

KAUMATUA HEALTH ASSISTANCE Information Sheet

LAKE ROTOAIRA FOREST TRUST

The Trustees of Lake Rotoaira Forest Trust offer grants to assist kaumatua with eye care, dental care and hearing related care.

Eligibility

- > Beneficial owners of shares in the Lake Rotoaira Forest blocks
- Beneficial owners who have put their Lake Rotoaira Forest blocks shares into a whanau trust
- Beneficial owners who are aged 65 years and over.

How much is the grant for?

➤ The grant can be applied for as many times in any one year but the total amount reimbursed cannot exceed \$300 (1 July to 30 June)

What are the grants for?

- To reimburse owners aged 65 years or over for
 - Eye treatment
 - Dental treatment
 - Hearing treatment
 - o Doctors' Visits
 - Specialist consultation visits
- The date of the receipt must be within the current financial year
- No previous financial years' receipts will be covered
- > The Trust will pay the grant direct to the beneficial owner
- The beneficial owner remains responsible for paying the bill.

Where is the grant paid to?

The bank account number we use is the same as that used for your distribution and grant payments. If it has changed, you will need to provide verified bank account details which must be attached to the application form.

For more information contact:

Lake Rotoaira Forest Trust, PO Box 155, Turangi 3353

Telephone: 07 386 8834
Email: ownership@lrft.co.nz

Website: www.lrft.co.nz



KAUMATUA HEALTH ASSISTANCE Grant Application form

LAKE ROTOAIRA FOREST TRUST

PLEASE PRINT

	FULL NAME:		 	
Sha	areholder Number:		 	
	Date of Birth:			
	Postal Address:		 	
Conta	ct Phone Number:			
	Account Number:			
RECEIPTED AC	COUNTS ATTACH	ED:		
What is the receipt for?				
What is the rece	eipt for?		Amount \$	
What is the rece	eipt for?		Amount \$	
What is the rece	eipt for?		Amount \$	
What is the rece	eipt for?		Amount \$	
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What is the rece				
SIGNED: DATE:				TICK
SIGNED: DATE:				TICK
SIGNED: DATE: CHECKLIST All parts of appl	lication form are com	ppleted		TICK
SIGNED: DATE: CHECKLIST All parts of appl	lication form are conthe Information abou	ppleted		TICK

Please send to:

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