

# Application for Loss of Earnings Form Live Organ Donor

For office use only

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) 

Have your contact details changed since you submitted your registration? If yes, please enter your new details below (address / email / phone):

## Donation

Planned surgery date

  

## Hospital where donation will take place

Hospital

Donor liaison or transplant coordinator name

Phone number

Email

## Loss of earnings prior to surgery

Are you taking unpaid leave to attend medical appointments required for your surgery to go ahead on the scheduled date?  Yes  No

If Yes, what are the dates of the appointments?

## Plans for returning to work

Do you plan to return to work on reduced hours while you recover from surgery?  Yes  No

If Yes, what is the date of your anticipated return to work on reduced hours and what average reduced weekly hours will you work?

  

Weekly hours

What is the date of your anticipated return to work on your usual hours? What are your usual average weekly hours?

  

Weekly hours

## 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 – Other jobs (if applicable)

If you have had more than one job over the last 12 months, please complete a multi-employer form on the Ministry of Health's website and attach it to this application.

## 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))

Note: 'WT' is not a valid tax code for this application

KiwiSaver: Are you a member?  Yes  No

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)

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).

# Declaration

I, the person applying to be a qualifying donor, understand that this information is being collected in order to correctly compensate me for lost earnings 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 and/or Inland Revenue Department and relevant clinical agencies in order to calculate the correct amount of compensation I should be paid, to help the Ministry of Health make payments at the correct time and for the correct period of time
- my employer if any, to help the Ministry of Health to make payments for the correct period of time and amount.

I understand that:

- this information is being collected in order to correctly compensate me for lost earnings 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 and Organ Donation and Related Matters Act 2019
- this information will be held by the Ministry of Health but may also be shared with the Ministry of Social Development, and/or Inland Revenue Department and/or relevant clinical agencies, with my consent provided by signing this application
- 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 Department 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 or as part of the Australian and New Zealand Kidney Exchange Program as I am registered with the New Zealand Kidney Exchange Programme
- I will forgo earnings as a result of taking unpaid leave or otherwise ceasing employment to allow for my recuperation from the donor surgery, and / or to attend a medical appointment immediately prior to my surgery
- there has been no exchange of money between the recipient, an agent of the recipient and myself.

\_\_\_\_\_  
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, transplant coordinator or social worker.

For help completing the form, phone: **0800 855 066**

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

**email** everything to: [liveorgandonation@moh.govt.nz](mailto:liveorgandonation@moh.govt.nz) (**email is preferred**)

**mail** everything to: Live Organ Donor Compensation, Sector Operations, Ministry of Health PO Box 1026, Wellington 6140, New Zealand