

Claim for Unemployment Benefits

Latitude Insurance
PO Box 108022
Symonds St, Auckland
Phone: 0800 220 999
Fax: 0800 282 646
gemfinance.co.nz/insurance

Proof of Work and Income New Zealand registration



Who needs to fill this out?

To be completed by Work and Income New Zealand

Claimant's name: _____ Claim number: _____

This is to certify that the above named: is was a registered job seeker with Work and Income New Zealand.

What was the effective date of the job seeker registration? Date: __ / __ / ____

Type of benefit: _____

Is the benefit still current? Yes No

If yes, current rate \$ _____ (per week) If no, date ceased: __ / __ / ____

Reason for cessation: _____

Signed: _____ Date: __ / __ / ____

(Work and Income New Zealand rep)

(Work and Income New Zealand stamp here)