



KAUMĀTUA HEALTH ASSISTANCE Grant Application Form – 2021/2022

LAKE ROTOAIRA FOREST TRUST

Owner Details:

| | |
|--|--|
| Shareholder Number: | |
| Full name of owner: | |
| Whanau Trust Name (if applicable) | |
| Date of Birth: | |
| Address: | |
| Contact Phone Number/s: | |
| Email: | |
| Account Name: | |
| Account Number: | |
| IRD No: | |
| <i>If you have changed the above bank account or there is no number printed, please include the new account details that have been verified* by your bank. This needs to be attached to this application form.</i> | |

Provider Details:

| Provider: <i>E.g. SpecSavers</i> | Treatment: <i>E.g. Glasses/Spectacles</i> | Amount: <i>E.g. \$300</i> |
|-------------------------------------|--|------------------------------|
| | | |
| | | |
| | | |

Checklist:

- You have read the information sheet to check your eligibility
- All parts of the form are complete, and form signed
- Attach receipted accounts or Quote from the provider
- Attach proof of date of birth and a verified bank account*, if this is your first claim

SIGNED: _____

DATE: _____

For more information contact:

Shop 9 - 81 Town Centre • PO Box 155 • Turangi 3353 • New Zealand • **W:** www.lrft.co.nz

T: +64 7 386 8834 • **F:** +64 7 386 0188 • **E:** ownership@lrft.co.nz



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LAKE ROTOAIRA FOREST TRUST

The Lake Rotoaira Forest Trust Kaumātua Health Assistance Grant is provided to assist and encourage kaumātua to maintain good health. The total value of the grant is up to \$NZ300 per annum (financial year).

To be eligible you must be:

- A beneficial owner aged 65 years and over, AND
- A beneficial owner of shares in the Lake Rotoaira Forest Trust (LRFT) Schedule 1 Blocks, OR
- A beneficial owner, whose Schedule 1 LRFT shares have been placed into a Whanau Trust

The following treatments qualify for the grant:

- Eye treatment
- Dental treatment
- Hearing treatment
- Doctors' Visits
- Specialist Consultation Visits

To make a claim:

Complete the proper application form and provide either a Quote from the Medical Provider or a GST receipt in your name, showing you have received treatment for one or more of the above. An EFTPOS receipt is not sufficient on its own.

Claims can be accepted for treatment received and paid between 1 July 2021 and 30 June 2022.

Ensure all information on the application form is correct. If you have changed your bank account please include your new bank account details and provide verification as follows:

****Verified Bank Details (please supply one of the following):***

-a pre-printed deposit slip

-online banking printout (which states your account name and number)

-bank statement

-bank printout

-handwritten deposit slip stamped by a bank teller

Payment:

Applications are required to be received by the 10th of the month for payment on the 20th of the month. Applications received after this date will be paid in the following payment round. Applications with Quotes will be paid directly to the Medical Provider's verified bank account.

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