

Application for review

Complete this form if you are dissatisfied with a decision by Wellnz about a claim, an entitlement, and wish the issue to be reviewed by an independent person.

General Information *(all applicants – please read this information)*

- If you are dissatisfied with a decision Wellnz has made, you can apply for a review of that decision. If you lodge a review, an independent person will be appointed to reconsider Wellnz’s decision.
- Use this form to apply for a review of Wellnz’s decision.
- Your application must be made within 3 months of the date of the decision you are dissatisfied with. If you are a claimant and can show that you could not meet this timeframe because of extenuating circumstances, Wellnz may be able to accept your application outside this timeframe.
- It is important that along with your personal details, you provide the date of Wellnz’s decision you are dissatisfied with and the reasons for your application. Where the information supplied on the form is not enough, the application will be returned for more information.
- Don’t forget to sign and date the application.

| YOUR CONTACT DETAILS | PLEASE COMPLETE ALL SECTIONS |
|---|------------------------------|
| 1. <u>Applicant details – Name:</u> <i>(Give your first and family names)</i> | |
| <hr/> | |
| <u>Address:</u> | |
| <hr/> | |
| <u>Postal address:</u> <i>(If different from above)</i> | |
| <hr/> | |
| <u>Daytime contact phone number:</u> | |
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| 2. If you are an advocate completing this form on behalf of a party, what is your name and address? | |
| <u><i>(Note that advocates must be authorised by the party to act on their behalf)</i></u> | |
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| DETAILS ABOUT YOUR APPLICATION | PLEASE COMPLETE ALL SECTIONS |
|--|------------------------------|
| 3. <u>What is the date of Wellnz’s decision you wish to review?</u> <i>(Day, month, year)</i> | |
| <hr/> | |
| 4. <u>What are the reasons for your application?</u> <i>(Explain why you think Wellnz’s decision is incorrect – you can attach more information to your application if you run out of space)</i> | |
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5. What result do you seek as a consequence of lodging this application? *(State the relief sought, for example "I seek payment of weekly compensation")*

Where do I send my application?

- Wellnz Ltd
 P O Box 3096
 Auckland 1140
 Phone: 04 5762603
 Fax: 04 5760294

Maori and Pacific Peoples applicants

Wellnz is able to arrange the hearing to provide for:

- Whanau / Kaumatua or family/elder support
- The hearing to be conducted in Te Reo Maori or the relevant pacific language
- Where possible, the hearing to be held at an appropriate community venue
- I would like more information on these options – tick this box if you would like more information and a Review Support Officer will contact you when the hearing is being arranged.

What happens next?

- Wellnz will reconsider its decision, including any additional information you may provide
- Wellnz will contact you soon about the next steps in the process
- You may wish to consider what evidence you will wish to present in support of your application
- Wellnz legislation requires that all parties affected by the review be notified of the date and time of the formal hearing, and be given the opportunity to be represented at the hearing. You may also have a support person(s) present. If the decision under review relates to your claim, please note that (relevant) information about your case may be released to any parties with an interest in the review who also have a right to be present and heard at a review hearing.
- If you later decide you do not need to continue with this review, you may withdraw your application. To do this, please advise Wellnz in writing.

DECLARATION

I declare I am authorised to make this application and that to the best of my knowledge the information given is true and correct.

Your signature: _____ Today's date: _____