



East Taupo Lands Trust Charitable Trust
PO Box 1632, Taupo 3351
secretary@easttaupolands.co.nz
www.easttaupolands.co.nz

Kaumatua Health Expenses Application

1. This Trust has funds to assist **owners aged 65 years and over** who reside in New Zealand, towards the cost of:
 - Glasses
 - Hearing aids
 - Dental costs
 - Specialist medical costs
 - Other special health related needs, including transport costs when substantial

**This Grant cannot be used to claim GP or prescription charges.
It is the preference of the Trust to pay the health service provider directly.**

2. The ability to offer assistance depends on the availability of funds. Assistance is currently limited to a maximum of up to \$500 per applicant, per financial year. Grants will take into account any contribution towards the cost received from WINZ or other Trusts.

In the event of applications for assistance exceeding availability of funds, priority will be given to owners who have not previously received any benefit from the Trust.

3. Grant eligibility:
Applicants must be owners of land vested in the Trust. The blocks administered by this Trust are:
 - Kaimanawa 1F, 2B
 - Runanga 2C2A, 2C3B1, 2C3B2B, 2C3C, 2A, 2B, 2C1A, 2C1B, 2C1C, 2C1D
 - Tapapa 3A, 3B1, 3B2
 - Wharetoto 1, 2A, 2B, 3, 11

Your name as owner must be shown in the application, as it is on the Maori Land Court ownership list which can be checked at www.maorilandonline.govt.nz

If the current owner is a Whanau Trust, then the Secretary or a Trustee of the Whanau Trust must complete the Ownership by Whanau Trust page of the application form. If the applicant is in doubt in these regards, please get confirmation of ownership from the Maori Land Court.

Failure to provide accurate details may result in failure to receive a grant.

4. Applications are considered at the Trustee monthly meeting. The Trustees' decision in respect of grants is final. No reasons for making or declining grants to any applicant will be given.
5. Where grants are made, this will be done as follows:
 - (i) By way of payment or part payment to the supplier of an account for services that have been performed within one year; or
 - (ii) By way of refund of paid accounts. In this case applicants must submit the original receipted bill which must be dated within one year; or
 - (iii) If quotes are received, the Trust will inform the supplier of the amount of funds that will be paid by the Trust, and an account for that amount should be sent to the Trust by the supplier, after the expense has been incurred. Any balance of account will then be payable by the applicant.
 - (iv) In exceptional cases, by direct grant to reimburse expenses.

Completed application forms can be posted or emailed to the Trust at the contact address above.



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Kaumatua Health Expenses Application

| | | |
|---|----|---------------|
| Applicant name | | |
| Name as per ownership list (if different to above) | | |
| Postal address: | | |
| Phone number | | Mobile number |
| Email | | |
| Date of birth (attach copy of Birth Certificate OR NZ Passport OR NZ Driver's Licence OR NZ Firearms Licence to verify) | | |
| Block(s) in which applicant is an owner (include printout of Maori Land online record to verify) | | |
| If the registered owner is a Whanau Trust and the applicant held shares in East Taupo Lands Trust land prior to the shares being vested in the Whanau Trust, also complete the Ownership by Whanau Trust page. | | |
| Health service supplier name: | | |
| Type of health service supplied: | | |
| Cost of service supplied: Please provide quote or invoice | \$ | |

Has WINZ paid or contributed to this cost?

YES/NO

Has any other Trust paid or contributed to this cost?

YES/NO

Amount of Contribution:

\$ _____

Please attach:

- Invoice or quote from the health service provider
- Original receipt if you paid costs & your bank account details (reimbursement at Trustee discretion)
- Copy of Birth Certificate or NZ Passport or NZ Drivers Licence or NZ Firearms Licence to verify age
- Ownership printout from www.maorilandonline.co.nz and
- If registered owner is a Whanau Trust - copy of the Court Vesting / Succession order

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief, and that except as listed above, I have not received financial assistance from WINZ or any other Trust towards the health expense listed in this application. I agree to the inclusion of the main details in the Trust's Annual Report for accountability purposes.

I give permission for my ownership details to be added to the East Taupo Lands Trust owner database.

(please select) YES/NO

I give permission for East Taupo Lands Trust to share my contact details with other Maori land blocks or entities that I have ownership interests in.

(please select) YES/NO

Applicant signature

Date



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Kaumatua Health Expenses Application OWNERSHIP BY WHANAU TRUST

Complete this page if the registered owner is a Whanau Trust, and the applicant held shares in the Trust land in his/her name, prior to the shares being vested in the Whanau Trust.

| | |
|---|--|
| Applicant Name | |
| Whanau Trust name | |
| Secretary/Trustee name | |
| Whanau Trust contact address | |
| Whanau Trust email | |
| Secretary / Trustee phone | |
| Block(s) in which Whanau Trust is an owner in (also attach copy of Court Vesting Order / Succession verifying this) | |

I HEREBY CERTIFY:

1. I am the Secretary/a Trustee of the abovenamed Whanau Trust.
2. The abovenamed person applying for a Kaumatua Health Grant is a beneficiary of the said Whanau Trust and, if there were no Whanau Trust, they would be an owner in East Taupo Lands Trust in his/her own right.
3. I give permission for the ownership details of this Whanau Trust to be added to the East Taupo Lands Trust owner database. **(please select) YES/NO**
4. I give permission for East Taupo Lands Trust to share the contact details for this Whanau Trust with other Maori land blocks or entities that we have ownership interests in. **(please select) YES/NO**

Secretary / Trustee signature

Date



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Kaumatua Health Expenses

HEALTH PROVIDER PAYMENT DETAILS

It is the preference of the East Taupo Lands Trust Charitable Trust that **funds are paid directly to the health provider** named on the attached quote or invoice, on behalf of the applicant.

Please ensure the service provider's bank account details are included on their invoice / quote, or attach a deposit slip or insert details below.

BANK ACCOUNT DETAILS FOR HEALTH SERVICE PROVIDER

(please print clearly)

Health service provider name: _____

Bank account name: _____

Name of bank & branch: _____

Account number: _____

The Trustees of the East Taupo Lands Trust Charitable Trust reserve the right to decline any application, without further enquiry, especially if the application is not completed correctly and/or contains inaccurate details and/or information requested is not supplied.