



**ACCIDENT INSURANCE (FORMS FOR CONTRACTS)
REGULATIONS 1999**

MICHAEL HARDIE BOYS, Governor-General

ORDER IN COUNCIL

At Wellington this 24th day of May 1999

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to section 412 of the Accident Insurance Act 1998, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council and on the recommendation of the Minister for Accident Rehabilitation and Compensation Insurance, makes the following regulations.

ANALYSIS

- 1. Title and commencement
- 2. Interpretation
- 3. Forms
- 4. Time within which insurer must send ceasing to be employer form to Regulator
- 5. Time within which insurer must send ceasing to be self-employed person, etc, form to manager

6. Revocation

SCHEDULE
Forms

REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Accident Insurance (Forms for Contracts) Regulations 1999.

(2) These regulations come into force on 1 July 1999.

2. Interpretation—(1) In these regulations, unless the context otherwise requires, “the Act” means the Accident Insurance Act 1998.

(2) Expressions not defined in these regulations but defined in the Act have, in these regulations, the same meanings as in the Act.

3. Forms—The forms set out in the Schedule are the forms that must be used in respect of the matters under the Accident Insurance Act 1998 to which those forms relate.

4. Time within which insurer must send ceasing to be employer form to Regulator—Twelve months from receipt of the form is the period within which the insurer must forward to the Regulator, under section 174 (3) of the Act, a copy of any form 2 received by the insurer.

5. Time within which insurer must send ceasing to be self-employed person, etc, form to manager—Twelve months from receipt of the form is the period within which the insurer must forward to the manager, under section 179 (4) of the Act, a copy of any form 3 received by the insurer.

6. Revocation—Regulation 3 of the Accident Insurance (Compliance Information) Regulations 1999 (S.R. 1999/60) is consequentially revoked.

SCHEDULE
FORMS

- Form 1: Form of Insurance Certificate
 Form 2: Declaration of Ceasing to Be an Employer
 Form 3: Declaration of Ceasing to Be a Self-Employed Person or Private Domestic Worker
 Form 4: Election By Self-Employed or Private Domestic Worker to Terminate Private Accident Insurance Cover

Reg. 3

Form 1

FORM OF INSURANCE CERTIFICATE
(Section 171, Accident Insurance Act 1998)

This insurance certificate has been issued by [name of insurer].

[Full legal name of employer or self-employed person or private domestic worker] (insurance number []), trading as [insert trading name where appropriate] entered into an accident insurance contract as an employer* (or a self-employed person* or a private domestic worker*) with [name of insurer] on [insert date contract entered into] which comes into force on [insert date].

Signed [authorised signatory for insurer]

[Name, address, phone number, and issuing branch/office of the insurer]

Date: [insert date]

* Delete the words that do not apply.

SCHEDULE—continued

FORMS—continued

Form 2

Reg. 3

DECLARATION OF CEASING TO BE AN EMPLOYER
(Section 174 (1) (b), Accident Insurance Act 1998)

To [name of insurer]:

This declaration is made by (or on behalf of):

Name of employer:

Address:

Trading name (if applicable):

Accident insurance number:

The above ceased (or will cease) to be an employer (as that term is defined by section 13 of the Accident Insurance Act 1998) on [date].

* I am authorised to make this declaration on behalf of the employer.

Signature:

Name:

Address:

Date:

NOTE: An employer commits an offence, and is liable to a fine not exceeding \$50,000, who wilfully provides a document of this type that is false or misleading.

* Delete if inapplicable.



SCHEDULE—continued

FORMS—continued

Form 3

Reg. 3

DECLARATION OF CEASING TO BE A SELF-EMPLOYED PERSON OR PRIVATE
DOMESTIC WORKER

(Section 179 (1) (b), Accident Insurance Act 1998)

To [name of insurer]:

This declaration is made by (or on behalf of):

Name of self-employed person† (or private domestic worker†):

Address:

Trading name (if applicable):

Accident insurance number:

The above ceased (or will cease) to be a self-employed person† (or a private domestic worker†) (as that term is defined by section 13 of the Accident Insurance Act 1998) on [date].

* I am authorised to make this decision on behalf of the self-employed person† (or private domestic worker†).

Signature:

Name:

Date:

NOTE: A person commits an offence, and is liable to a fine not exceeding \$50,000, who wilfully provides a document of this type that is false or misleading.

NOTE: If you receive any earnings as a self-employed person (or as a private domestic worker) after the date of the termination of the private accident insurance contract, those earnings will be liable to premiums charged by the Accident Compensation Corporation for accident insurance cover.

† Delete the words that do not apply.

* Delete if inapplicable.



SCHEDULE—continued

FORMS—continued

Form 4

Reg. 3

ELECTION BY SELF-EMPLOYED OR PRIVATE DOMESTIC WORKER TO
TERMINATE PRIVATE ACCIDENT INSURANCE COVER
(Sections 179 (1) (c) and 183, Accident Insurance Act 1998)

To: the Accident Compensation Corporation

This election is made by:

Name:

Address:

Trading name (if applicable):

Accident insurance number:

I elect to terminate private accident insurance cover.

I currently have an accident insurance contract as a self-employed person*
(or as a private domestic worker*) with:

Name of insurer:

Address of insurer:

Signature:

Date:

NOTE: A person commits an offence, and is liable to a fine not exceeding \$50,000, who wilfully provides a document of this type that is false or misleading.

NOTE: Any earnings as a self-employed person (or as a private domestic worker) received after the date of the termination of the private accident insurance contract will be liable to premiums charged by the Accident Compensation Corporation for accident insurance cover.

* Delete the words that do not apply.

MARIE SHROFF,
Clerk of the Executive Council.



EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect.

These regulations, which come into force on 1 July 1999, prescribe the following forms to be used for the purposes of the Accident Insurance Act 1998:

- form of insurance certificate
- declaration that a person has ceased to be an employer
- declaration that a person has ceased to be a self-employed person or a private domestic worker
- election to terminate private accident insurance cover (and transfer cover to the ACC).

The regulations also prescribe 12 months as the period within which insurers have to forward the declarations to the Regulator (in the case of employers) or to the ACC (in the case of self-employed or private domestic workers).

Issued under the authority of the Acts and Regulations Publication Act 1989.
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These regulations are administered in the Department of Labour.