Had your medical practitioner complete numbers 20and 21, 23 – 27 and sign the form at number 28.	☐
Attached all relevant reports and information for each claimed condition, including any specialist reports.	☐

Send your application to:

War Disablement Pension Application
Veterans' Affairs New Zealand
P O Box 9448
Waikato Mail Centre
HAMILTON 3240

Office use only

Questions not answered:
Documents not attached:

Veteran's Pension Application

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.

Eligibility

A veteran, who is 65 years of age or over, may be eligible for a Veteran's Pension if he or she:

- served in a declared war or emergency;
- is in receipt of a War Disablement Pension of 70% or more; and
- meets the New Zealand Superannuation residency criteria.

Benefits

Unlike New Zealand Superannuation, Veteran's Pension payments are not reduced should a veteran require long term hospital care.

The Veteran's Pension also confers an automatic entitlement to a Community Services Card for both the veteran and the veteran's partner.

In addition, a Veteran's Pension gives entitlement to a lump sum payment on the death of the veteran and a lesser amount on the death of the partner. This payment can be made only if there is a surviving partner, or a dependent child. The lump sum payment is in lieu of a Social Security Funeral Grant.

More Information

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

Veterans Pension Centre
PO Box 5515
Wellington

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

Application

Entitlement to a Veteran's Pension commences on the later of either the date a veteran becomes eligible for the pension or the date on which an application is received.

If you are a veteran who is 65 year of age and over and believe that, if granted a War Disablement Pension of 70% or more, you will meet all of the Veteran's Pension eligibility criteria, you can indicate below if you would like to be transferred to a Veteran's Pension. By doing so you will ensure that, if granted a Veteran's Pension, your entitlement will commence from the earliest possible date.

If you are 65 years of age or over and in receipt of New Zealand Superannuation, do you wish to apply to transfer to a Veteran's Pension if, as a result of this application, your War Disablement Pension totals 70% or more?

Yes ☐ No ☐

If you transfer to a Veteran's Pension and your spouse/partner is under 65 years of age do you wish to have your spouse/partner included in your Veteran's Pension?

Yes ☐ No ☐

Claimant's or Delegated Person's Signature	Day Month Year