

Application for Loss of Earnings Form Live Organ Donor

For official use only
Client ID

Please note: This is a fillable form, If you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.

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

Street No. and name

Town/city/postcode

Overseas residential address (if applicable)

Street No. and name

Town/city/country

Postal address (if different)

Phone number

Mobile number

Email

Donation

I am donating: A kidney to someone I know A kidney to someone I don't know Part of my liver

I am donating as part of the kidney exchange programme Yes No

Recipient's name (If you know who you are donating to or have a co-registered recipient in the kidney exchange programme)

Recipient's address

Planned surgery date

You must send this application form to us **before** the date of your surgery

Hospital which assessed your suitability for donation

Hospital

Donor liaison or transplant coordinator name Phone number Email

Hospital where donation will take place

Hospital

Donor liaison or transplant coordinator name Phone number Email

Compensation for loss of earnings

Compensation is available to eligible live donors who take unpaid leave to have surgery and recover. You can find out more about eligibility for earnings compensation and how compensation is calculated from the 'Compensation for loss of earnings' on the Ministry of Health website www.health.govt.nz

Employment type (tick appropriate boxes)

Full-time employment	Self-employed	Voluntary employment	Shareholder employee
Not in paid employment	Not employed	Part-time employment (Includes benefit with supplementary income)	
Parental leave			

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 Not sure

If Yes, what is the date of your anticipated return to work on reduced hours?

What average reduced weekly hours will you work?

What is your anticipated return to work on your usual hours?

What are your usual average 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

Manager name

Payroll contact name

Phone number

Phone number

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)

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

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 forego 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: claimsmanagement@health.govt.nz (**Email is preferred**)

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