



Terminal Rate and Lump Sum application information

(Issued under sections 27, 53 - 54 and 213 of the Veterans' Support Act 2014)

Please read before you complete this form

This application form is for a veteran who has been diagnosed with a terminal medical condition that is service-related and is in receipt of or entitled to a Disablement Pension or War Disablement Pension.

A terminal medical condition is an advanced progressive disease likely to cause death within a 12-month period.

The Terminal Lump Sum is a one off, tax-free payment equivalent to the total of the Disablement Pension or War Disablement Pension maximum rate payable for a 12 month period.

If you elect to receive the lump sum payment your pension will be suspended for 12 months. The pension will be reinstated and paid at the maximum rate at the close of the 12-month period.

To apply, please 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.

Entitlement (sections 53 - 54, & clause 7 Schedule 1, Veterans' Support Act 2014)

Any veteran who is entitled to a Disablement Pension or War Disablement Pension **and** has a service-related terminal medical condition can receive the maximum rate of pension or a lump sum payment.

If your claim is accepted:

- your pension if not already, will be increased to the maximum rate; and
- you can opt to -
 - i. suspend payment of the pension for a period of 12 months; and
 - ii. receive a lump sum payment equal to the aggregate of the pension payable at the maximum rate for the 12-month period.

The 12-month period will be treated as starting on the day on which VA receives your decision to suspend your periodic payment so you can receive the lump sum payment.

The option to elect to receive a lump sum payment is available once.

If during the 12-month period the pension rate is adjusted, you will be entitled to the residual amount of the lump sum payment paid to you and what would have been paid had you received the lump sum payment when the adjustment occurred.

A veteran's entitlement to the Disablement Pension ceases 28 days after their death; but does not apply in relation to a veteran who has elected to receive a lump sum payment under section 53 and dies during the 12-month period referred to in that section.

Process for deciding claims

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.

Offences

(section 270,
Veterans' Support
Act 2014)

It is an offence to make a false statement or provide misleading information to VA 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



Te Tira Ahu Ika A Whiro

VETERANS'
AFFAIRS
New Zealand

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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 5).

Step 1:

- Complete page 3.
- Read the Privacy Statement on page 5.
- Complete the Signature & Acknowledgement on page 5.

Step 2:

Contact your Medical Practitioner to check if an appointment is required to complete the Medical Certificate OR if it can be completed without an appointment.

Your Medical Practitioner needs to complete the Medical Certificate on page 4; and return the form to you with the invoice and any supporting documentation.

Step 3:

Complete the Checklist and Receipt on page 6, then send your fully completed application and all supporting documentation to VA at the address shown.

Travel Costs

If 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.



Te Tira Ahu Ika A Whiro

VETERANS' AFFAIRS
New Zealand

Terminal Rate and Lump Sum application form

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

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

7 Postal Address (if different from residential address)

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

8 Other Contact Details

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

Payment Option please select one option

9 Terminal rate or Lump Sum

If Veterans' Affairs accepts that the terminal medical condition is service-related, your pension will be increased to the maximum rate, or you can elect to receive a lump sum payment.

Option 1:

Please tick this box if you wish to receive regular pension payments at the maximum rate.
This option does not prevent you from subsequently making an election for a lump sum payment.

Option 2:

Please tick this box if you wish to suspend payments of your pension for a period of 12 months, **and** receive a one-off lump sum payment equal to the aggregate of the pension payable at the maximum rate for the 12-month period.
At the close of the 12-month period, your regular pension payments will be resumed at the maximum rate payable.

Medical Certificate - Medical Practitioner to complete

10 Veteran's Name

11 Veteran's NHI Number

12 Terminal Condition

Does the veteran suffer from an advanced progressive disease likely to cause death within 12 months?

No Yes If yes, please provide details below

13 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 will meet the cost of the consultation and completion of this medical certificate upon receipt of the completed application and your invoice.

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 or by or to named agencies, 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

(D D / M M / Y Y Y Y)

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.

My Medical Practitioner has completed page 4; attached their invoice and any supporting documentation.

I have read the Privacy Statement on page 5, and completed the Signature on page 5.

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