

## Long-term Illness exemption - application

## When to use this form

- If you have a long-term illness and want to apply for an exemption from paying child support or domestic maintenance
- · You have an existing long-term illness exemption and want to apply to have the end-date extended

## To qualify for an exemption:

- your period of illness must be for at least 13 weeks
- · your income must only be from investments and be less than the minimum amount of child support for the year
- · your illness results in you being unable to engage in paid work
- you must apply for your exemption during your period of illness or within 3 months of your period of illness ending.

For more information about exemptions read our Child support - hospital patients or long term illness - IR148 factsheet.

| Your IRD numb                                    | per  | (8 digit numbers start in the second box. 1 2 3 4       | 5 6 7 8 )           |          |  |  |
|--|--|---|---------------------|----------|--|--|
| Your name  |  | First name(s) Surname                                   |                     |          |  |  |
| Your date of bi                                  | rth  | Day Month Year  |                     |          |  |  |
| Your contact do                                  | etails   | Street address  Town or city  ( )  Daytime phone number | Mobile phone number | Postcode |  |  |
| Your illness co                                  | Section 1: Details about your period of illness  Your illness could include an injury or an accident. Date period of illness started could be date of diagnosis or accident. If you continued working start date of your period of illness could be the date you were unable to continue working.  |   |                     |          |  |  |
| Is this applicat                                 | Is this application to extend the end date of an existing exemption? Yes – go to section 2 No – continue to Q6   |   |                     |          |  |  |
| Note: The date y                                 | Tell us the date your period of illness began  Day Month Year  Note: The date your period of illness started is the date you were unable to continue working due to the illness. This could be the date of your diagnosis or accident, or a later date.  |   |                     |          |  |  |
| For example, 6  Note: Your perio end your exempt | Tell us how long you expect you'll be unable to work due to your illness – go to section 3  For example, 6 months, more than a year  Note: Your period of illness must be at least 13 weeks from the date your illness began. We will use this information to set a date to review or end your exemption. If you find your period of illness will continue after the date you have given us, you can complete another exemption to apply to have the exemption extended. |   |                     |          |  |  |
|  |  |   |                     |          |  |  |

|     | Complete this section if you already have an illness exemption and are applying to extend the end date of your existing exemption          |   |   |     |  |  |
|-----|--|---|---|-----|--|--|
| 8   | Tell us the earliest date you expect  Note: We will use this information to se you have given us, you can complete a                       | exemption. If you find your period of illness will continue after the da                | f illness will continue after the date  |     |  |  |
|     |  |   |   |     |  |  |
|     | Section 3 - Details about you  | r income  |   |     |  |  |
| 9   | Tell us what you expect to earn during your period of illness.   | \$  |   |     |  |  |
|     | Note: Income includes ACC,   | Income from investments   | Source  |     |  |  |
|     | or income protection insurance.  | Other income  If you expect to earn no ir   | Source<br>ncome, write nil  |     |  |  |
|     | <ul> <li>the date your period of illness be</li> <li>you are unable to engage in paid</li> <li>how long you expect to be unable</li> </ul> | egan<br>d work as a result of your illr<br>le to work.<br>ence to this form. Ensure you | ication. This could be a letter from your doctor confirming: ness ur name and IRD number are included. If we need further |     |  |  |
|     | Declaration  |   |   |     |  |  |
|     | The information I have given is true and correct.  | Signature   | / / Date  |     |  |  |
|     | <ul><li> If we decline your exemption we</li><li> If you earn any income other that</li></ul>  | mended child support to pay letter.<br>ou why.  | is form.  |     |  |  |
| Ple | ase send this completed form to:   | Child Support, PO Box 390   | 010, Wellington Mail Centre, Lower Hutt 5045, New Zeala   | and |  |  |
|     |  |   |   |     |  |  |

## Privacy

Meeting your child support obligations means giving us accurate information so we can assess your liabilities and entitlements under the Child Support Act 1991.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

Section 2: Extend an illness exemption

If you ask for the personal information we hold about you, we'll give it to you and correct any errors, unless we have a lawful reason not to. Call us on 0800 221 221 for more information. For full details of our privacy policy go to **ird.govt.nz/privacy**