

Please complete all sections. If you need any help in completing this form please call us free on 0800 222 776

### Section 1 – Your details

Name:

Contact address:

Date of birth:     Male  Female

Work phone:   Home phone:

Mobile phone:   IRD number:

### Section 2 – Cover details

Please indicate the number of months that you wish to purchase the right to receive weekly compensation:\*

1  2  3  6  9  12  15  18  21  24

Cover to commence on    and to expire on

ACC require details of all employment in the prior 52 weeks (employer to complete overleaf). We will calculate your maximum 'income protection' cover based on these earnings.

Note that the Injury Prevention, Rehabilitation, and Compensation Act 2001 specifies:

1. A maximum amount of weekly compensation payable
2. That you may not nominate an amount in excess of your previous weekly earnings as calculated by ACC under the IPRC Act 2001.

\* TimeOut can only be purchased for up to six months if travelling overseas.

### Section 3 – Employment details

Are you still in employment?  Yes  No Did it cease less than one month ago?  Yes  No

### Section 4 – Declaration

I understand that:

The information that ACC collects on this form will be used in accordance with the Privacy Act 1993 to process this application for an ACC TimeOut policy.

In collecting, using and storing this information, ACC will at all times comply with the principles of that Act.

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 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:

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 at left.

Signed:

Date:

# Employee earnings certificate

- One to be completed by every employer in the past 52 weeks.
- ACC needs this information to calculate your employee's entitlement to weekly compensation.
- This form must be completed by the employer. It must not be completed by the employee.
- Complete all sections not already completed by ACC. Make sure the information is accurate.

## Section 1 – Employer details

Contact person:

Work phone:  Area Code:  Number:  Fax:  Area Code:  Number:

Email:

## Section 2 – Employee details

Name:

Occupation:

IRD number:  Tax code:

Is the employee a shareholder in your company?  Yes  No Is the employee a spouse of the employer?  Yes  No

Please complete the table to show the hours normally worked.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Variable shifts, etc
am								
pm								

List gross taxable earnings for 52 full pay weeks immediately prior to  D  M  Y

Note:

1. Date employment ended or current date if still working.
2. Important – calculate for exactly 52 weeks, not one year, eg. Thurs 27 Oct 2002 to Wed 25 Oct 2003.

<input type="text"/> D <input type="text"/> M <input type="text"/> Y	<input type="text"/> D <input type="text"/> M <input type="text"/> Y	<input type="text"/> \$ <input type="text"/>
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		<input type="text"/> \$ <input type="text"/>

Please give reasons for gaps, eg. only started work recently; on unpaid leave; on unpaid sick leave; on parental leave; receiving weekly compensation.

## Section 3 – Declaration

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Signed:

Date:  D  M  Y