

19 October 2023



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Kia ora

Your Official Information Act request, reference: GOV-028123

Thank you for your email of 1 October 2023, asking for the following information under section 22 of the Official Information Act 1982 (the Act):

- *I respectfully request a copy of the ACC claims manual or other documentation for section 103(1)(a) of the Accident Corporation Act 2001 claims pertaining to the eligibility criteria and the calculations of the amount of compensation for a claimant who was an earner at the time he or she suffered a personal injury.*

Please find the following information in the appendix

The documents that contain policies, principles, rules or guidelines with respect to section 103 of the Accident Compensation Act 2001 are provided in the appendix, and include the following:

- Definition of an Earner
- Approve Weekly Compensation Entitlement
- Calculate Weekly Compensation
- Definition of Incapacity policy
- Establishing date of First Incapacity (DOFI)
- Rules for Medical Certificates for Inability to Work Policy
- Business rule: Calculation of net weekly compensation
- AC Act 2001, Section 103- Corporation to determine incapacity of claimant who, at time of personal injury, was earner, on unpaid parental leave, or recuperating organ donor

As staff names were not requested, they have been deemed out of the scope of your request and removed.

As this information may be of interest to other members of the public

ACC may decide to publish a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

Ngā mihi

Sara Freitag

Acting Manager Official Information Act Services
Government Engagement

Summary

Objective

This page provides you with the definition of an 'earner' provided by the Accident Compensation Act 2001. Use this definition to help you determine whether a client is eligible to receive weekly compensation. This guidance applies to claims where the client became unable to work from 1 July 2010.

- 1) Definition of an 'earner' and 'employment'
- 2) Weekly compensation eligibility criteria
- 3) Exceptions
- 4) Links to legislation

Owner [Out of Scope]


Expert [Out of Scope]

Policy


1.0 Definition of an 'earner' and 'employment'

- a** A client is an earner if they are in employment. Section 6 of the Accident Compensation Act 2001 defines 'employment' as 'work carried out for the purposes of pecuniary gain or profit'. For employees, 'employment' includes a period of paid leave but not paid leave payments on ceasing their employment.
- b** An earner also includes someone who:
 - satisfies the extension of employment status under clause 43 of Schedule 1
 - is on unpaid parental leave
 - is a recuperating organ donor receiving payments under the Live Organ Donor Act 2016.

The business rule below provides the complete definition/criteria for a client or person to be an earner.

 Definition of an Earner Rule

- c** Any person who does not meet the criteria for being an earner is deemed to be a non-earner. Below is the business rule that defines a non-earner.


 Definition of a non-earner Rule





- d** If there's still doubt as to whether the client can be classified as an earner, you can contact the Weekly Compensation Panel. See the below link for the referral process.

 Technical Services Panels



2.0 Weekly compensation eligibility criteria

- a** To be eligible to receive weekly compensation, a client must:
 - be in employment at the time they suffer their injury, and
 - be an earner immediately before they become unable to work due to the injury (if that inability begins later), and
 - receive one or more of the following category of earnings immediately before they became unable to work:
 - earnings as an employee either from permanent or non-permanent employment
 - earnings as a self-employed person
 - earnings as a shareholder employee.
- b** 'Immediately' will for most clients usually mean the previous working day, however it also includes clients injured during their first day of employment.



 Definition – Permanent and Non-Permanent Employment

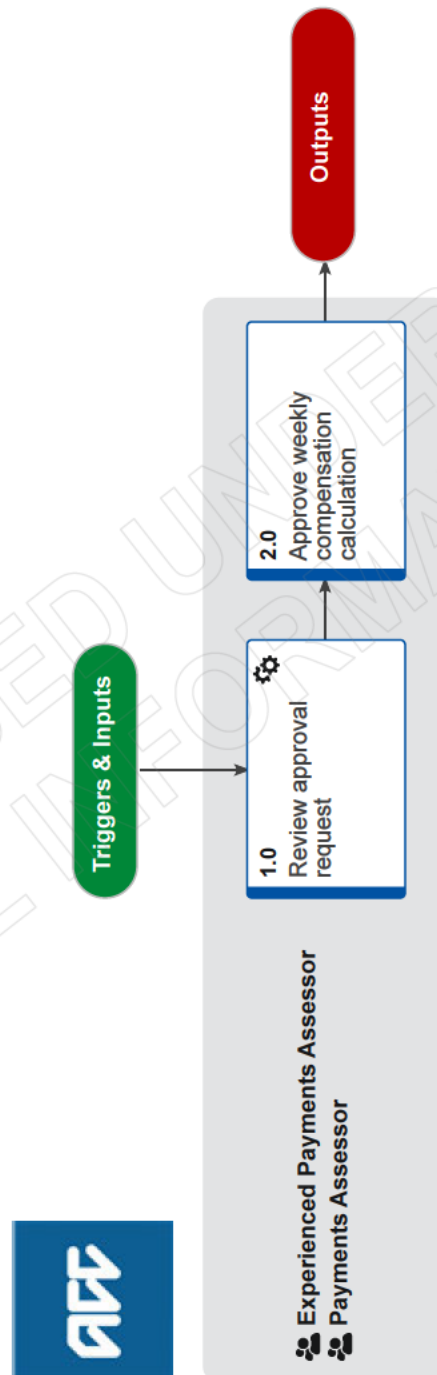
-  Earnings as a self-employed person
-  Earnings as a shareholder employee
-  Confirm Self-Employed Person is an Earner Policy
-  Extension of employment status Policy

3.0 Exceptions

- a** A client who is one of the other types of earners listed above, does not need to have earnings immediately before they became unable to work, to qualify for weekly compensation. Separate rules apply for them.
- b** A client who satisfies the extension of earner status criteria under clause 43 at the time they became unable to work does not necessarily need to be in employment at the time of their injury.
- c** A client who is on unpaid parental leave when they suffer their injury is deemed to be in employment at that time.
 -  Unpaid parental leave policy
- d** A client who meets the criteria for being eligible for weekly compensation while on unpaid leave.
 -  Eligibility to Weekly Compensation while on Unpaid Leave
<https://go.promapp.com/accnz/Process/6b0e3eaa-4d>

4.0 Links to legislation

-  Accident Compensation Act 2001, section 6 Interpretation
<http://www.legislation.govt.nz/act/public/2001/0049/lat>
-  Accident Compensation Act 2001, Schedule 1, Clause 43 Weekly earnings if employment ended before commencement of incapacity
<http://www.legislation.govt.nz/act/public/2001/0049/lat>



Approve Weekly Compensation Entitlement v25.0



Summary

Objective

To approve the weekly compensation entitlement (including fatal weekly compensation) so the client can be notified of their payment and be paid.

Background

This process is required after you have completed the set up of the entitlement. All weekly compensation set ups require approval by a second staff member before the client can be paid.

Owner

[Out of Scope]

Expert

[Out of Scope]

Procedure

1.0 Review approval request

Experienced Payments Assessor, Payments Assessor

- a** Review the request and instructions in the Eos task to ascertain what you need to check to action the approval.
- b** Check the request and confirm that the payment calculation is correct.
- c** Check that the approved period the client was unable to work due to their injury matches the period payable and non-payable period(s).

NOTE What if it's a fatal claim?

This step is not required.
Go to task d Review the Payment Calculation Summary and confirm that the payment calculations are correct.

View approved incapacity details

View payment periods summary

- d** Review the Payment Calculation Summary and confirm that the payment calculations are correct.

Review calculated Weekly Compensation payments

NOTE What if the payment calculations are incorrect?

Transfer the task back to the Payments Assessor who sent the request and include instructions regarding the action required in the task Description field.

If the request was from a Recovery Team member, contact them via agreed process.

This procedure ends.

NOTE What if this is an accredited employer wc transfer?

Check that the AE management periods are correctly set to "Do Not Pay".

Impediments to the manual approval of a payment

Return requests where payment could not be approved

NOTE What if the payment is outside my delegation?

Then assign the task (with accompanying email notification) to a delegation holder for approval.

- Backdated Weekly Compensation \$100k gross - \$500k gross - Client Service Leader
- Backdated Weekly Compensation \$500k+ gross - Technical Services

NGCM Delegations (Te Whāriki)

2.0 Approve weekly compensation calculation

Experienced Payments Assessor, Payments Assessor

- a** Approve the payment.

Approve a Weekly Compensation payment

NOTE What if there are instructions to fast track the payment?

Then fast track the payment using the system step linked below.

Fast track a recurring payment

Fast tracking only possible after approval

Approver for payments

NOTE What if you receive an Alert "Can not approve payments on an Accredited Employer managed claim?"

1) Contact your Team Leader or the Recovery Team Member who was previously managing the claim, ask them to temporarily change the cover status back to "accept" so that you can action your task.

2) Once you have actioned your task, you will need to ask for the cover status to be changed back to "accredited employer".

NOTE What if you have approved the weekly compensation entitlement, and now need to make some changes?

If it is still the same day, the payment would not have been batched, and the payment notification would not have been sent to the client yet.

This means you can go ahead and make your changes, and have these re-approved.

NOTE What if it is the next day and the outcome is the client will not be receiving any payment?

You must contact the client and inform them that the payment details have changed since the payment notification was sent to them and the reason why there is no payment.

- b** Close the task.

NOTE What if it's a fatal claim?

Return the task to the Accidental Death queue so that a Cover Assessor can send the payment notification letter.

Summary

Objective

The documents below are to be used for claims where the client becomes unable to work due to their injury from 1 July 2010. This information relates to ACC's application of the Accident Compensation (AC) Act 2001 from 1 July 2010.

- 1) Overview
- 2) Single employment at the date the client was unable to work
- 3) For the short-term period
- 4) For the long-term period
- 5) Multiple employment at the date the client was unable to work
- 6) For the short-term period
- 7) For the long-term period
- 8) Abatement
- 9) Indexation
- 10) Eligibility for an increase to the minimum full-time earner rate
- 11) Eligibility criteria
- 12) Full-time employment
- 13) Eligibility stops if employment would not be full-time

Owner

Expert

Procedure

1.0 Overview

- a** The calculation of short and long-term periods of weekly compensation depends if the client held single or multiple employments at the date they first or subsequently became unable to work due to the injury (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI').

Weekly compensation is subject to change through abatement and indexation.

2.0 Single employment at the date the client was unable to work

- a** If a client has only one employment type at the date they first or subsequently became unable to work due to the injury (DOFI or DOSI) and weekly earnings have been calculated, the bases for the short and long-term weekly compensation calculations are as follows.

3.0 Single employment - for the short-term period

- a** The base weekly compensation is calculated at 80% of weekly earnings.

Note: Employees and shareholder employees are not eligible for an adjustment to the minimum weekly earnings rate for the short-term period, if they have a low level of weekly earnings.

If the weekly earnings of a self-employed person fall below the minimum weekly earning rate, they may have their weekly earnings set at the minimum rate if, they are liable to pay the minimum annual earner levy. In this case, base weekly compensation is 80% of the applicable weekly earnings minimum rate, subject to abatement and indexation.

Calculate Weekly Earnings – Self-Employed

4.0 Single employment - for the long-term period

If the client's weekly earnings are...	then...
less than the minimum weekly earnings rate	<p>their weekly earnings can be set at the applicable minimum weekly earnings rate if they were either:</p> <ul style="list-style-type: none"> in full-time employment, ie worked an average of 30 hours per week in the four weeks prior to the incapacity liable to pay the minimum annual earner levy <p>base weekly compensation is 80% of the applicable minimum weekly earnings rate</p> <p>See Eligibility for an increase to the full-time earner rate</p>
above the minimum weekly earnings rate	base weekly compensation is calculated at 80% of weekly earnings



For the long-term period.PNG

5.0 Multiple employment at the date the client was unable to work

- a** If a client has more than one employment type at the date they became unable to work due to the injury (DOFI or DOSI), including more than one permanent employment, weekly earnings for each employment are calculated and then aggregated into one weekly earnings figure. The short and long-term periods for weekly compensation are calculated as follows.

6.0 Multiple employment - for the short-term period

- a** Short-term base weekly compensation is calculated at 80% of weekly earnings.

If ...	and...	then...
one of the client's employments in the short-term period is self-employment	<ul style="list-style-type: none"> their weekly earnings for that employment are below the applicable minimum weekly earnings rate they are liable to pay the minimum earner levy they are eligible to have their weekly earnings for that employment set at the minimum weekly earnings rate 	This weekly earnings figure is then aggregated with the weekly earnings from the other employment held at DOFI/ DOSI



For the short-term period.PNG

7.0 Multiple employment - for the long-term period

If the client's aggregated weekly earnings are...	then...
less than the minimum weekly earnings rate	<p>their weekly earnings can be set at the applicable minimum rate if they were either:</p> <ul style="list-style-type: none"> in full-time employment, ie worked an average of 30 hours per week in the 52 weeks prior to the incapacity liable to pay the minimum annual earner levy <p>base weekly compensation is 80% of the applicable minimum rate</p> <p>See Eligibility for an increase to the full-time earner rate</p>
above the minimum weekly earnings rate	base weekly compensation is calculated at 80% of weekly earnings



For the long-term period2.PNG

8.0 Abatement

- a** Base weekly compensation can be reduced by abatement if the client receives earnings while they are unable to work or not fully working because of the injury.

9.0 Indexation

- a** On 1 July each year, an annual indexation is applied to weekly compensation. Minimum full-time earner rates are also adjusted on 1 July each year. If a client's weekly earnings are below the adjusted rate and they are otherwise eligible for an increase, their weekly compensation is increased from 1 July.

10.0 Eligibility for an increase to the minimum full-time earner rate

- a** Accident Compensation Act 2001, Schedule 1 Clause 42 sets the criteria for eligibility for an increase to the minimum rate after five weeks of the client's inability to work. Eligibility for an increase is only considered when all weekly earnings calculations have been aggregated into a single weekly earnings figure and the weekly earnings figure is below the minimum full-time earner rate.

See Minimum earner rate - full-time earners.

NOTE Legislative amendment to clause 42 - who does this affect?

From 6 September 2023, employees, shareholders, and previously ineligible self-employed clients can receive an uplift to the Minimum full-time Weekly Compensation rate during the short-term calculation period (Weeks 1-4 of the Weekly Compensation entitlement). The change aligns the eligibility to self-employed clients who are currently eligible for an uplift to the minimum rate during the short-term calculation period if they were liable to pay full-time levies. The change is legislative and was introduced in The Accident Compensation (Access Reporting and Other Matters) Amendment Act 2023.

For clients who are first unable to work on or after 3 August 2023, 6 September will fall within the short-term calculation period. If these clients are eligible for the uplift on the 6 September, their weekly compensation will be increased from that date.

-  Weekly compensation indexation (2001 Act) Policy
-  Accident Compensation Act 2001, Schedule 1 Clause 42
<http://www.legislation.govt.nz/act/public/2001/0049/la>

11.0 Eligibility criteria

- a** To be eligible for an increase to the minimum full-time earner rate, immediately before the client became unable to work they must have been either:
- in full-time employment
 - liable to pay the minimum annual premium. This applies to self-employed only. See Calculate weekly earnings - self-employed.

If either of the above criteria is met, weekly earnings can be increased to the minimum full-time earner rate.

If a recent or established non-PAYE shareholder employee cannot show that they received earnings immediately before they became unable to work, they are not eligible to receive weekly compensation. This includes long-term weekly compensation paid at the minimum full-time earner rate.

Refer to Calculate Weekly Earnings - Shareholder Employee

-  Calculate Weekly Earnings – Shareholder Employee

Calculate Weekly Earnings – Self-Employed

12.0 Full-time employment

- a** Full-time employment is defined as employment averaging 30 hours (paid) per week over the four weeks prior to the date the client first or subsequently became unable to work (DOFI or DOSI). Note that it can also be a lesser number of hours if the person's employment contract defines the lesser hours as full-time.

For:

- permanent and non-permanent employees, details of the hours worked each week in the four weeks prior to DOFI are declared on the Welcome Conversation Transcript.
- shareholder employees and self-employed clients, these hours are declared on the ACC004 Questionnaire for self-employed or shareholder employee form or obtained in Welcome Conversation Transcript.

-  ACC004 Questionnaire for self-employed or shareholder employee

13.0 Eligibility stops if employment would not be full-time

- a** A client is only eligible for the increase to the minimum rate for any period when, if it were not for the injury, they would have been in full-time employment.

ACC can assume that the client would have continued in full-time employment, unless information to the contrary is received. For example, the work could be seasonal, and full-time work would end at the close of the season.

If ACC is aware that employment would not have been full-time beyond a certain date, reduce the long-term weekly earnings figure to its base weekly earnings rate, updated for any applicable indexation.

If there is evidence the client would have resumed full-time employment in the next season, they are eligible to be reinstated at the minimum for the duration of that season.

Unless the above applies, once assessed for the minimum, the client stays on the minimum even if their base weekly earnings would have been subsequently increased by indexation to a level above the minimum.

Summary

Objective

This page provides you with the definition of 'incapacity' provided by the Accident Compensation Act 2001. A client's eligibility for weekly compensation depends on their inability to carry out employment.

Use this guidance to determine incapacity of a client, ie whether the client is unable, because of their personal injury, to engage in either:

- employment that they were in when they suffered the personal injury (section 103)
- work that they are suited for based on their experience, education, training, or combination of those things (section 105).

If a client is not incapacitated, then a client is not eligible for weekly compensation.

This guidance applies to incapacities that occurred from 1 July 2010.

- 1) Definition of incapacity
- 2) Determine incapacity under Section 103 of the Accident Compensation Act 2001
- 3) Determine incapacity under Section 105 of the Accident Compensation Act 2001
- 4) Links to legislation

Owner [Out of Scope]

Expert [Out of Scope]

Policy

1.0 Definition of incapacity

- a** Section 6 of the Accident Compensation Act 2001 defines 'incapacity' as determined under either:
- Section 103 or
 - Section 105.

Sections 103 and 105 of the Accident Compensation Act 2001 only apply to the covered personal injury.

NOTE **Accident Compensation Act 2001, section 103**

The client is unable to engage in employment for which they were employed when the personal injury was suffered.

NOTE **Accident Compensation Act 2001, section 105**

The client is unable to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.


- b** Inability to work includes being absent from employment to get treatment for the personal injury if the treatment is:
- necessary for the injury
 - of a type that we, as the insurer, are liable to provide.

- b** 'Incapacity' for these clients is determined by whether the personal injury restricts or prevents them, mentally or physically, from being able to perform their employment activities.

3.0 Determine incapacity under Section 105 of the Accident Compensation Act 2001

- a** Section 105 of the Accident Compensation Act 2001 applies if, when the client became unable to work, they:
- were a potential earner
 - had a TimeOut cover policy
 - were not in employment, but had recently ceased employment and extension of employee status applies.
- b** 'Incapacity' for these clients is determined by whether the personal injury restricts or prevents them, mentally or physically, from being able to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

4.0 Links to legislation

-  Accident Compensation Act 2001, section 103
<http://www.legislation.govt.nz/act/public/2001/0049/lat>
-  Accident Compensation Act 2001, section 105
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

2.0 Determine incapacity under Section 103 of the Accident Compensation Act 2001

- a** Section 103 of the Accident Compensation Act 2001 applies if, at the time of the injury, the client is:
- an earner
 - on unpaid parental leave or
 - a recuperating organ donor.

Summary

Objective

Determining the date of first incapacity (DOFI) is important as it establishes when a client's first week period starts. Refer to this guidance to help you determine the first week period and establish the start of the client's weekly compensation.



- 1) Determining a client's DOFI
- 2) Time off work for treatment before certified as unable to work
- 3) No time off work for treatment before certified as unable to work
- 4) Client on leave
- 5) Statutory holidays

Owner [Out of Scope]

Expert [Out of Scope]

Policy

1.0 Rules

- a** A client's date of first incapacity (DOFI) is the earlier of the first date that they:
 - were medically certified as unfit for work due to their injury
 - had time off work to receive necessary health care treatment for their injury.
 - b** Each claim can have only one DOFI date.
 - c** If the client has an injury, they will be medically certified as unfit for their employment from the date they were first off work due to this personal injury. This date is the DOFI.
-  Definition of incapacity Policy
-  Examples - Determining DOFI

NOTE What if incapacity period is greater than 180 days?

Guidance must be sought from Technical Services and/or Clinical Services (depending on the guidance required)


2.0 Time off work for treatment before certified as unable to work

- a** If the client has taken time off work for treatment before the date they were first medically certified as unable to work, the date of that treatment is DOFI.
- b** This earlier date can only be used as DOFI if ACC is required, or allowed, to pay for the type of treatment they received.
- c** ACC also needs confirmation from the employer of any actual time taken off work.

3.0 No time off work for treatment before certified unable to work

- a** If the client has not had time off during work hours for necessary treatment, DOFI is the first date they were medically certified as unable to work.
- b** For example: a Monday to Friday worker:
 - suffered an injury after work on Friday
 - went to the doctor the next day, where they were certified unable to work from that day.
 The Saturday's date is the DOFI.

4.0 Client on leave

- a** If a client is on annual or other paid leave on the first day they are certified as unfit for work, this day is DOFI. This is regardless of whether or not the business was open at the time the client was on annual, or other paid leave.
 - b** Determine DOFI as if they had not been on leave at the time.
 - c** For example: A worker who normally works on Mondays:
 - is on leave on a Monday, when they suffer an injury
 - is certified as being unable to work from that day.
 The Monday date is the DOFI date.
 - d** This also applies if the client is on unpaid leave when injured, provided they are accepted as being an earner. See Unpaid leave.
-  Eligibility to Weekly Compensation while on Unpaid Leave

5.0 Statutory holidays

- a** DOFI is the first date the client was medically certified as unable to work.
- b** If a statutory holiday falls between the date that the client is certified as being unable to work and the day that they would have worked, if not for being unable to work due to the injury, DOFI is taken as the earlier date, ie the date they were certified as unable to work.

Rules for Medical Certificates for Inability to Work Policy v13.0



Summary

Objective

This guidance outlines the information that ACC require from a medical health professional when they issue an acceptable medical certificate confirming the client is unable to work. This guidance covers retrospective, and forward-dated medical certificates. Refer to this guidance to determine whether a medical certificate contains the information we require to confirm inability to work.

- 1) Rules: medical practitioners issuing medical certificates for inability to work
- 2) Legislation related to the activities of health practitioners and the certification ACC will accept from health practitioners
- 3) Acceptance of certificates
- 4) Retrospective medical certificates
- 5) Forward-dated medical certificates
- 6) Links to guidelines and legislation

Owner [Out of Scope]

Expert [Out of Scope]

Procedure

1.0 Rules: medical practitioners issuing medical certificates for inability to work

- a** A medical practitioner (or nurse practitioner) can confirm whether a client is unable to perform their employment duties through issuing a medical certificate. A medical certificate can be any of the following:
 - an ACC045 ACC injury claim form
 - an ACC018 Medical Certificate
 - electronically created medical certificate
 - inability to work included within a report from a medical practitioner (or nurse practitioner).
- b** The medical certificate should be provided by the medical practitioner (or nurse practitioner) the client consulted about the injury when they became unable to work.
- c** For ACC to accept the certificate, it must refer to the injury in question and clearly identify the client's restrictions due to the injury.
- d** Electronically created medical certificates can only be accepted from medical practitioners (or nurse practitioners) who have had their certificates approved by Corporate Office and numbers allocated.
- e** If that doctor is not available, a medical practitioner (or nurse practitioner) from the same practice can provide the certificate, if details of the consultation can be confirmed.
- f** If a public hospital provided treatment to the client but did not complete a certificate, it can be completed later, provided the medical practitioner (or nurse practitioner) completing the certificate has the hospital notes. If required, contact this medical practitioner (or nurse practitioner) to check that the hospital notes were available to them.
- g** See the Medical Council of New Zealand's guidelines on medical certification for more information on doctors' professional obligations when completing certificates.

2.0 Legislation related to the activities of health practitioners and the certification ACC will accept from health practitioners

- a** Legislative changes mean suitably qualified health practitioners will be able to carry out some activities that could previously only be done by medical practitioners (doctors). Refer to the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill in Activity 6.0.
- b** One of these involves a change to the Holidays Act 2003. The Holidays Act allows an employer to require an employee to produce proof of sickness or injury. The Act previously stated that this proof may include 'a certificate from a medical practitioner'. The recent amendment changes this to 'a certificate from a health practitioner'.
- c** ACC's legislation has not changed and the requirement for an assessment of inability to work remains by a medical or nurse practitioner.
- d** However, ACC can accept a health practitioner's certificate for the purposes of determining the first date the client became unable to work, if they had taken time off work to be treated by the health practitioner. ACC would also require confirmation that the client was absent from work to attend that treatment. The treatment would have to be one that ACC is liable to provide and is necessary for the client's covered injury.

NOTE Medical Incapacity via a Medical Report

Incapacity noted in a Medical Report signed off by a GP / Specialist is from a legal perspective as equally acceptable as incapacity noted in an ACC18.

As long as the medical report contains all the information requested in an ACC18, as listed below:

- Patient details
- Injury details
- Fitness for Work
- Other Assistance
- Declaration

If all this information is provided in the report then there is no need to ask the client to provide ACC with an ACC18 medical certificate

3.0 Acceptance of certificates

- a** Certificates that result in the granting of support may be accepted by fax or direct from a provider electronically.
- b** All medical certificates must be signed by the relevant provider, or, in the case of an eACC18, must be appropriately authorised by the provider. The patient does not need to sign either the ACC18 or eACC18.
- c** When we receive a manual ACC18 Medical Certificate it must have a valid provider ID to ensure that the certificate can be approved for payment.
- d** Provider detail is a mandatory field in Eos, as they must exist to process a manual ACC18 and/or eACC18. However, Vendor and Facility fields are optional.
- e** If the Provider ID is showing as invalid, then you will need to search for the correct Provider or use the dummy number K95229.



4.0 Retrospective medical certificates

- a** Medical certificates that cover a period before the date of consultation are less convincing proof of inability to work and may not be acceptable. In this case:
- obtain further medical information before deciding whether to accept a retrospective certificate
 - determine the basis on which the retrospective medical certificate has been given. This can be sought from the medical practitioner (or nurse practitioner)
 - obtain confirmation from the client's employer that they had time off work due to their inability to work due to the injury.
- b** It may also be helpful to get comments from a Medical Advisor before deciding.
- c** Retrospective certificates by a medical practitioner (or nurse practitioner) may be more compelling when read alongside a Health Practitioner's certificate particularly where the client has been treated by them in the intervening period.

5.0 Forward-dated medical certificates

- a** Medical certificates specifying a period of inability to work, that starts sometime after the date of consultation, can be accepted depending on the circumstances of each case. Factors to be considered in deciding whether to accept a forward-dated medical certificate include:
- the reason for the certificate being forward-dated, e.g. if surgery is expected, or a current certificate of inability to work is due to expire
 - gap between the date the certificate was completed and the specified start date for the period that the client was unable to work (this must only be a few days)
 - the duration of inability to work is specified, particularly where the certificate is forward-dated because surgery is planned
 - the medical details of the injury and inability to work, i.e. if the available facts clearly support that the person would be unable to work
 - the basis on which the forward-dated medical certificate has been given should be determined. This may be sought from the medical practitioner (or nurse practitioner).
- b** It may also be helpful to get comments from a Medical Advisor before deciding.
- c** Where ACC does accept a forward-dated medical certificate, the period of inability to work is taken from the 'date specified on the certificate', not the date the certificate is completed.
- d** Ensure the reasons for accepting or rejecting a forward-dated medical certificate are recorded on Eos Contacts Log.

6.0 Links to guidelines and legislation



Medical Council of New Zealand's guidelines on medical certification

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&s>



Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill

<http://www.legislation.govt.nz/bill/government/2015/00>

Rule Name

Calculation of net weekly compensation

Statement

The amount of **net weekly compensation** for a **weekly compensation entitlement** of a **client** must be calculated as follows:

$A - B - C$

Where:

A = the **gross weekly compensation** for the weekly compensation entitlement

B = the amount of **MSD reimbursement deduction - Nets** deductible for the weekly compensation entitlement

C = the amount of **PAYE tax deduction** for the client

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



New Zealand Legislation

Accident Compensation Act 2001

If you need more information about this Act, please contact the administering agency: **Ministry of Business, Innovation, and Employment**

- Warning Some amendments have not yet been incorporated
- Previous title has changed
- with search matches highlighted

103 Corporation to determine incapacity of claimant who, at time of personal injury, was earner, on unpaid parental leave, or recuperating organ donor

- (1) The Corporation must determine under this section the incapacity of—
 - (a) a claimant who was an earner at the time he or she suffered the personal injury:
 - (b) a claimant who was on unpaid parental leave at the time he or she suffered the personal injury:
 - (c) a claimant who was within a payment period under the [Compensation for Live Organ Donors Act 2016](#) at the time he or she suffered the personal injury.
- (2) The question that the Corporation must determine is whether the claimant is unable, because of his or her personal injury, to engage in employment in which he or she was employed when he or she suffered the personal injury.
- (3) If the answer under subsection (2) is that the claimant is unable to engage in such employment, the claimant is incapacitated for employment.
- (4) The references in subsections (1) and (2) to a personal injury are references to a personal injury for which the person has cover under this Act.
- (5) Subsection (4) is for the avoidance of doubt.

Compare: 1998 No 114 s 85

Section 103 heading: amended, on 5 December 2017, by [section 30](#) of the Compensation for Live Organ Donors Act 2016 (2016 No 96).

Section 103 heading: amended, on 11 May 2005, by [section 21\(1\)](#) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45).

Section 103(1)(c): inserted, on 5 December 2017, by [section 30](#) of the Compensation for Live Organ Donors Act 2016 (2016 No 96).

Section 103(4): added, on 11 May 2005, by [section 21\(2\)](#) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45).

Section 103(5): added, on 11 May 2005, by [section 21\(2\)](#) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45).