



Section 1 – Contact details

Title: Mr Mrs Miss Ms Dr

First name:

Last name:

ACC number: Date of birth: DD MM YYYY
Check last year's ACC invoice or ask your accountant

IR number:

Postal address: Street
 Suburb City + Postcode

Email address:

Phone: Area code Business number

Other: Code Other number

Accountant's name:

Accountancy firm:

Accountant's contact phone number: Area code Business number My tax agent should be the primary contact Yes No

Section 2 – Business and occupational details

Your trading/company name:

Date established in business: DD MM YYYY

Type of business:

Business classification number: Use the ACC classification description. Ask your accountant or check your ACC invoice. Has this changed from last year? Yes No

How many hours per week you work: Please provide an accurate estimate of the average hours

Main work tasks performed by the applicant, and estimate of time spent/percentage of earnings from each:

<input type="text"/>	Hours	% \$
<input type="text"/>	Hours	% \$
<input type="text"/>	Hours	% \$

Section 3 – Self-employed details

Complete only if you are self-employed. Shareholder-employees should use the next section.

Structure of your business: Sole trader Partnership

Number of partners in your business: Number of full-time equivalent employees (FTEs): Your share of the business income: %

Your self-employed earnings liable for ACC payments for the last three tax years:

DD	MM	YYYY	\$
3 1	0 3	2 0	<input type="text"/>
DD	MM	YYYY	\$
3 1	0 3	2 0	<input type="text"/>
DD	MM	YYYY	\$
3 1	0 3	2 0	<input type="text"/>

Go to Section 5 – Business partner's details

Section 4 – Shareholder-employee details

Complete only if you are a shareholder-employee and don't have PAYE deducted from your salary.

Structure of your business: Sole trader or number of shareholder-employees Your share of the business income: %

Company ACC number: Company IR number:

Your shareholder salaries that were liable for ACC payments in the last three tax years:

DD	MM	YYYY	\$
31	03	20	<input type="text"/>
31	03	20	<input type="text"/>
31	03	20	<input type="text"/>

Section 5 – Business partner's details

Is your partner applying for ACC CoverPlus Extra? Yes No

If yes, their application should be attached and sent with this form. If no, please supply the following details:

Partner's ACC number: Partner's IR number:

Is your partner categorised as a 'passive earner'? Yes No

A passive earner is a person who has no physical or mental input into the running of the business, therefore their earnings are not liable for ACC. Ask your accountant or Inland Revenue if you are unsure.

Section 6 – Cover details

Choose which option you require:* ACC CoverPlus Extra ACC CoverPlus Extra with Lower Levels of Weekly Compensation

Annual ACC CoverPlus Extra you're applying for:* (Please note maximums and minimums apply)

Effective start date: (Your policy will be effective from your elected start date, or the date ACC receives this form – whichever is the latest.)

* Compulsory fields must be completed

If you're applying for cover that is significantly more or less than you earned last year, please tell us why:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 7 – Declaration

We recommend you obtain professional independent advice relevant to your individual circumstances before signing this form.

- I understand that the information ACC collects on this form will be used in accordance with the Privacy Act 1993 to process this application for an ACC CoverPlus Extra policy.
- I understand that in collecting, using and storing this information, ACC will at all times comply with the guidelines of that Act.
- I understand that this authority relates to all aspects of my policy and authorises ACC to contact anyone who holds relevant information, including any external agencies or service providers. I have the right to see, and ask for correction of, any information that ACC holds about me.
- I understand that I am giving my Representative, Tax Agent, Accountant or Financial Advisor (Agent or Advisor) authority to access and change my ACC account by telephone, email, letter, fax, form or ACC online services.
- I understand that by providing my authority to an Agent or Advisor, I am providing authorisation to the Agent or Advisor Organisation and each representative within that organisation.
- I authorise the collection and release of any information about me to the extent that it is needed to determine cover and/or assess my entitlement to compensation.
- I declare that the information supplied on this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances that may affect my entitlements. I have read and understood the Privacy Act 1993 information above.

Your name:

Your signature: Date:

In the collection, use and storage of information ACC will at all times comply with the obligations of the Privacy Act 1993 and the Official Information Act 1982.

Please return to ► ACC Business Service Centre, PO Box 795, Wellington 6140

For assistance ► freephone 0508 426 837, email business@acc.co.nz or freefax 0800 222 003