




Social Security Appeal Authority

For more information visit www.justice.govt.nz/tribunals

Notice of Appeal

 **What is this form for?** Use this 'Notice of Appeal' form to lodge an appeal against a review decision of the Benefits Review Committee, the Chief Executive of the Ministry of Social Development, or in respect of War Pensions.

Important Information

1. Please print in CAPITAL LETTERS
2. Return this 'Notice of Appeal' together with a copy of the decision you are appealing and all relevant documents by post to the Social Security Appeal Authority (SSAA) at the address at the end of this form.
3. If you are being represented by another person, please complete an 'Authority to Act' form (available on the website).

Please fill in all sections below:

Part 1: Applicant

What is your name?

Surname(s)

First name(s)

Middle name(s)

Where do you live?

Flat/house number

Street name

Suburb

City/town

Post code

What is your mailing address? (If different from above)

Post code

How can we contact you?

Email address

Daytime contact phone number ()

Mobile

If you give us your mobile number or email address we can use these to send you text messages or emails regarding your case.

Please advise the SSAA if your contact details change before your case is heard.

What is your Work and Income client number?

Who should we contact about matters involving this complaint? (Please tick one)

- ☐ Contact me (the applicant)
- ☐ Contact my representative (attach an 'Authority to Act' form)

Contact Details (Representative)

What is your representative's name?

What is their relationship to you?

What is their mailing address?

	Post code

How can we contact this person?

Email address	
Daytime contact phone number ()	Mobile

If you give us your mobile number or email address we can use these to send you text messages or emails regarding your case.

Part 2: What decision are you appealing?

The Appellant appeals against the decision of the: (please tick one and state the date of the decision)

- | | | | | |
|--|-------|---|---|----------------------|
| <input type="checkbox"/> Benefits Review Committee | dated | / | / | (day / month / year) |
| <input type="checkbox"/> Chief Executive of the Ministry of Social Development | dated | / | / | (day / month / year) |
| <input type="checkbox"/> Secretary for War Pensions | dated | / | / | (day / month / year) |

- ☐ If possible please attach a copy of the decision you are appealing.

Part 3: What are your grounds for appealing the decision?

(Please explain why you are appealing the decision or why you think the decision was wrong. Please provide as much detail as possible.)

(If you need more space please attach a separate sheet)

[illegible]

Part 4: What do you want the Social Security Appeal Authority to do for you?

(What do you want to happen?)

(If you need more space please attach a separate sheet)

Applicant's signature

Date

/ /

(day / month / year)

Part 5: Checklist

Before you submit this form, please check that:

- ☐ You have answered every question
- ☐ You have signed and dated this form
- ☐ You have attached a copy of the decision you are appealing if possible
- ☐ You have attached an 'Authority to Act' form (if you are being represented by someone else in the Appeal)
- ☐ You have attached all other necessary documents to support your appeal.

Tribunal Contact Details



The Secretary
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