ACC 1

Request for Assistance

This form should be completed by an injured person who needs more than just medical treatment. It will help us determine what assistance you need, such as rehabilitation services and weekly earnings compensation.

ACC
PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

SECTION 1: CLAIMANT DETAILS

Please print

ACC CLAIM NUMBER

Date of birth DAY / MONTH / YEAR

Date of injury DAY / MONTH / YEAR

Family name

First name(s)

If known by another name, please state

Address

Telephone 0 CODE

Email

Home address (if different)

List any expenses, allowances or other entitlements that you are claiming for and costs (if known)

Types of assistance available: *medical treatment, elective surgery, return to work support, travel costs, lump sum for permanent impairment, independence allowance, home help, child care, personal care, weekly earnings compensation, equipment provision, home modifications, education support and training for independent living. Attach any medical certificates, accounts, receipts or other proof that you have to support your claim.*

ATTACH AN ORIGINAL PRE-PRINTED DEPOSIT SLIP WITH THIS FORM

SECTION 2: WEEKLY EARNINGS COMPENSATION

Complete this section if you are claiming weekly earnings compensation

What is your IRD number?

What is your tax code?

List all your employers during the last 12 months before your incapacity for work, starting with your current or most recent employer.
If required, please continue this list on another sheet of paper.
If you were self-employed, write "self" as well as the name of your business. Tell us the reasons for any gaps, eg studying or unemployed.

Names and addresses of all employers	Date from	Date to	Tick if still in this employment

Did you have any period of unpaid leave (including unpaid sick leave) in the 52 weeks before your incapacity for work started? ◯ Yes ◯ No

Have you had time off work due to an injury in the 52 weeks before your incapacity for work started? ◯ Yes ◯ No

Would the earnings from your job have continued for the next 52 weeks if you had not been injured? ◯ Yes ◯ No

Were you on parental leave when your incapacity for work started? ◯ Yes ◯ No

SECTION 3: CLAIMANT DECLARATION

I declare:

- *that all of the information I have provided is correct and there is nothing else I need to tell ACC about my circumstances.*

I authorise (I am the patient's legal guardian or representative and have their authority to authorise):

- *ACC to collect and release any information about me that is needed to assess my entitlement to medical treatment, independence allowance, lump sums for permanent impairment, rehabilitation assistance and weekly earnings compensation.*

I understand

- *that if I am claiming weekly compensation I must tell ACC if there is any change in my physical capabilities or if I undertake any employment, paid or unpaid.*
- *information may be collected from or released to external agencies, such as health providers, assessment agencies and employers.*
- *I can ask to see any information that ACC holds about me, and have it corrected if it is wrong, within the provisions of the Privacy Act 1993.*

Claimant's signature ✘

Date DAY / MONTH / YEAR

RIGHTS AND RESPONSIBILITIES

- *The information collected by this form will be used by ACC to assess your claim.*
- *People who receive assistance from ACC have a legal responsibility to authorise the provision of all relevant information and help in their own rehabilitation.*
- *ACC and its agents will only collect or release personal information about you in order to meet our responsibilities under the Injury Prevention, Rehabilitation, and Compensation Act 2001. In doing this we will comply with the Privacy Act 1993 and the Health Information Privacy Code 1994.*

Please complete and return to