

111 Contact Code - Vulnerable Consumer Register

Information Guide and
Application Form

What is the 111 Contact Code?

The Commerce Commission's 111 Contact Code ("111 Code") was created to ensure that Vulnerable Consumers have reasonable access to an appropriate means of calling 111 emergency services in the event of a power failure.

Newer home phone services such as voice calling over broadband, which rely on an active working broadband service, won't work in the event of a power failure, without an independent power source. The 111 Code requires Telecommunication Service Providers to supply Vulnerable Consumers with an alternative solution to contact 111 in an emergency.

You'll be eligible to apply for the Vulnerable Consumer status if:

1. You (or someone in your household) is at particular risk of needing to call 111 emergency services for health, safety, or disability reasons; and
2. You have a voice calling over broadband service provided over Fibre, HFC, VDSL, ADSL or Wireless technology and you, or someone you live with, do not have access to a traditional copper phone line. Note: The Code only applies to landline voice services. Broadband only customers cannot apply; and
3. You (or a person in your household) have no means to contact the 111 emergency service at the premises, or the means that you do have can't be operated for a continuous 8-hour period in the event of a power failure.

If you, or someone in your household, qualifies, One New Zealand will work with you to determine the right solution for your particular needs, and at no cost to you.

Please ensure that you read through this information guide and the accompanying form carefully before submitting an application.

Important things to know

- Telecommunication Service Providers cannot deny or cease supply of a landline service to you on the basis that we know or suspect that someone in your household is, or may become, a Vulnerable Consumer.
- Certain modern telecommunications services require power to function, this is not unique to One New Zealand.
- You may apply as a Vulnerable Consumer for health, safety or disability reasons.
- The Vulnerable Consumer Register is separate to the Medical Dependency Register. However, you can indicate your interest in enrolling on the Medical Dependency Register within the Vulnerable Consumer Application Form.
- We can't guarantee continuous or fault-free service, as events within or beyond our control may cause a temporary loss of service.
- While we will try our best to inform you in advance if services will be unavailable, we may not always be able to.
- We recommend having a back-up plan in place, just in case. For example if the mobile network is impacted along with the power line services.

Indicative list of eligible health, disability and safety criteria

You can apply to be on the Vulnerable Consumer Register for health, disability or safety reasons. If you're unsure whether your condition would qualify you for the Vulnerable Consumer Register, please speak with your doctor, social worker, lawyer, or contact us.

Consumers at high risk of respiratory emergencies

- Anaphylaxis or angioedema.
- Severe asthma (Grade 5 as specified by the MRC Dyspnoea Scale).

Consumers with high-risk mental health disorders

- Severe mental health disorder with significant risk of self-harm or harm to others.

Technology dependent patients who are at high risk

- Haemodialysis in the home.
- Patients on home respirators or with tracheostomies.
- Oxygen dependent patients (e.g. with severe obstructive pulmonary disease).

Consumers at risk of life-threatening hypoglycaemia or epilepsy

- Unstable insulin-dependent diabetes.
- Poorly controlled grand-mal seizures.

Consumers at high risk of obstetric and neonatal emergencies

- High-risk pregnancy (e.g. placenta praevia).
- Infants at risk (e.g. because of prematurity) with history of apnoea.

Consumers at high risk of cardiovascular emergencies

- Ventricular arrhythmias.
- Unstable angina.
- Acute myocardial infarction within the last 6 months.
- On a waiting list for aortic aneurysm, coronary or carotid artery surgery.

Other dependent Consumers who live alone, without support or in remote locations

Patients with other dependent medical conditions with a lesser risk of rapid deterioration may qualify for Vulnerable Consumer registration only if they live alone, without social support, or in a remote location, for example:

- Dialysis patients.
- Oncology patients.
- AIDS patients.
- Patients with Haemophilia or other bleeding disorders.

Consumers at high risk of personal safety

The support provided under the Vulnerable Consumer service also applies to Consumers and their dependants who are or were in a close relationship with someone who has had a protection order served against them in favour of the applicant.

Consumers at high risk due to disability

- Sensory Impairment
- Intellectual Impairment
- Physical Impairment

Types of supporting evidence

The following are examples of the type of evidence that may be sufficient to support an application:

- a completed Notice of Potential Medically Dependent Consumer (MDC) Status' form, which include a certification from a District Health Board (DHB), Private Hospital or GP;
- a protection order;
- a letter from a health practitioner; or
- documentation of impairment.

Alternatively, you can supply the contact details of a Nominated Person, so that we can verify the vulnerability with them. A Nominated Person is someone who is competent to give an opinion on whether you/the person residing at the address is at particular risk of requiring the 111 emergency service. Examples of Nominated Persons include:

Health or Disability

- A health practitioner (for example, a GP or specialist)

Safety

- a police officer,
- a currently registered social worker,
- a lawyer (with a current practicing certificate); or
- a family court judge

Medical Dependency Register

If you are a One New Zealand account holder and you or someone in your household has a medical condition that depends on copper landline telephone access for critical medical support, you can apply to be placed on our Medical Dependency Register. This will ensure that the medically dependent person is not unduly placed at risk when connecting, disconnecting, maintaining, or repairing faults with their telecommunications service.

What happens after applying?

We'll respond to you within 10 working days to communicate the outcome of your application.

If your application is successful:

- You will be notified in writing, phone call, or via email;
- We will communicate with you what solution we believe will allow you to continue to contact 111 in an emergency; and
- We'll arrange for the supply and delivery of your solution as soon as practicable.

If your application is unsuccessful:

- You will be notified in writing or via email.
- We will communicate with you the reason for why you were unsuccessful.
- If you're unsuccessful due to an incomplete application we will work with you to ensure it is completed in full.
- We will provide you with the details of an independent disputes process.

FAQs

What if my details change or I change to another provider?

You'll need to notify us if:

- You move house (in case the technology at the new location changes)
- Your vulnerable status changes (the service may no longer be needed/may be required on permanent basis);
- The name on your account changes (to ensure that we have up to date details)

You'll need to reapply if any of the above scenarios apply.

If you move to another Telecommunications Service Provider, you'll need to discuss your vulnerability and dependency requirements with them.

How long will I stay on the Vulnerable Consumer Register?

This will depend on the nature of the vulnerability and whether it is permanent or temporary. If you have a temporary vulnerability, you will remain on the Register for the length of time specified in your application, and as indicated in your supporting evidence. If your vulnerability is permanent, then we'll contact you every 12 months to confirm that you still require our support service.

How can I be removed from the register?

If your circumstances change and you no longer need to be enrolled on the Vulnerable Consumer Register, please get in contact with us.

How much does it cost to be on the Vulnerable Consumer Register?

We don't charge customers for applying to be on our Vulnerable Consumer Register. However, you may incur costs when obtaining supporting evidence for your application (for example, from your doctor).

How will One New Zealand use the the personal information provided?

When you apply to be on our Vulnerable Consumer Register, we'll use your information, or that of the individual with the vulnerability, to:

- Assess your/their eligibility to be on the Vulnerable Consumer Register;
- Report the status of those on our register to the Commerce Commission as required under the 111 Code;
- Provide, administer and manage the Register; and
- Provide, administer and manage your services.

What happens if my application is unsuccessful?

If you want to raise a complaint about the process or how your application was handled, the account holder should email 111register@one.nz, and one of our team will be in touch with the account holder to discuss and attempt to resolve any issues.

If you have already made a complaint directly to us related to the 111 Contact Code or an application to be a Vulnerable Consumer, and you are not happy with the resolution, or five working days have passed and nothing has been resolved, you can ask the Telecommunications Dispute Resolution Scheme (TDR) to intervene. TDR will formally engage with One New Zealand towards a resolution.

The account holder can raise a dispute with One New Zealand or the TDR on behalf of themselves or another person from the same household.

If you think that One New Zealand is not complying with the 111 Contact Code you can raise a complaint directly with the Commerce Commission at contact@comcom.govt.nz, or phone the Commission's Enquiries team on 0800 943 600, however, the primary method for making a complaint is to refer a dispute to TDR.

111 Vulnerable Consumer Register Application Form

Complete this application form if you would like One New Zealand to consider you (or someone you are applying on behalf of) to be covered by the 111 Contact Code ("111 Code").

The 111 Code ensures that people who are more likely to need to contact 111, and who have a home phone line that doesn't work in a power failure (with no other means of contacting 111 at their house), are provided with a means to contact the 111 emergency services in the event of a power failure.

IMPORTANT INFORMATION

A Vulnerable Consumer must meet **all** of the following criteria:

1. You (or someone in your household) is at particular risk of needing to call 111 emergency services for **health, safety, or disability** reasons; and
2. You have a landline service provided over Fibre or Wireless Landline (technology). Note: The Code only applies to landline voice services. Broadband only customers cannot apply; **and**
3. You (or a person in your household) have no means to contact the 111 emergency service at the premises that can be operated for a continuous 8-hour period in the event of a power failure.

This form can **ONLY** be completed by one of the following people:

- A One New Zealand customer (the Account holder);
- A person who is listed as an authority on the customer's account; or
- The customer or person listed as an authority on the customer's account on behalf of someone who lives at the premises where the home phone line is supplied.

Your application

Before submitting your application, please check that you have:

- Read the information guide;
- Read the eligibility criteria;
- Completed the application form; and
- Provided the information in support of the application (either Nominated Person's details or supporting documentation).

Submitting your application form and contact us details:

1. Emailing it to 111register@one.nz;
2. Calling us on 0508 438 448 between 8am and 7pm Monday to Friday
3. Posting the form and supporting evidence to:

Attn: 111 Vulnerable Consumer Register
One New Zealand Limited
Private Bag 92143
Auckland 1142

Once we received your completed application, it may take up to 10 working days to assess your application.

Our **Privacy Policy** sets out our commitments to you regarding collecting, holding and using information about you. Any information you provide to us will be held in accordance with those terms, the Privacy Act 2020, the Telecommunications Information Privacy Code 2003 and the 111 Contact Code. If you would like to update your contact information or any of the information supplied in the application form, or you would like to cancel your application, please or call us. Or find out more at one.nz/vulnerability

Part A: Personal Details

1. Are you the customer (account holder)?

- ☐ Yes (Fill out 3a)
- ☐ No (Go to Q2)

2. Are you a person listed as an authority on the customer's account?

- ☐ Yes (Fill out 3a and 3b)
- ☐ No (*You must be added as an authority to the customer's account before you make this application)

3a. Details of customer

First Name(s)	<input type="text"/>	Preferred name	<input type="text"/>
Surname or family name	<input type="text"/>		
Title:	<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Dr <input type="radio"/> Other, please specify <input type="text"/>		
Account number for the service	<input type="text"/>		
Address receiving phone service	<input type="text"/>		
Their contact phone number	<input type="text"/>	Their mobile number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		

3b. Details of person listed as an authority on the customer's account (please only fill out this section if you are not the customer)

First Name(s)	<input type="text"/>	Preferred name	<input type="text"/>
Surname or family name	<input type="text"/>		
Title:	<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Dr <input type="radio"/> Other, please specify <input type="text"/>		
Account number for the service	<input type="text"/>		
Address receiving phone service	<input type="text"/>		
Their contact phone number	<input type="text"/>	Their mobile number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		

4. What is the preferred method of contact for you (please tick)?

- ☐ Home Phone
- ☐ Email
- ☐ Mobile
- ☐ Mail

4a. We will need to contact you from time to time. If we can't get in touch with you, would you like us to contact someone else instead?

Their full name	<input type="text"/>
Their contact number	<input type="text"/>
Their email address	<input type="text"/>
Their relationship to you	<input type="text"/>

5. Are you making this application for yourself, or on behalf of someone else?

- ☐ I am applying to be covered by the 111 Contact Code ([Go to Part B](#))
- ☐ I am applying on behalf of someone else ([Fill out 5a](#))

5a. Details of person who wants to be covered by the 111 Contact Code

**Please only fill out this section if you are applying on behalf of someone else*

First Name(s)	<input type="text"/>	Preferred name	<input type="text"/>				
Surname or family name	<input type="text"/>						
Title:	<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Dr	<input type="radio"/> Other, please specify	<input type="text"/>

Part B: Information on the person at particular risk

6. Please select which category most closely relates to the specific circumstance of the person who wants to be covered by the 111 Contact Code?

- ☐ Health
- ☐ Safety
- ☐ Disability

7. Is the specific circumstance of the person permanent or temporary?

- ☐ Permanent
- ☐ Temporary

**If you selected 'Temporary', what is the estimated period of time the category of particular risk will apply to the person (weeks, months, years)?*

Part C: Supporting Information

8. What information is being provided in support of the application?

- ☐ Sufficient evidence to support that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service ([Fill in 8a](#))

OR

- ☐ Details of a nominated person we can contact to verify that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service ([Fill in 8b and 8c](#))

8a. Sufficient evidence to support that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service ** Please attach this supporting evidence to your application.*

Please describe the supporting evidence you are providing:

8b. Details of Nominated Person

First Name(s)

Surname or family name

Occupation

Organisation (if known)

Their contact phone number

Their mobile number

Email address

Postal address

8c. Declaration regarding nominated person

**Please note that if you are making this application on behalf of someone else, before completing this declaration, you must have received permission from that person to authorise us to contact the nominated person*

I authorise One New Zealand Group Limited to contact

for the purposes of verifying that I (or the person I am applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service.

Signature

Date

8d. Medical Dependency Register

☐ I would like to receive further information about the Medical Dependency Register application process.

Part D: General Declaration

I acknowledge and declare that I have read the contents of the information guide attached to this application form;

I understand that One New Zealand cannot guarantee continuous or fault free service.

I am aware of the limitations of calling 111 in the event of a power outage, and I am aware that some new telecommunications technologies and devices will not work in a power failure (such as fibre, fixed wireless, cordless phones and medical alarms with no inbuilt battery).

I understand that One New Zealand will not always be able to inform me in advance if services will be unavailable.

I acknowledge and declare that, to the best of my knowledge, the information given in the application form is true and correct;

I acknowledge and declare that

- is (or will become) at particular risk of requiring the 111 emergency service; and
- does not have a means to contact the 111 emergency service at the premises that can be operated for a continuous 8-hour period in the event of a power failure;

I understand that the information I have provided in this form will be stored with One New Zealand Group Limited;

I understand that the information I have provided in this form may be shared with relevant third parties for the purposes of providing and managing my service.

Signature

Date