



**ACCIDENT INSURANCE (PURCHASE OF WEEKLY
COMPENSATION BY NON-EARNERS FORM)
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. Form
-

SCHEDULE

Election to Purchase the Right to Receive
Weekly Compensation

REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Accident Insurance (Purchase of Weekly Compensation by Non-Earners Form) Regulations 1999.

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

2. Interpretation—In these regulations, unless the context otherwise requires,—

“The Act” means the Accident Insurance Act 1998.

3. Form—(1) An election to purchase the right to receive weekly compensation under section 286 of the Act must be in the form set out in the Schedule.

(2) Each form must include a certification of, or declaration in relation to, the accuracy and completeness of the information included in the form.

SCHEDULE

Reg. 3 (1)

ELECTION TO PURCHASE THE RIGHT TO RECEIVE WEEKLY COMPENSATION

Personal details

Name: Gender: Male Female
Contact address: Date of birth: (Please attach evidence of age)
Phone (home): Phone (work):

Employment details

- 1. Have you had at least 12 months continuous employment?
2. Are you either still in that employment or did it cease less than 1 month ago?
3. Are you currently, or have you ever been, either—
an employee; or
a self-employed person (except those with accident insurance contracts with insurers other than ACC); or
a private domestic worker as defined in the Accident Insurance Act 1998?

If you answer "no" to any of the previous 3 questions, you are not eligible to purchase the right to receive weekly compensation, and need not complete the remainder of this form.

4. If you are currently or have been an employee, please enter below details of all employers you have worked for during the 12 months up to and including the date on which you ceased working, or intend to cease working.

Table with 3 columns: Employer's name, Employer's address, Period of employment. Includes rows for entering employer details and dates.

Previous insurance details

- 5. If you are, or have been, self-employed, did you have a contract for workplace accident insurance with an insurer other than ACC?
Yes No

SCHEDULE—continued

ELECTION TO PURCHASE THE RIGHT TO RECEIVE WEEKLY COMPENSATION—continued

6. If “yes”, please provide the names of those insurers, and the periods covered by those contracts:

<i>Insurer’s name</i>	<i>Period of cover</i>
.....	From/...../..... to/...../.....
.....	From/...../..... to/...../.....

Duration of election

7. Number of months for which the right to receive weekly compensation (“earner status”) is purchased:

- 3 6 9 12 15 18 21 24

8. Earner status to commence on/...../..... and to expire on/...../..... (Both dates inclusive)

Amount of weekly earnings

9. Please nominate the amount of gross weekly earnings for the purposes of computing weekly compensation.

Please attach proof of earnings.

Note that the Accident Insurance Act 1998 specifies—

- ◆ a maximum amount of weekly compensation payable; and
- ◆ that you may not nominate an amount in excess of your previous weekly earnings as calculated under the Act.

Amount of weekly gross earnings: \$

Commencement date for receiving weekly compensation

10. Please indicate the date from which you elect to receive weekly compensation in the event of an incapacity under the Act:

(Payment of weekly compensation will depend upon the provisions of the Accident Insurance Act 1998 relating to incapacity.)

- From the second week of incapacity; or
- Commence from weeks following incapacity; or
(Please insert the number of weeks)
- From the expected date of return to work, which is/...../.....

[Note that the date nominated should not be after the end of the period for which earner status is purchased.]

SCHEDULE—continued

ELECTION TO PURCHASE THE RIGHT TO RECEIVE WEEKLY COMPENSATION—continued

Usual occupation details

11. What is your occupation [or what was your occupation immediately before leaving employment]?

.....

12. Please describe the activities involved with your usual occupation:

.....

13. Do you intend to return to your previous occupation?

Yes No

Personal history

14. Have you ever had an accident insurance policy declined, cancelled, or endorsed or been refused renewal by an insurance company?

Yes No

15. If “yes”, please give details:

.....

16. Have you ever had an accident or made a claim against ACC for an accident?

Yes No

17. If “yes”, please give dates and nature of accidents:

.....

Reasons for leaving employment

18. Please specify the reason for leaving employment:

- Parental leave
- Domestic reasons
- Job seeking
- Studies
- Travel NZ Overseas
- Other. Please specify:

.....

SCHEDULE—*continued*

ELECTION TO PURCHASE THE RIGHT TO RECEIVE WEEKLY COMPENSATION—
continued

Activities proposed during the period of absence from work

19. Please specify the activities you propose undertaking:

.....

Declaration

I declare that—

- ◆ I have read the information provided with this form.
- ◆ I have not withheld any information likely to affect the acceptance of this insurance policy.
- ◆ I have answered every question fully and frankly to the best of my knowledge and belief.

I realise that if I unreasonably refuse or fail to comply with requirements made under the Accident Insurance Act 1998 my right to receive weekly compensation may be denied.

If, during the period of election, circumstances alter the information given in any answer above, I will promptly inform ACC.

I authorise you to seek confirmation of the information I have provided in this application form from the current or previous employer(s) and insurer(s) that I have listed on this form.

Signed

Date/...../.....

SCHEDULE—*continued*

ELECTION TO PURCHASE THE RIGHT TO RECEIVE WEEKLY COMPENSATION—
continued

For office use only

Date received / /	Tax invoice
Evidence of age sighted	ACC GST number 13 975 094
Earnings certificate received	Maximum premium \$
Eligible for cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date quote issued / /
Occupation class	Elected amount \$
Weekly earnings ¹ \$	Premium payable (incl. GST) \$
Maximum entitlement ² \$	Election accepted <input type="checkbox"/> Yes <input type="checkbox"/> No
	Premium paid on / /
	Prepared by
	on / /
	Authorised by
	on / /
	Entered by
	on / /

1 Calculated in accordance with the
Accident Insurance Act 1998.

2 80% of weekly earnings, subject to clause
21 of Schedule 1 of the Accident
Insurance Act 1998.

Privacy declaration

The information provided on this election form will only be used by ACC for the express purpose of ascertaining eligibility to make the election, processing the election, and management of any entitlements as a result of the election for earner status, as authorised by the Accident Insurance Act 1998. Under the Privacy Act 1993, you have the right of access to, and correction of, all personal information held about you. The provisions of the Privacy Act 1993 apply to all personal information held by us.

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 form for an election to purchase the right to receive weekly compensation by non-earners.

Issued under the authority of the Acts and Regulations Publication Act 1989.
Date of notification in *Gazette*: 27 May 1999.
These regulations are administered in the Department of Labour.