

# ACC CoverPlus Extra

## Application form



### Section 1 – Contact details

Name of person to be covered: Title  Surname   
 First names

Applicant numbers: Your ACC no.  Your IR no.   
Check last year's ACC invoice or ask your accountant

Date of birth: D  M  Y

Postal address: Street   
 Suburb  City + Postcode

Contact phone numbers: Area code  Number (home)  Area code  Number (work)

Email address:

Accountant's name:

Accountancy firm:

Their contact phone number: Area code  Number  My tax agent should be the primary contact: Y  N

### Section 2 – Business and occupational details

Your trading/company name:

Date established in current business: D  M  Y

Type of business:   
Use the ACC classification description. Ask your accountant or check your ACC invoice

Business classification number:  Has this changed from last year? Y  N  How many hours per week you work:  Hours   
Use the ACC classification number. Ask your accountant or check your ACC invoice 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:

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

### 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:

| Year end                | Year end                | Year end                |
|-------------------------|-------------------------|-------------------------|
| D M Y                   | D M Y                   | D M Y                   |
| <input type="text"/>    | <input type="text"/>    | <input type="text"/>    |
| \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |

### 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

Company IR number: Your IR no.  Your share of the business income: %

Company ACC number: Your ACC no.

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

| Year end | Year end | Year end |
|----------|----------|----------|
| D        | M        | Y        |
| 3        | 1        | 0        |
| 3        |          |          |
|          |          |          |
| \$       |          |          |

### Section 5 – Business partner's details

Is your partner applying for ACC CoverPlus Extra?  Y  N *If yes, their application should be attached and sent with this form.*

If no, please supply these details:

Partner's IR number: IR no.  Is your partner categorised as a 'passive earner'?  Y  N

Partner's ACC number: ACC 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 cover you're applying for:\*

\$  *Please note maximums and minimums apply*

Effective start date:

D  M  Y  *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:

|  |
|--|
|  |
|  |
|  |

### 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 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.

Signature:  Date: D  M  Y