

# 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.

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](mailto:veterans@nzdf.mil.nz) or visit our website: [www.veteransaffairs.mil.nz](http://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.

<b>Decision 1:</b>
Date of appeal decision:
I am seeking reconsideration of the claim 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:

<b>Decision 2:</b>
Date of appeal decision:
I am seeking reconsideration of the appeal 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:

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## 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. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

You are not required to give Veterans' Affairs any information, but if you do not provide all the information we ask for, your application for an entitlement and/or assistance 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 New Zealand (Veterans' Affairs), which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims and entitlements 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 Commission – 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 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 assistance, 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 complete the Signature & Acknowledgement on page 4**



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## 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).

**Claimant 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 claimant 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 claimant. 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)**

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## 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 3 and completed the Signature & Acknowledgement 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