

Managed Isolation and Quarantine Fee and Waiver Form

What is the purpose of this form?

This form is to assess whether you need to pay a charge for staying in a Managed Isolation or Quarantine (MIQ) facility.

You must fill in this form honestly. It is an offence to make a false statement for the purpose of avoiding charges.

The form has three sections and you may not need to complete them all:

1. **Personal information** – this section will confirm whether or not you are liable for a charge for MIQ. Everyone needs to complete this section.
2. **Exemptions** – some people may be exempt from paying. Complete this section if you believe you are exempt from paying a charge.
3. **Waiver application** – complete this section if you want to apply for your charges to be waived. You will need to supply supporting evidence for your application.

Please refer to www.miq.govt.nz and your Welcome Pack for information about who needs to pay, who is exempt from charges, and how to apply for a waiver of charges for Managed Isolation and Quarantine (MIQ).

1. PERSONAL INFORMATION

All fields must be completed.

Name (given or first name): _____

Name (middle): _____

Name (family name/surname): _____

Full contact or residential address in New Zealand: _____

SUBURB

CITY

COUNTRY

POSTCODE

Email address: _____ Mobile: _____

Nationality as shown in passport: _____ Passport number: _____

Date of birth: _____

DD/MM/YYYY



Who are you travelling with?

Name <i>(given or first name)</i>	Name <i>(family name /surname)</i>	Relationship to you	Date of birth:	Are you or will you be sharing a room with this individual while in isolation?

If not already in New Zealand when completing this form, when are you planning to come to New Zealand?

Name and location of Managed Isolation or Quarantine Facility *(if already in New Zealand)*:

Please select one of the following. You should NOT leave this section empty:

- I am a New Zealand citizen or resident* . Go to section 1.1 below.
- I am an Australian citizen or Australian resident who is ordinarily resident** in New Zealand. Go to section 1.1. below.
- I am a temporary visa holder. Go to section 1.2 on page 3.
- None of the above. Please go to section 2.

* Holder of a permanent residence visa or a residence visa

** Present in New Zealand for 183 days or more in total in the preceding 12 months.

1.1 New Zealanders and Australians, please answer the following questions about your travel in New Zealand

a) Do you intend to stay in New Zealand for less than 90 days?

- Yes No

If YES, you will need to pay a charge.

b) Was your date of departure from New Zealand on or after 11 August 2020?

- Yes No

If YES, you will need to pay a charge.

1.2 Temporary visa holders, please answer the following questions about your travel in New Zealand

a) Are you entering New Zealand on a border exception as a critical worker?

Yes No

If YES, you will need to pay a charge.

If No, answer question b) below.

b) Were you ordinarily resident* in New Zealand on 19 March 2020?

Yes No

If YES, answer question c) below.

If NO, you will need to pay a charge.

c) Did you leave New Zealand on or before 19 March 2020?

Yes No

If NO, you will need to pay a charge

**Present in New Zealand for 183 days or more in total in the preceding 12 months.*

Please sign the declaration below and return your form to fees@miq.govt.nz. If your answers indicate that you need to pay a charge, you can apply for a waiver by completing the form on page 5.

One invoice will be issued per room. Please visit www.miq.govt.nz for information about how charges will be applied.

DECLARATION

I declare that my answers are true and complete to the best of my knowledge.

I understand that providing false or misleading information is an offence and may result in a penalty.

Full name (*please print*): _____ Date signed: _____

DD/MM/YYYY

Signature: _____

Information on this form is collected and used for the purpose of assessing and managing your fee and waiver application.

Once this Fee and Waiver Form is complete, please send as an attachment to fees@miq.govt.nz

2. EXEMPTION FROM CHARGES

Certain people are exempt from charges. The most common exemption categories are presented below. These are defined in the regulations. Tick which one applies to you:

- I am a New Zealand citizen who is ordinarily resident* in the Cook Islands, Niue, or Tokelau and who has entered New Zealand for medical treatment
- I am a diplomat, consular staff and/or official foreign government staff, or a family member of one of these categories
- Other exemption category (full list is in your Welcome Pack or on www.miq.govt.nz, under "Charges for Isolation"), please state which one applies to you:

**Present in New Zealand for 183 days or more in total in the preceding 12 months.*

If you believe you fall into one of those categories, please outline why below. For information on who qualifies for an exemption from charges please refer to your Welcome Pack or www.miq.govt.nz.

This section refers to exemptions from payment, not exemptions from leaving managed isolation or quarantine facilities.

DECLARATION

I declare that my answers are true and complete to the best of my knowledge.

I understand that providing false or misleading information is an offence and may result in a penalty.

Full name (please print): _____ Date signed: _____

DD/MM/YYYY

Signature: _____

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Once this Fee and Waiver Form is complete, please send as an attachment to fees@miq.govt.nz

3. WAIVER FORM

Waiver application form

Waivers can be considered on grounds of special circumstances or undue financial hardship. Please complete the section which is relevant to you. Please ensure that you attach all relevant documents to support your application before sending it to us.

Any special circumstances

Below are examples, without limitation, of special circumstances along with the associated supporting evidence required:

Any special circumstance	Examples of supporting evidence that are required to be included with your application
You are a New Zealander who has left New Zealand for the purposes of accompanying back to New Zealand an excepted person who has a condition or disability that means they are unable to travel alone	A letter a from doctor, hospital or hospice stating the person you accompany is unable to travel alone
You need to travel to or from New Zealand to receive medical treatment	A letter from a doctor, hospital or hospice which supports your application on that basis
You are entering New Zealand to visit a seriously ill or dying close relative	A letter from a doctor, hospital or hospice confirming that the person is seriously or terminally ill
You are entering New Zealand to attend a funeral or tangihanga	A copy of the death certificate, a death notice or a letter from a funeral director

If you fail to provide the evidence required as well as additional information below, this may delay a decision and/or your application may be declined.

DECLARATION

I declare that my answers are true and complete to the best of my knowledge.

I understand that providing false or misleading information is an offence and may result in a penalty.

Full name (*please print*): _____ Date signed: _____

DD/MM/YYYY

Signature: _____

Information on this form is collected and used for the purpose of assessing and managing your fee and waiver application.

Once this Fee and Waiver Form is complete, please send as an attachment to fees@miq.govt.nz

Undue financial hardship

To be considered for a waiver for undue financial hardship, you must complete the Statement of Financial Position at the end of this form. If you fail to provide the evidence required as well as additional information below, this may delay a decision and/or your application may be declined. Please describe the circumstances of your financial hardship below.

Supporting evidence to include with your application:

- › **The Statement of Financial Position completed (see last section of the Fee and Waiver form)**
- › **The reason for your travel**
- › **At least 3 months of bank statements**
- › **At least 3 months of home loan repayments (if applicable).**

Statement of Financial Position

To be considered for a waiver for undue financial hardship, you must complete the below Statement of Financial Position. I understand that the information provided in this Statement of Financial Position is covered by the declaration.

Do you have any financially dependent children?

No Yes *If Yes, how many?* _____ *How many live with you?* _____

How much is coming in? (after tax)	Yours (after tax)	Your partner's (after tax)	Weekly	Fortnightly	Monthly
Salary & wages			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits (WINZ/IRD)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child support			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self employed income			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental/boarder			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Expenses	How much is going out?	Expenses	Weekly	Fortnightly	Monthly
	Housing costs (mortgage or rent)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rates		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Insurance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Power/Gas/Water		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Phone/Mobile/Internet/Pay TV		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Food		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Credit card payments		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hire purchase payments		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Personal loans payments		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Store card payments		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child support		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assets	What do you own?	\$ Estimated Value	Details
	Property 1		Address:
	Property 2		Address:
	Motor vehicle 1		Make/Model/Year:
	Motor vehicle 2		Make/Model/Year:
	Investments & savings		Who with:
	Superannuation & KiwiSaver		Name of provider:
	Other		

Debts	What do you owe?	\$ Estimated Value	Details
	Loan secured by property		Address & Lender:
	Loan secured by other assets		Asset & Lender:
	Personal loans & overdrafts		Lender:
	Hire purchase		Lender:
	Credit card/store card balance		Lender & credit limit:
	Other		

DECLARATION

I declare that my answers are true and complete to the best of my knowledge.

I understand that providing false or misleading information is an offence and may result in a penalty.

Full name (*please print*): _____ Date signed: _____

DD/MM/YYYY

Signature: _____

Information on this form is collected and used for the purpose of assessing and managing your fee and waiver application.

Once this Statement of Financial Position is complete, please send as an attachment to fees@miq.govt.nz