

Medical Appeals Board Hearing application

You can use this form to ask for a Medical Appeals Board hearing if you do not agree with a decision we made on medical grounds about your eligibility or obligations.

The Medical Appeals Board is an independent body that makes sure correct and fair decisions are made about benefit eligibility and obligations. They will take a fresh look at all the information on your medical condition or capacity for work.

Decisions you can appeal

The types of decisions that you can appeal include decisions about:

- eligibility on medical grounds for Child Disability Allowance, Jobseeker Support or Supported Living Payment for a health condition, injury, disability, or total blindness
- work obligations or work preparation obligations for Jobseeker Support, Supported Living Payment, Sole Parent Support, or partners of main beneficiaries
- a good and sufficient reason (of addiction or dependence) for not complying with a drug test obligation and/or failing to apply for work that requires drug tests for Jobseeker Support, Sole Parent Support, or partners of main beneficiaries.

What you need to do

- You need to make your request for a Medical Appeals Board hearing in writing within three months of when you were notified of our decision. You can use this form.
- If you have any new information that is relevant, you need to provide it to us as soon as possible so we and the Board can consider the new information before the hearing.
- If English is your second language or you are Deaf, please tell us. We can arrange an interpreter for you or other help to support you through the process.

What happens after you make a request

1. When we get your request, we will have another look at the decision we made.
2. We will write to you and let you know the outcome of our review, usually within two weeks of receiving your request.
3. If we change our original decision, we will let you know what this will mean for you.
4. If we think our original decision or part of our decision was correct, your appeal will continue to the Medical Appeals Board for a hearing.
5. The local Medical Appeals Board co-ordinator will contact you to arrange a date for the hearing.
6. We will send you more information about the hearing once the details have been finalised. We will also send you a copy of the report that we send to the Medical Appeals Board.

What about late requests

If your request for a Medical Appeals Board hearing is received more than three months after you were notified of our decision, it is considered “out of time”. In this case, you must tell us the reason for the delay.

The Board will first hold a hearing to decide if there was a good reason for the delay. They will not discuss the original decision at this hearing.

If the Board decides there was a good reason, a second hearing will be scheduled to hear your appeal. If the Board decides there was not a good reason for the delay, your appeal will not be heard by the Board and our original decision will stand.

If you need help with this form or don't understand the decision we made, visit your local Work and Income Service Centre or Community Link or call us on **0800 559 009**.

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Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Please provide as much information as possible so your request for a Medical Appeals Board hearing is not delayed.

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

 | |

Tell us your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

Tell us how we can contact you

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

4

Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

5

How else can we contact you?

Tick the best way for us to first contact you

| | | |
|--------------------|----------|--|
| Home phone | () | |
| Mobile phone | () | |
| Other mobile phone | () | |

HOW TO ANSWER Q3:

If you live in a rural area, flat/house number could include your: RAPID number, fire number, emergency services number.

HOW TO ANSWER Q4:

Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

HOW TO ANSWER Q5:

Please only give us contact details you would like us to use.

INFORMATION NOTE:
This could be a solicitor, an agent, a benefit advocate or a support group.

ATTACHMENT FOR Q6:
If we don't already have it, you will need to provide proof of this authority such as a completed Appointment of Agent form, or a letter from your solicitor or advocacy group that also has your signature on it.

6

Have you given permission to another person or organisation to act on your behalf?

No



Go to question 8

Yes



Tell us who you have given permission to

A specific person

An organisation

7

What is the name of the person or organisation that will be acting on your behalf?

Person's/Organisation's name

Residential Address

Postal Address (if different from above)

Contact details

| | |
|--------------|---------|
| Phone | () |
| Mobile phone | () |
| Fax | () |
| Email | |

Tell us about the decision you want to appeal

8

What type of benefit is this decision about?

9

When did we let you know of our decision?

Day Month Year

10

What is the decision that you do not agree with?

HOW TO ANSWER Q9:
This will usually be the date on the letter you received from us telling you about the decision.

