



FORMER EMPLOYEE CONTACT FORM – HOLIDAYS ACT REMEDIATION

Please complete this form if you are a former employee of the Ministry of Health (between 1 January 2013 and 15 September 2021) and send to holidaysact@health.govt.nz with evidence of your identity and marriage/name change certificate if applicable

Employee ID (if known)

Contact Phone Number*

Surname*

Contact Email Address*

First Names*

Date of Birth*

/ /

Preferred Name

Day Month Year

New Zealand IRD Number*

Previous Name (if applicable)

Approximate period of employment dates at MoH

Street Address*

/ / - / /

Day Month Year Day Month Year

Suburb

City/Town*

Country

Post Code

* required

Privacy Disclaimer: By providing your personal information via this form, you consent to Ministry of Health using that information in relation to monies owed to individuals under the Holidays Act 2003. We will not use or disclose personal information collected in this process for any other purpose, and any personal information provided to us will be treated in accordance with the Privacy Act.