

Review of Decision Application



MINISTRY OF SOCIAL DEVELOPMENT

Te Manatū Whakahiato Ora

*The Ministry of Social Development includes the service lines
Work and Income, Integrity Services and StudyLink*

CLIENT NUMBER | |

BENEFIT TYPE

If you need help with this form and/or clarification of our decision, please contact your local service centre or call us on ☎ **0800 559 009**.

Review of Decision

A Review of Decision is an application to the Benefits Review Committee where you disagree with a decision made by the Ministry of Social Development. It must be in writing and received within 3 months after notification of the decision being received.

What happens?

What happens to your application?

When we get your *Review of Decision Application*, we will hold an internal review, where we check the original decision. If we agree the decision was incorrect, we'll put things right.

If we think our original decision, or part of our decision is correct and we don't change it, we will send your *Review of Decision Application* to the Benefits Review Committee.

Is English your second language or do you have a hearing impairment?

If English is your second language or you have a hearing impairment we can arrange for an interpreter or other appropriate help to support you through the review process.

What if you have extra information to be considered?

You need to make sure we have all the information we need to consider your case.

If you have any new information that's relevant to your case, please provide it to us as soon as possible so that we can consider this during the internal review.

When do we tell you the outcome of the internal review?

We aim to write to you with the outcome of the internal review within 2 weeks of receiving your *Review of Decision Application*.

What if we agree to change our decision?

If we agree to change our decision, we may ask you to come into our offices to complete some forms.

What if we think the decision should stay the same?

We will send your *Review of Decision Application* and a report to the Benefits Review Committee. The committee co-ordinator will send you a copy of the report and ask you to contact them to arrange a time for the review hearing. We will send you more information about the Benefits Review Committee process once details have been finalised.

What happens if you applied more than three months after being notified of our decision?

If your *Review of Decision Application* is received more than 3 months after you were notified of our decision, it will be considered 'Out of Time'. In this case, it is essential that the reasons for the possible cause of delay are provided.

The committee will hold an initial hearing to decide whether it should hear your *Review of Decision Application*. If it decides to hear it, it will do that at a second hearing.

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Please keep this page for your information.

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Please read this before you start

Please ensure you have provided as much information as possible so your application for review can be considered without further delay.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Birth date

2. What is your date of birth?

Day Month Year

Address

Q3 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q4 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

3. Where do you live?

Flat/house no.

Street name

Suburb

City

4. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

5. How can we contact you?

Work phone

Home phone


Mobile phone

Email

Fax

Third party authorisation

Q6 note: A third party can be a solicitor, an agent or a benefit advocate or support group.

 You need to provide written proof of this authority such as a completed Appointment of Agent form, letter from your solicitor or advocacy group, which also has your signature on it.

6. Have you authorised a third party to act on your behalf?

Yes ▶ Please provide details below:

No

7. What is the name of the authorised representative?

First name(s)

Surname or family name

8. What is the name and contact details of the organisation?

Organisation's name

Organisation's address (please include postal address details here)

Work phone

Home phone

Mobile phone

Email

Fax

