Please complete this form to receive financial support from ACC after someone dies in an accident.

How ACC can help after an accidental death

When someone dies in an accident, ACC can provide a range of financial support to the family of the deceased. This includes helping to pay for the funeral and providing ongoing financial assistance.

What information we need and why

To help us provide you with all the support we can, as quickly as possible, we first need some information about the accident, the deceased, and the people who need our support such as surviving partners, children and dependants.

We know it may seem like a lot of information to provide at such a distressing time, but we’re aware it can also be a difficult time financially. However, the more information you can provide to us now, the sooner we’ll be able to help.

Feel free to call us on **0800 101 996** if you’d like help to complete the form or if you have any questions.

Who can provide this information?

Anyone can provide this information. We’ve attached a form that guides you through what we need.

If you have recently lost someone close to you, you may find it easier to ask someone else like a friend, family member, or even the funeral director, to help you complete the form.

While anyone can do this, it needs to be signed by a representative of the deceased, such as the executor of the will, or if there is no will, a spouse/partner, or the next of kin.

What to do when you’ve completed the form

Please send this completed form to ACC Hamilton Service Centre, PO Box 952, Hamilton 3240 or hamilton.accidentaldeath@acc.co.nz

What happens next

Once we’ve received this information, we’ll put you in touch with a specialist from the Accidental Death Unit, who will help you through this process.

Part A – Getting started

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| 1. Deceased person’s details |
| Full name:       |
| Date of birth:       | Gender:       |
| Date of death:       |
| Ethnicity (we collect this for statistical reasons):       |
| Last contact address:       |
| Has a death certificate or interim death certificate been issued?[ ]  Yes (please attach a copy) [ ]  No (we’ll need to see a copy as soon as it is available) |
| Did the deceased have:[ ]  a partner? [ ]  any children? [ ]  any other dependants? |

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| 2. Representative’s details  |
| A representative can be the deceased’s spouse or partner, next of kin or the executor of the will. |
| Representative’s full name:       |
| Contact address:       |
| Email address:       | Contact phone number:       |
| What was your relationship to the deceased?       |
| Do you want to be the contact person for this claim? [ ]  Yes [ ]  No |
| If you’re not the contact person, please complete the contact information section on the next page.  |

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| 3. Representative’s declaration  |
| I declare: * that the information given in this form is true and correct to the best of my knowledge and belief and that I have not withheld any information likely to affect this application.
* that I am authorised to provide information on behalf of the individuals named on this form.
* that I am authorised by the representative to complete this form (if applicable).
* that I have read and understood the privacy declaration below.

I authorise: ACC to collect the following information and to use and disclose it in accordance with the purposes set out in the Privacy Declaration below and in ACC's Privacy Policy: * medical and other records which are or may be relevant to the claim and related entitlements.
* details of the deceased's accident.
* tax records, employment details and history of the deceased which are or may be relevant to this claim.
* the holders of such information to provide it to ACC.
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| Signature: | Date:       |

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| 4. Contact information  |
| The contact person will receive communication relating to the claim. |
| Contact person’s full name:       |
| Contact address:       |
| Email address:       | Phone number:       |
| What was their relationship to the deceased, if any?      |

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| 5. Deceased person’s doctors (if known) |
| Doctor’s name | Practice name and address |
|       |       |
|       |       |

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| 6. Accident details |
| Where did the accident happen? Please name the nearest town or city or write ‘overseas’ if it happened outside New Zealand:      |
| Date and time of the accident:       |
| Where did the accident happen? |
| [ ]  House or home | [ ]  Place of sport or recreation | [ ]  Commercial property (eg a shop) |
| [ ]  Industrial site | [ ]  Road or street | [ ]  School |
| [ ]  Farmland | [ ]  Other (please describe):       |
| Did the accident happen at work? [ ]  Yes [ ]  No |
| Did the accident involve a motor vehicle on a public road? [ ]  Yes [ ]  NoIf yes, was the deceased the driver? [ ]  Yes [ ]  No |
| Please describe how the accident happened:      |

Part B – Who can we help?

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| 7. Funeral costs |
| Deceased person’s name:       |
| We may be able to make a contribution towards the funeral costs, either by paying the funeral director or whoever paid for the funeral. Complete this section to let us know who you would like us to pay, and attach a:* copy of the funeral director’s tax invoice, if the funeral director is the person to be paid
* a general list of incurred, or estimated expenses if a person other than the funeral director is to be paid.
* pre-printed bank deposit slip of the person who paid the account (if the account is paid).

There's a limit to what we’re able to pay so any additional costs will need to be covered by the estate. |
| Please pay the: | [ ]  Funeral director | [ ]  Person who paid for the funeral |
| Name of the person you want us to pay:       |
| Address of the person you want us to pay:       |

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| 8. Employment details |
| If the deceased was employed, we may be able to provide weekly compensation to their spouse, children or other dependants. Completing this section will allow us to contact employers to confirm their earnings and calculate how much weekly compensation to pay. |
| The deceased was: |
| [ ]  in paid employment | [ ]  self-employed |
| [ ]  owner/part owner of the company they worked for | [ ]  not employed |
| Deceased’s IRD Number (if known):       |
| Please list the details of the deceased’s employment or self-employment for the 12 months before the accident. If the deceased was self-employed, write ‘self-employed’ and/or the name of the company. |
| Employer’s name | Employer’s address | Occupation | Period of employment |
|       |       |       | From:      To:       |
|       |       |       | From:      To:       |
|       |       |       | From:      To:       |
|       |       |       | From:      To:       |
| Did the deceased’s most recent employer expect them to be working in the same job for the next 12 months? |
| [ ]  Yes | [ ]  No | [ ]  Unsure |
| If the deceased was self-employed or owned the company where they worked and had an accountant, please provide the accountant’s details, so that we can contact them for information about the deceased’s income. |
| Accountant’s name and address:       |

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| 9. Partner’s details  |
| Please complete this section if the deceased was married, in a civil union, or in a de facto relationship. A de facto relationship is like a marriage. |
| Partner’s name:       |
| Address (if not already provided):       |
| Date of birth:       |
| What was your relationship with the deceased?  |
| [ ]  Married or in a civil union (please attach a copy of the certificate) | [ ]  De facto relationship |
| Were you living together at the time of the accident? [ ]  Yes [ ]  NoIf no, please explain why not:      |
| Are you currently receiving a Work and Income benefit?[ ]  Yes [ ]  NoIf yes, please list which benefits and when they started:      |
| Please complete the following if you were in a de facto relationship.  |
| How long were you in this relationship for?       |
| How long had you lived together?       |
| Were you planning to marry or enter a civil union? [ ]  Yes [ ]  NoIf yes, when?       |
| Did you share financial commitments or assets, such as mortgages, hire-purchase agreements or bank accounts? [ ]  Yes [ ]  No |
| If you were in a de facto relationship we will also ask for more information to support your relationship. This information may include, depending on what you have available:* a letter to us from the deceased’s family confirming your relationship
* a letter to us from a mutual friend confirming your relationship
* evidence from your doctors, lawyers, accountants or employers confirming you were each other’s next of kin
* evidence from Inland Revenue or Work and Income showing you were in a relationship
* a will naming you as the next of kin
* evidence of shared financial commitments or assets
* other supporting evidence.

You don’t have to send these to us now if you don’t have them on hand, but you may find it useful to collect them so you have them ready when we ask for them. If you have any questions about what information we need we’ll be happy to answer them. Just call us on **0800 101 996.** |

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| 10. Children’s details |
| Please list below all the deceased’s children under the age of 21, at the date of death, and attach copies of their birth certificates (if available). A child could be any of the following:* natural (including child born within 12 months of their natural parent’s death)
* adopted/whāngai
* stepchild
* unborn child.
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| **1. Child’s full name**:       |
| Date of birth:       |
| Name and contact details of the child’s caregiver (if known):       |
| Relationship of the caregiver to the child:       |
| If the child is over 18, are they in full-time study? [ ]  Yes [ ]  NoIf yes, please name the school or tertiary institution (if known):       |
| **2. Child’s full name**:       |
| Date of birth:       |
| Name and contact details of the child’s caregiver (if known):       |
| Relationship of the caregiver to the child:       |
| If the child is over 18, are they in full-time study? [ ]  Yes [ ]  NoIf yes, please name the school or tertiary institution (if known):       |
| **3. Child’s full name**:       |
| Date of birth:       |
| Name and contact details of the child’s caregiver (if known):       |
| Relationship of the caregiver to the child:       |
| If the child is over 18, are they in full-time study? [ ]  Yes [ ]  NoIf yes, please name the school or tertiary institution (if known):       |
| **4. Child’s full name**:       |
| Date of birth:       |
| Name and contact details of the child’s caregiver (if known):       |
| Relationship of the caregiver to the child:       |
| If the child is over 18, are they in full-time study? [ ]  Yes [ ]  NoIf yes, please name the school or tertiary institution (if known):       |
| Continue on a separate page if needed. |

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| 11. Dependant’s details |
| If someone was financially dependent on the deceased, because of a physical or mental disability, they may be entitled to financial assistance. This may include an elderly relative or a child over 18 with a mental or physical disability.Please list any dependants below (this does not include the dependent partner or a child under 18 years). |
| **1. Dependant’s full name**:       |
| Date of birth:       |
| Name and contact details of the caregiver (if known):      |
| Relationship of the dependant to the deceased:       |
| **2. Dependant’s full name**:       |
| Date of birth:       |
| Name and contact details of the caregiver (if known):      |
| Relationship of the dependant to the deceased:       |
| Continue on a separate page if needed. |

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| 12. Attachment checklist |
| I have attached copies of:[ ]  the death certificate or interim death certificate[ ]  the marriage or civil union certificate[ ]  the birth certificates of the deceased’s children[ ]  evidence of a de facto relationship[ ]  the funeral invoice, or a general list of incurred, or estimated expenses, and verified bank details of the payee. |

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| 13. Privacy Declaration |
| ACC collects personal and health information to assess whether the claim is covered under the ACC scheme, to manage claims, and to assess and provide appropriate compensation. 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 the deceased from third parties. This may include general practitioners (GP), specialists, other medical professionals or treatment providers, or respective employers. ACC may need to obtain information about the deceased's partner, children and dependents to ensure we provide the right financial support. Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine eligibility for cover or for particular entitlements. Under the Accident Compensation Act 2001, information that is relevant to the claim must be provided if ACC reasonably requires 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 the 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 (eg Inland Revenue, Work and Income, Oranga Tamariki, Ministry of Health, WorkSafe), external providers (eg treatment providers) and employers (including for non-work related injuries) (if the accident occurred at work). Individuals have the right to access and request correction of personal information that ACC holds about them. The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to 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 <https://www.acc.co.nz/privacy/>. For more information about privacy, to request access or correction of personal information, or if you have a question or concern, contact us: <https://www.acc.co.nz/privacy/make-a-complaint-about-our-privacy-process/>The Privacy Officer Accident Compensation Corporation PO Box 242 Wellington 6011 |
| Signature: | Date:       |