Please fill in this form to let us know if you’ll agree to give us more time to make a decision about your claim.

When you’ve finished, please return this form in the reply-paid envelope or to your nearest ACC service centre or branch.

|  |
| --- |
| 1. Client details |
| Client name: [Client full name auto]  | Claim number: [Claim number auto] |

|  |
| --- |
| 2. Declaration and signature |
| Please read the statements below and tick the box that applies to you. |
| [ ]   | I agree to give ACC until [cover decision due date + 2 months] to collect any relevant medical and other records needed to help make a decision about my claim. |
| [ ]   | I don’t want to give ACC any more time to make a decision about my claim. Please make a decision based on the information you already have. |
| Name: |
| Signature: | Date: |