

# Declaration for the repayment of weekly compensation and reinstatement of leave

Please complete the details and declaration below and return the form in the reply-paid envelope.

If you have any questions please go to [www.acc.co.nz](http://www.acc.co.nz) or call us on 0800 101 996.

## 1. DECLARATION

This form was completed on: 01 February 2018

The undersigned have entered into the following agreement.

(employee) has agreed to repay (employer) the money advanced while waiting for weekly compensation to be paid by ACC. Any leave relating to these payments will be reinstated.

## 2. EMPLOYEE DETAILS

Name:

Address:

Signature:

Date: / / (day / month / year)

## 3. EMPLOYER DETAILS

Employer name:

Name of authorised signatory:

Signature:

Date: / / (day / month / year)

Employer stamp:

*The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.*