

# Application for Loss of Earnings Form Live Organ Donor

Client ID

## Donor details

Family name

Given name(s)

Date of birth

  

NHI number

What gender do you identify as?

Male  Female  Gender diverse

Which ethnic group do you belong to? Mark as many ethnicities as apply to you.

New Zealand European  Māori  Samoan  Cook Island Maori  Tongan  Niuean  
 Chinese  Indian  Other (Please state).

New Zealand residential address

  

Overseas residential address (if applicable)

  

Postal address (if different)

Phone number

Mobile number

Email

## Payment details (New Zealand bank account)

Nominated bank account (Please attach a verified copy of the bank account details)

Bank Branch Account Name

Bank account number

IRD number

Student loan

Yes  No

Tax code (Provide your primary tax code and fill out a tax code declaration (IR330) from [www.ird.govt.nz](http://www.ird.govt.nz))

KiwiSaver: Your contribution rate

 %

Employer contribution rate

 %

I am currently on a KiwiSaver holiday

Yes  No

If you contribute to KiwiSaver, please complete a KiwiSaver deduction form (KS2) from [www.ird.govt.nz](http://www.ird.govt.nz)

Other superannuation scheme:  Yes (Please attach details: name, client reference number, contact details, amount)

I have received live organ donor assistance from the Ministry of Social Development  Yes  No

If yes, what was the date of your donation surgery?

Do you currently receive a benefit in addition to working?  Yes  No

If YES, please provide amount of your benefit per week, without Family Tax Credit \$

**Please contact IRD on 0800 277774 to discuss the impact of receiving compensation on your social benefit entitlements (eg, child support, working tax credits).**

### Employment details – Job 1

Business name

Employment type

- New Zealand paid employee  New Zealand shareholder employee
- Self-employed (Please attach your most recent tax return.)
- Overseas earnings (Please attach your most recent tax return from the relevant tax authority in that country and a verified translation if this document is not in English.)

Start date with employer  Date  Month  Year

Manager name

Payroll contact name

Phone number  Number  Extension

Phone number  Number  Extension

Email address

Email address

Postal address (if applicable)

Postal address (if different)

### Employment details – Job 2 (if applicable)

Business name

Employment type

- New Zealand paid employee  New Zealand shareholder employee
- Self-employed (Please attach your most recent tax return.)
- Overseas earnings (Please attach your most recent tax return from the relevant tax authority in that country and a verified translation if this document is not in English.)

Start date with employer  Date  Month  Year

Manager name

Payroll contact name

Phone number  Number  Extension

Phone number  Number  Extension

Email address

Email address

Postal address

Postal address

## Employment details – Job 3 (if applicable)

Business name

Employment type

- New Zealand paid employee       New Zealand shareholder employee
- Self-employed (Please attach your most recent tax return.)
- Overseas earnings (Please attach your most recent tax return from the relevant tax authority in that country and a verified translation if this document is not in English.)

Start date with employer  Date  Month  Year

Manager name

Payroll contact name

Phone number

 Number  Extension

Phone number

 Number  Extension

Email address

Email address

Postal address

Postal address

## Donation

Planned surgery date

 Date  Month  Year

Anticipated return to work date (You can ask your donor liaison coordinator for this information.)

 Date  Month  Year

## Hospital where donation will take place (Provide donor liaison coordinator contact details)

Hospital

Donor liaison coordinator name

Phone number

Email

## Declaration

I, the person registering to be a qualifying donor, understand that this information is being collected in order to correctly compensate me for lost income during my recuperation from donor surgery. For this reason, I consent to any necessary information being shared between the Ministry of Health and:

- the Ministry of Social Development in order to calculate the correct amount of compensation I should be paid
- relevant clinical agencies, to help the Ministry of Health make payments at the correct time and for the correct period of time.

I understand that:

- this information is being collected in order to correctly compensate me for lost income during my recuperation from donor surgery
- the information is being collected by the Ministry of Health, under the authority of the Compensation for Live Organ Donors Act 2016
- this information will be held by the Ministry of Health but may also be shared with the Ministry of Social Development, and relevant clinical agencies, with my consent

- my application will be declined if I fail to provide the information requested by the Ministry of Health
- under the Privacy Act 1993, I have the right to request access to all information the Ministry of Health holds about me and to request corrections to that information
- I am responsible for contacting Inland Revenue to discuss my child support obligations
- I understand that the Ministry of Health will not be offering payroll giving donations.

I confirm that:

- the organ removal and transplant will occur in New Zealand
- the recipient of the organ is eligible to receive services funded under the New Zealand Public Health and Disability Act 2000
- I will forego earnings as a result of taking unpaid leave or otherwise ceasing employment to allow for my recuperation from the donor surgery.
- the organ will be collected, implanted and dealt with lawfully. There has been no exchange of money between the recipient, an agent of the recipient and myself.

Name

\_\_\_\_\_  
Signature of donor or their representative

Date

This form can be completed in full by the potential organ donor with support from the donor liaison coordinator  
For help completing the form, phone: **0800 855 066**

Once you have completed the form and have all your supporting documents, please either:

- **Email** it to: [liveorgandonation@moh.govt.nz](mailto:liveorgandonation@moh.govt.nz)
- **Mail** it to: Live Organ Donor Compensation  
Sector Operations  
Ministry of Health  
PO Box 1026  
Wellington 6140  
New Zealand