

Linking a Veteran's Injury, Illness, or Death to Qualifying Service

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Policy

1. Purpose

- 1.1 This policy gives guidance on the claims decision-making process to determine if a **veteran's** injury, **illness**, or death was caused by, contributed to by, or aggravated by their qualifying service. The policy only applies to entitlements under the Veterans' Support Act 2014 that require a link to **qualifying service** to be established.
- 1.2 This policy applies to all eligible New Zealand veterans equally irrespective of their country of residence.

2. Legislative references and relevant decisions

- 2.1 The relevant legislation is the Veterans' Support Act 2014 (the Act) and the relevant decisions referenced as such in this policy is *Veterans' Affairs New Zealand vs The Gardiner Estate* [2023] NZHC 1897 and the Veterans' Entitlements Appeal Board appeal decision of 14 April 2023¹.

3. Glossary

- 3.1 For the purposes of this policy, words in bold and in green are defined in a glossary at the rear of this document.

4. Eligible service

- 4.1 The Act consists of two schemes, Scheme One and Scheme Two. To be eligible for entitlements under the Act, the veteran must have qualifying service as defined in section 8 of the Act.

Scheme One is:

- **qualifying routine service**² and/or qualifying operational service performed prior to 1 April 1974 (includes qualifying service performed before 1 April 1974 and qualifying operational service in Viet Nam after this date).

Scheme Two is:

- **qualifying operational service from** 1 April 1974 onwards.

Section 8 of the Veterans' Support Act 2014

5. Exclusions from entitlements

- 5.1 A veteran's claim to entitlements under the Act may be excluded, including where **service-related** presumptions would normally apply if the injury, illness, or death occurred in the following circumstances:

Both Schemes

- If the injury, illness, or death is due wholly or substantially due to the ageing process.
- If the veteran was a **deserter or absent without leave**.

¹ Referenced elsewhere in this document as the relevant decisions.

² Includes – Compulsory Military Training, Territorial Forces, and Cadet Forces pre 1 April 1974

- If the veteran committed an offence under New Zealand law or committed an act overseas that, had it occurred in New Zealand, would have been an offence under New Zealand law.

Section 28 (1)(a), (b) and (4) of the Veterans' Support Act 2014

5.2 Claims to entitlements under the Act are excluded in the following circumstances:

Scheme Two only

- the veteran's death was self-inflicted.
- the veteran's injury, illness, or death was **predominantly caused by** or **significantly aggravated** by the:
 - use of alcohol; or
 - use of tobacco products; or
 - misuse of prescription drugs; or
 - misuse of illegal drugs.

5.3 The exclusions above apply unless Veterans' Affairs is satisfied on **reasonable grounds** that:

- the injury, illness, or death was due to a psychological condition that was attributed to or aggravated by the experiences of the veteran during qualifying operational service; or
- the injury or illness is itself a psychological condition (for example, alcohol use disorder) that was attributed to or aggravated by the experiences of the veteran during qualifying operational service.

5.4 Claims to entitlements under the Act are excluded in the case of a sexually transmitted disease, unless Veterans' Affairs is satisfied on reasonable grounds that the injury, illness, or death was due to a sexual assault of the veteran during qualifying operational service:

Scheme Two only

- the veteran's injury, illness, or death was predominantly caused by or significantly aggravated by the contracting of a sexually transmitted disease.

Section 28(2)(a) to (b) of the Veterans' Support Act 2014

5.5 Claims to entitlements under the Act are excluded or suspended in the following circumstance:

Both Schemes

- the veteran or other claimant is imprisoned (see glossary for definitions of **prison** and **prisoner**)

Section 29 of the Veterans' Support Act 2014

6. Presumption of fitness for service

6.1 Medical assessments are undertaken at the commencement of qualifying service, at various times during the service person's employment and on release from service. The intention is to establish a baseline of a member of the armed force's mental and physical fitness for service in the armed forces. Each

such assessment establishes a presumption of the member's physical and mental fitness at that time.

Presumption - qualifying routine service and qualifying operational service

6.2 A member who was medically assessed by the New Zealand Armed Forces/New Zealand Defence Force and found fit to perform their **duties of service** is presumed to have been physically and mentally fit for that service, from the time of that assessment until a future assessment alters that assumption.

6.3 The presumption is final and applies where:

- the member had been assessed as fit for service; and
- a written assessment had been provided to the member at that time.

Exclusion of presumption

6.4 The presumption does not apply if the person:

- failed to disclose after proper inquiry of the person, any material facts in relation to his or her physical or mental health or history of physical or mental health; or
- by reason of any false statement, non-disclosure, or misrepresentation by the person that he or she was incorrectly assessed as physically and mentally fit for service in the armed forces.

6.5 If a pre-existing condition was known but not disclosed during a medical assessment that is later aggravated as result of qualifying service, that condition cannot then be accepted as service-related.

6.6 The above exclusions do not preclude a claimant providing evidence showing that any conditions that resulted in the disablement or death of the person were possibly related to a veteran's qualifying operational service. If that evidence is produced, then (in the absence of evidence to the contrary), the veteran's condition is to be treated as service-related.

Sections 17 and 18 of the Veterans' Support Act 2014

7. Decision-making instruments

Presumption of a service relationship where the condition occurred during qualifying operational service

7.1 If a veteran suffers an injury, illness or death during a specific period of qualifying operational service, the injury, illness or death is presumed to have been caused by that period of qualifying operational service.

7.2 If an injury or illness occurred before specific qualifying operational service, and that injury or illness is subsequently aggravated by that service, the injury or illness is presumed to be service-related, if:

- the injury or illness was recorded in the service medical records before the qualifying operational service, and
- the veteran was aware of the presence of the injury or illness prior to the qualifying operational service, and

- the **aggravation** of the injury or illness occurred during the performance of qualifying operational service.

Section 19 of the Veterans' Support Act 2014

Presumption of a service relationship in relation to paired organs

- 7.3 If a veteran has previously suffered the loss of, or the permanent loss of the use of, an organ due to service, and there is a **paired organ**, and the veteran subsequently loses or suffers impaired efficiency of the other corresponding organ (from whatever cause), the loss or impaired efficiency to the second organ must be considered service related.

Section 20 of the Veterans' Support Act 2014 and Regulation 9 of the Veterans' Support Regulations 2014

Presumption of a service relationship where there is a conclusively presumed injury, illness or condition

- 7.4 An injury, illness or death that results from a **conclusively presumed condition** must be automatically accepted as service-related.

Section 21 of the Veterans' Support Act 2014 and Regulations 10-14 of the Veterans' Support Regulations 2014

Statements of Principles

- 7.5 Statements of Principles (SOPs) are legislative instruments, originally determined by the Australian Government Repatriation Medical Authority (RMA). The RMA is tasked with identifying **sound scientific and medical evidence** allowing for the identification of factors that must exist for a particular disease, injury or death to be causally linked to qualifying service.
- 7.6 The factors in each SOP capture:
- Predisposing events, conditions and exposures that may cause or clinically worsen the condition considered by the SOP
 - Determinative dose and temporal relationships allowing the establishment of a potential relationship to qualifying service.
- 7.7 There are two classes of SOPs, each using a different standard of proof:
- **Reasonable Hypothesis** SOPs apply if a veteran has qualifying operational service
 - **Balance of Probabilities** SOPs apply if a veteran only has qualifying routine service.
- 7.8 The SOPs are authorised for application in New Zealand through a regulatory process and, provided a presumption provision in the Veterans' Support Act does not establish a connection to qualifying service, must be used by Veterans' Affairs to establish the link or relationship between the veteran's injury, illness, or death and their qualifying service under the Act.

Section 14 and 22 of the Veterans' Support Act 2014, Regulation 15 and Schedule 1 of the Veterans' Support Regulations

- 7.9 The SOPs are periodically reviewed and updated by changes to the regulations. Decisions on claims cannot be made using SOPs that do not apply in New Zealand.
- 7.10 Decisions must be made applying the latest version of the SOP that applies in New Zealand.

Sections 23 and 24 of the Veterans' Support Act 2014

8. Claims - information to support a hypothesis

- 8.1 The **available material** must support a **hypothesis** that the veteran's injury, illness, or death is service-related. The Veterans' Affairs decision maker must consider all the available material relevant to the claim and decide whether the material is consistent with a hypothesis that the **claimed condition** may be service-related.
- 8.2 The available material may lead to multiple hypotheses. Each hypothesis is considered in turn, and its relationship to service assessed independently.
- 8.3 If the content of the material is factually consistent with a hypothesis that the claimed condition may be service-related, the Veterans' Affairs decision maker must then establish if a SOP for the claimed condition exists.
- 8.4 If the content of the material is not factually consistent with a hypothesis that the claimed condition may be service-related, then it is not possible to formulate a hypothesis and the claim must be declined. For example, the material would not be consistent with a hypothesis if there has been no **diagnosis** of the claimed condition or the diagnosis of the illness or injury is historical and as a result of the natural progression of the illness or successful treatment the illness or injury has resolved.

Section 14 & 28 (4) of the Veterans' Support Act 2014 and the relevant decisions

9. Claims - applying section 14

Determining that a SOP is in force

- 9.1 If the claimed illness, injury or death is the subject of a SOP, then the SOP instrument that is in force when the claim is being considered must be applied.
- 9.2 To be the subject of a SOP, the nature of the illness, injury or death must be consistent with the diagnostic definition within the associated SOP.

Determining what type of SOP applies

- 9.3 If the claimed condition is determined to have occurred during, or as a result of, a period of qualifying operational service, the **Reasonable Hypothesis** SOP applies.
- 9.4 If the claimed condition is determined to have occurred during a period of qualifying routine service, the **Balance of Probabilities** SOP applies.
- 9.5 If the veteran has both qualifying operational service and qualifying routine service and it cannot be determined that the claimed condition occurred in a

particular period of qualifying operational service or qualifying routine service, the most beneficial SOP should be applied.

Testing the Hypothesis

- 9.6 For a hypothesis to be consistent with the associated SOP, the hypothesis must be consistent with one or more of the factors described in the SOP.
- 9.7 SOP factors are divided into two categories:
- clinical onset
 - clinical worsening.
- 9.8 Clinical onset factors are considered when the illness, injury, or death occur during or after, and because of qualifying service.
- 9.9 **Clinical worsening** factors can only be applied if the illness, injury or death occurred before or during qualifying service but not because of the qualifying service, and are worsened by the veteran's qualifying service.

Applying the SOP factors (material contribution)

- 9.10 Where SOP factors require a minimum cumulative quantitative dose, the veteran must have exceeded the dose at some point over their lifetime, but it is not necessary for the veteran to have been exposed to the entirety of that dose during the period of their qualifying service, rather that the proportion of dose received during their qualifying service must be material (i.e. more than trivial) to the whole.
- 9.11 If the minimum accumulation has been met, the proportion that is service-related must be determined to determine if the proportion is a material contribution of the minimum requirement.

Considering another condition as part of the hypothesis

- 9.12 Propagation is the process of linking a claimed condition with a separate condition as part of the hypothesis.
- 9.13 If the service relationship to a claimed condition is dependent on the presence of another condition, the second condition must also be determined to be related to service.
- 9.14 The service relationship to the second condition must be independently considered in terms of the Act.
- 9.15 For example, hypertension is a causal factor in the SOP for ischaemic heart disease or IHD. To accept a claim for ischaemic heart disease on the basis of a hypothesis that a service related hypertension caused ischaemic heart disease, The Veterans' Affairs decision maker must be satisfied that there is a hypothesis relating the hypertension to service that is consistent with the SOP relating to hypertension.

Determination

Decide from all facts that hypothesis is consistent with the diagnosed condition being service-related

- 9.16 If the hypothesis is consistent with at least one of the factors described in the associated SOP, the claim must be accepted unless there are reasonable grounds for believing that the condition is not related to the veteran's qualifying service.

Section 14(5) and (6) of the Veterans' Support Act 2014 and and the relevant decisions

10. Applying section 15 in the absence of a SOP

- 10.1 Where no SOP exists, the facts within the available material must allow formulation of a **reasonable hypothesis** relating the condition to service. A reasonable hypothesis must be:
- more than a possibility; and
 - consistent with the known facts; and
 - not inconsistent with (thus consistent with) known or proven scientific facts.
- 10.2 The hypothesis must not just merely point to the possibility of a relationship to qualifying service, but rather the hypothesis must reflect a reasonable probability of such a relationship being true. This must be determined on the basis of the causal and temporal facts underlying the hypothesis being consistent with the probability of the hypothesis resulting in the injury illness or death.
- 10.3 In the absence of a SOP, the known or proven scientific facts must be established by the Veterans' Affairs decision maker. In general the known or proven scientific facts must be derived from quality scientific/medical research published in peer reviewed scientific literature reflecting the accepted scientific or medical orthodoxy regarding the hypothesis, at the time of the decision.
- 10.4 If all of the above are found to be true, the hypothesis is reasonable, and the claim must be accepted.

11. Applying section 15 where there is a hypothesis not related to a factor in the associated SOP

- 11.1 If the veteran's available material gives rise to one or more hypotheses that are not considered or covered by one or more of the factors described in the relevant SOP, the hypothesis must be considered in terms of section 15.
- 11.2 Where there is an applicable SOP for the claimed condition, for the relevant decisions (refer to section 2.1 of this policy) to apply, there must be either scientific or medical circumstances or factual circumstances in the hypothesis of the claim that are not covered by or contained in the factors of the SOP. The scientific or medical circumstances or factual circumstances must also be relevant to the SOP condition.

- 11.3 All other hypotheses must be considered in terms of section 14 before considering these last hypotheses.
- 11.4 The SOPs constitute sound scientific and medical evidence and represent the known or proven scientific facts globally.
- 11.5 In the absence of evidence establishing known or proven scientific facts contrary to those reflected in the SOP, any hypothesis contending a relationship of the claimed condition to qualifying service on the basis of such facts would be inconsistent with the known or proven scientific facts, and hence could not be reasonable in terms of section 15.
- 11.6 If the veteran has provided evidence of what they believe to be known or proven scientific facts contrary to those reflected in the SOP, the validity of this evidence must be established by the Veterans' Affairs decision maker. In general, evidence sufficient to establish an alternative known or proven scientific fact must be derived from quality scientific/medical research, published in peer reviewed scientific literature, and reflect the accepted scientific or medical orthodoxy regarding the hypothesis, at the time of the decision. Evidence that does not resemble the above, cannot be considered to reflect known or proven scientific facts.
- 11.7 Examples of evidence that would generally not constitute alternative known or proven scientific facts would include:
- websites that do not contain or reference scientific literature
 - scientific literature not related to the hypothesis
 - individual pieces of scientific literature reflecting isolated findings not supported by the scientific consensus.
- 11.8 If the Veterans' Affairs decision maker is satisfied that there is sufficient evidence that one or more of the hypotheses contended by the veteran reflect known or proven scientific facts not previously considered in the SOP, the hypothesis is reasonable and the claim must be accepted, unless there are reasonable grounds for believing that the condition is not related to the veteran's qualifying service.

Section 15(4) of the Veterans' Support Act 2014 and the relevant decisions

12. Service-related death

- 12.1 Service-related death is defined differently for Scheme One and Scheme Two. The Act prescribes certain circumstances for when injury, illness, or death are to be excluded as service-related. The rules that apply to linking a veteran's death to qualifying service will not necessarily be the same for each type of qualifying service.

Scheme One

- 12.2 **Scheme One service-related death** is when the veteran died from a condition that was **attributable** to qualifying service. The definition applies to qualifying service performed before 1 April 1974 and qualifying operational service in Viet Nam after this date. Death is service-related if the veteran died from an injury, or illness, that was caused by, or contributed to by, qualifying service.

12.3 If the death is not presumed to be service-related and is not from an accepted service-related condition, the relationship between the cause of the veteran's death and their qualifying service must be established through the claims decision mechanisms set out in this policy.

Sections 7 and 14, 15 of the Veterans' Support Act 2014 and the relevant decisions

Scheme Two

12.4 **Scheme Two service-related death** is when the veteran died:

- while taking part in or performing qualifying operational service; or
- within 10 years of taking part in or performing qualifying operational service from an injury or illness related to that qualifying operational service; or
- more than 10 years after taking part in or performing qualifying operational service from an **accepted late-onset condition** caused by or contributed to by that qualifying operational service.

12.5 The definition of Scheme Two service-related death applies when:

- qualifying operational service occurred on or after 1 April 1974 (excluding service in Viet Nam); and
- an application to test eligibility was received on or after 7 December 2015 (the date Scheme Two came into force); and
- the death of the veteran occurred on or after 1 April 1974 and an entitlement was not granted under the War Pension Act 1954 or under Scheme One of the Act.

Section 7 of the Veterans' Support Act 2014

12.6 If the death occurred while taking part in qualifying operational service, it must be automatically accepted as service-related.

Section 19 of the Veterans' Support Act 2014

12.7 If the death occurred within 10 years of the period of qualifying operational service to which the service-related condition relates; the death is service-related.

Sections 7 and 14 of the Veterans' Support Act 2014 and the relevant decisions

12.8 If death occurred 10 years or more after taking part in or performing qualifying operational service from a condition that related to that service, and that service-related condition is an accepted late onset condition, the death is service-related.

Sections 7 and 14 of the Veterans' Support Act 2014 and the relevant decisions

12.9 If the death is not presumed to be service-related and is not from an accepted service-related condition, the relationship between the veteran's qualifying service and the condition causing death is to be determined through the claims decision mechanisms set out in this policy.

Sections 7 and 14, 15 of the Veterans' Support Act 2014 and the relevant decisions

13. Notifying the Decision

- 13.1 At the conclusion of the claims process, the claimant will be notified of the outcome.

14. Veterans Living Overseas

- 14.1 This policy applies to all New Zealand veterans equally irrespective of their country of residence.

15. Reviews and Appeals

- 15.1 If a veteran disagrees about a decision concerning eligibility for an entitlement or service, see the policies on **Reviews** and **Appeals**. If a veteran is concerned about Veterans' Affairs' administration of an entitlement or service, see policy on **Complaints**.

16. Reconsideration

- 16.1 Reconsideration allows Veterans' Affairs to, correct errors it considers it made, **or** to look at decisions that have been reviewed and appealed where relevant criteria have since changed, or where new information becomes available, that would have materially affected the decision. For further information, see the policy on **Reconsideration**.

17. Transitional Arrangements

- 17.1 For grand-parented War Disablement Pension veterans, existing approvals will continue to apply and will be reviewed against the relevant decision-making instrument at the time the veteran applies for:
- a new injury, illness or condition
 - a Disablement Pension
- 17.2 At these points, claims for entitlement must be made under the provisions of the Veterans' Support Act 2014.

Available material

The available material may support a hypothesis that the veteran’s injury, illness, or death may be service-related. The material available to Veterans’ Affairs may include, but is not limited to, the service history of the veteran and if not a first time applicant, their Veterans’ Affairs client history.

The Veterans’ Affairs claims history, where it exists, may provide a chronology of the veteran’s health status. For example, there may be medical information that points to signs or symptoms of a claimed condition and clinical onset or information that excludes or does not support a relationship to service.

A full review of service history may establish the date of attestation and discharge, service medical history, periods of qualifying operational service, service arm, deployment areas and service roles.		
Period/s of qualifying service may help establish the following:	Recorded physical and mental fitness during service may help establish the following:	Deployment areas, service arm/s and duties performed may allow an understanding of the following:
<ul style="list-style-type: none"> • eligibility • the period/s that must be pointed to for establishing a link between the claimed condition and qualifying service • the decision-making instrument that applies • the scheme that applies 	<ul style="list-style-type: none"> • a chronology of recorded injury or illness suffered by the veteran during qualifying service • injury or illness recorded prior to qualifying service • any injury or illness accepted as attributable to service • if on discharge a pension was granted 	<ul style="list-style-type: none"> • core role of the service arm and likely operating environments • operational and environmental conditions • service experiences • the working conditions and individual duties of the veteran
A full review of the veteran’s client history with Veterans’ Affairs may establish the veteran’s claim history including medical information in relation to claimed conditions and statements on their relationship to service and decision outcomes.		
Applications may include the following:	Additional medical information may include the following:	Review of Decisions and Appeals may include the following:
<ul style="list-style-type: none"> • statements made by the veteran about their service • date veteran first noticed signs and symptoms of certain injuries or illnesses • duration of relationship with medical practitioner • opinion on a diagnosis and commentary by medical practitioner on clinical onset and causation 	<ul style="list-style-type: none"> • opinions from the veteran to medical professionals • ACC history • Medical opinions- <ul style="list-style-type: none"> ○ establishing a diagnosis ○ date first presented ○ determining or estimating period of clinical onset ○ status of condition ○ impact on daily living ○ causation 	<ul style="list-style-type: none"> • a complete chronology of service history • a complete history of claimed medical conditions • other relevant medical information • descriptions of events during qualifying service • reputable research in relation to certain deployments • third party information supporting the veteran’s claim

Glossary

accepted late-onset condition [policy definition]

Means a condition specified in Schedule 2A of the Veterans' Support Regulations 2014 that has been determined to be related to qualifying operational service on or after 1 April 1974.

aggravation/aggravated by [applies only to application of section 19]

- (a) in relation to veterans with **qualifying operational service in both schemes covered** by section 19 means presumed to be the result of performing qualifying operational service if-
- (i) the injury or illness was sustained or suffered before the veteran began performing qualifying operational service; and
 - (ii) the injury or illness was recorded in the service medical records before the veteran commenced qualifying operational service, but only where the injury or illness was known to the veteran before commencing qualifying operational service; and
 - (iii) the aggravation to the injury or illness occurred during the performance of qualifying operational service.

attributable [policy definition] - in both schemes means, caused by, or contributed to by, qualifying service.

available material [policy definition] – means information available to consider if there exists a hypothesis that a claimed condition may be service-related. This includes information reasonably available through research and investigation. [refer to Appendix 1 for examples]

claimed condition [policy definition]

Means a condition for which an application has been submitted to Veterans' Affairs for the purpose of receiving certain entitlements provided under the Veterans' Support Act 2014.

clinical worsening [policy definition]

Means progression of the underlying pathology of the condition which may manifest itself in the severity or frequency of symptoms, and may include a failure to show the expected improvement in the condition.

conclusively presumed condition [section 21]

Means certain illnesses and conditions in relation to certain events or deployments prescribed in regulations 10 to 14 of the Veterans' Support Regulations 2014.

diagnosis [policy definition]

Means a medical diagnosis made by an appropriately qualified medical practitioner.

deserter or absent without leave [section 28]

Means within the meaning of the relevant armed forces disciplinary legislation applicable at the time of the injury, illness, or death.

duties of service [policy definition]

Means the range of tasks and responsibilities expected of a service person, both generally relating to military duties, and specific to their service, role, and responsibilities.

health practitioner [section 7]

Has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003.

hypothesis [general meaning] A supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation (Oxford Languages, 2024).

Illness [general meaning] A disease or period of sickness affecting the mind or body (Oxford Languages, 2024) where disease is a loss or abnormality of psychological, physiological, or anatomical function or structure (synonymous with impairment within the Act.) This excludes transient departures from the normal physiological state or the accepted ranges of physiological or biochemical measures that result from normal physiological stress or the temporary effect of extraneous agents.

medical practitioner [section 7]

Means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine.

paired organs [section 20]

Means the following paired organs as prescribed in regulation 9 of the Veterans' Support Regulations 2014:

- (a) adrenal glands
- (b) breasts
- (c) ears
- (d) eyes
- (e) kidneys
- (f) lungs
- (g) ovaries
- (h) testicles.

prison [section 29]

Means—

- (a) a prison within the meaning of section 3(1) of the Corrections Act 2004; or
[which under that Act reads as follows]:
 - (a) means a prison established or deemed to be established under section 32;
and
 - (b) to avoid doubt, includes any land or building declared to be a prison.]
Note these relate to Corrections prisons and Police jails.
- (b) a service prison within the meaning of section 2(1) of the Armed Forces Discipline Act 1971; or
[which under that Act reads as follows]:
Means a building or part of a building set aside under this Act as a service prison.
- (c) an overseas prison.

prisoner [section 29(3)]

Means,—

- (a) for a prison referred to in **paragraph (a)** of the definition of prison, a prisoner within the meaning of section (3)(1) of the Corrections Act 2004; or
[prisoner under that Act reads as follows]:
Means any person for the time being in the legal custody under this Act of the following persons:
 - (a) *the chief executive;*
 - (b) *the Commissioner of Police.*
- (b) for a prison referred to in **paragraph (b)** of that definition, a service prisoner within the meaning of section 2(1) of the Armed Forces Discipline Act 1971; or
[service prisoner under that Act reads as follows]
Means a person under a sentence that includes imprisonment imposed under this Act by the Court Martial].
- (c) for a prison referred to in **paragraph (c)** of that definition, a person for the time being in legal custody in that prison.

qualifying service [section 8]

Means:

- (a) qualifying operational service; and
- (b) qualifying routine service.

qualifying operational service [section 8]

Means:

- (a) service on any deployment treated as a war or emergency for the purposes of the War Pensions Act 1954; and
- (b) service on any deployment declared to be operational service under section 9 of the Veterans' Support Act 2014.

qualifying routine service³ [section 8]

Means service in the armed forces before 1 April 1974 that is not qualifying operational service.

reasonable grounds [section 27]

Means all relevant considerations, including facts, evidence and opinions, have been taken into account and objectively assessed.

reasonable hypothesis [sections 14 and 15]

Means where no Statement of Principle applies or where a claim has not met the Statement of Principles criteria in section 14 means:

- (a) there is more than a possibility that the veteran's condition is consistent with a reasonable hypothesis that it is service-related; and
- (b) the hypothesis is consistent with the known facts; and
- (c) the hypothesis is not inconsistent with proved or known scientific facts.

service-related [section 7]

³ Includes – Compulsory Military Training, Territorial Forces, and Cadet Forces pre 1 April 1974

In relation to an injury, an illness, a condition, or whole-person impairment, means an injury, an illness, or a whole-person impairment caused by, contributed to by, or aggravated by qualifying service.

Scheme One service-related death [section 7]

Means death is service-related if the veteran died from a condition that was attributable to qualifying service.

Scheme Two service-related death [section 7]

Means –

- (a) death is service-related if the veteran died-
 - (i) while taking part in or performing qualifying operational service; or
 - (ii) from a service-related injury or illness within 10 years of taking part in or performing qualifying operational service; or
 - (iii) more than 10 years after taking part in qualifying operational service from an accepted late-onset condition caused by or contributed to by qualifying operational service.

sound scientific and medical evidence [policy definition]

The information regarding a particular injury or illness is sound scientific and medical evidence if it is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or if it would serve as the basis for the diagnosis and management of a medical condition on the basis of accepted medical practice; and in the case of information about how that kind of injury, disease or death may be caused - meets the applicable criteria for assessing causation currently applied in the field of epidemiology

veteran [section 7]

Means–

- (a) a member of the armed forces who took part in qualifying operational service at the direction of the New Zealand Government; or
- (aa) a member of the armed forces who took part in qualifying routine service before 1 April 1974; or
- (b) a person:
 - (i) who has been:
 - (A) appointed as an employee of the Defence Force under section 61A of the Defence Act 1990; or
 - (B) seconded to the Defence Force with the permission of the Chief of Defence Force; and
 - (ii) who took part in qualifying operational service at the direction of the New Zealand Government; or
- (c) a person who, immediately before the commencement of Part 3 of this Act, is eligible for a pension under the following provisions of the War Pensions Act 1954:
 - (i) section 19 (but only if the person was a member of the forces);
 - (ii) section 55 or 56;
 - (iii) Parts 4 and 5.