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.

When you’ve finished please return this form to claimsdocs@acc.co.nz or your closest Mail Centre:

If you live in Northland, Auckland, Waikato or Bay of Plenty:

* PO Box 952, ACC Hamilton Hub, Hamilton 3240

If you live in Taranaki, Manawatu-Whanganui, Hawke's Bay, Wellington or the South Island:

* PO Box 408, ACC Dunedin Hub, Dunedin 9054

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| 1. Client details |
| Client name:        | Claim number:       |
| Date of birth:       | Date of injury:       |
| Phone number:       |
| Address:       |

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| 2. Expenses |
| Types of assistance available: Medial treatment, elective surgery, return to work support, travel costs, lump sum for permanent impairment, independence allowance, home help, childcare, personal care, weekly earnings compensation, equipment provision, home modifications, education support and training for independent living. Attach any medical certifications, accounts, receipts or other proof that you have to support your claim. List any expenses, allowances or other entitlements that you are claiming for and the costs (if known): |
|       |

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| 3. Payment details (or attach an original pre-printed deposit slip to this form) |
| Bank account name:      Bank account number:       |

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| 4. Weekly earnings compensation |
| Complete this section if you are claiming for weekly earnings compensation |
| What is your IRD number?       | What is your tax code?       |
| List all your employers during the 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. Please tell us the reasons for any gaps, eg Studying or unemployed. |
| Name 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 [ ]  |

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| 5. Collecting and using your personal information |
| ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests). ACC may need to obtain medical and other records about you from third parties such as your general practitioner (GP), specialists, other medical professionals or treatment providers, or your employer. Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim. ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (eg treatment providers) and your employer (including for non-work related injuries). You have the right to access and request correction of personal and health information that ACC holds about you. The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information. Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website [www.acc.co.nz/privacy-disclaimer](http://www.acc.co.nz/privacy/privacy-disclaimer). For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us: privacy.officer@acc.co.nzThe Privacy Officer Accident Compensation Corporation PO Box 242 Wellington 6011 I declare: * that the information given in 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 which may affect my entitlements.

I authorise: * ACC to collect the following information and to use and disclose it in accordance with the purposes set out above and in ACC's Privacy Policy:
	+ medical and other records which are or may be relevant to my claim
	+ details of my accident
	+ tax records, employment details and history which are or may be relevant to my claim
	+ the holders of such information to provide it to ACC
	+ the treatment provider to lodge this claim for me
 |
| Name: |
| Signature: | Date: |