

# How would you like us to pay for your care?



Please fill in this form to let us know how you'd like your carer(s) to be paid. We can pay you directly so you can then pay your carer(s), or, we can pay your carer(s) directly. If you'd like us to pay your carer(s) directly, please fill in one of these forms for each carer you have. The *Tax and payment information for clients and carers* information sheet explains the options and responsibilities for both you and your carer(s).

1. Your details (client or representative to complete)	
Name: Mr Lloyd Thompson	Claim number: <b>100 5410 1044</b>
Purchase order number: -	
Home address: 69 John Gill Road, Shelly Park, Auckland, 2014	
<input type="checkbox"/> Pay my carer directly	<input type="checkbox"/> Pay me directly and I'll pay my carer(s)
I've read and understood section 5, 'What you need to know about getting paid'.	
Signature:	Date:
If the client is a minor, or you are acting on their behalf, please complete the following:	
Representative's name:	Phone number:
What is your relationship to the client?	
Why is the client unable to sign this form?	
<input type="checkbox"/> I confirm that to the best of my knowledge, all the information I have provided on this form is correct and that I have authority to act on their behalf.	
2. Carer details (carer to complete)	
Carer name:	Phone number:
Address:	
Mobile number:	Email address:
Print name:	
I've read and understood section 5, 'What you need to know about getting paid'.	
Carer signature:	Date:
3. Payment Details	
If you are the one being paid, please complete the following:	
IRD Number:	
Please deduct: <input type="checkbox"/> 10.5% tax or <input type="checkbox"/> my nominated rate of      %	
If it applies, I've attached my:	<input type="checkbox"/> tailored tax rate certificate <input type="checkbox"/> certificate of exemption

# ACC84 How would you like us to pay for your care

I've attached <i>one</i> of the following:		
<input type="checkbox"/> Printed bank deposit slip	<input type="checkbox"/> Verified banking document	<input type="checkbox"/> Bank letter/statement with bank logo

<b>4. ACC details</b>	
ACC contact person: Assisted Recovery	ACC office: Managed Claims
Contact phone number: -0800222435 Ext 12	Email address: -assistedrecovery@acc.co.nz

<b>5. What you need to know about getting paid</b>
<p>If you've chosen for ACC to pay your carer directly, then we ask that you understand and accept that:</p> <ul style="list-style-type: none"><li>• these payments are subject to tax and that the tax code for these payments is 'WT'</li><li>• that your carer is not paid a GST inclusive rate unless they're GST registered with Inland Revenue and provide an approved GST invoice.</li></ul> <p>If you've chosen for ACC to pay you directly, then we ask that you understand and accept that:</p> <ul style="list-style-type: none"><li>• because tax on schedular payments has already been deducted from the payments you receive, you pass on the entire payment to your carer</li><li>• if we haven't got your Inland Revenue number, tax will be deducted from your payments at the 'no notification' rate.</li></ul> <p>Please ensure that your carer(s) are entitled to work in New Zealand and are willing and able to do the activities required.</p> <p><b>Helping us to make sure that you or your carer get the right payments</b></p> <p>Please make sure you and your carer(s) always give us accurate information about the care you receive, and your carer's identity. We carry out regular checks on payments for Home and Community Support Services.</p> <p>If we find that the information supplied is false we will take the matter seriously.</p>

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC's privacy policy, available at [www.acc.co.nz](http://www.acc.co.nz). We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001. The information on this form may ultimately be provided to Inland Revenue.