

All registered members can apply for grants, and check progress and balances online.
For queries, please email grants@tpow.co.nz or contact our office on 07 378 5180.

MEMBER ID

DENTAL GRANT

TE PAE O
WAIMIHIA



TERMS AND CONDITIONS

1. The Te Pae o Waimihia Dental Grant has been established to support Te Pae o Waimihia members through the subsidisation of dental treatments.
2. The 'applicant' must be a registered member in the Te Pae o Waimihia database, with verified whakapapa to at least one of the following hapū:
 - Ngāti Rauhoto
 - Ngāti Te Urunga
 - Ngāti Hineure
 - Ngāti Hinerau
 - Ngāti Tutetawha
 - Ngāti Tutemohuta
3. The applicant must be aged between 18 and 39 years.
4. The Dental Grant will be to the value of up to \$250 per calendar year and will contribute towards (but is not limited to) the following dentistry care:
 - Preventative dentistry (check-ups, x-rays / radiographs)
 - Dental hygiene (scale and clean)
 - Dental treatments
5. The grant does not cover cosmetic dentistry or teeth whitening.
6. The applicant must reside in New Zealand, and treatment must be through a New Zealand provider.
7. The grant will be provided by way of a reimbursement to the applicant, or by direct payment to the dental provider.
8. For grants paid to the applicant (as reimbursement), a copy of the paid account / receipt along with the applicant's verified bank account number is required.
9. For grants paid to the dental provider, an invoice or quote along with the dental provider's verified bank account number is required.
10. Dental Grant applications will be processed monthly between February and November. Successful applications received by the 10th of the processing month will be paid at the end of that month.
11. Applicants are eligible to submit multiple grant applications per calendar year until the maximum grant limit is reached.
12. The grant calendar year runs from 1st January 2024 until 31st December 2024.

PERSONAL DETAILS

Applicants full name	
Date of birth	Email
Full postal address	
Home phone	Mobile phone

TREATMENT DETAILS

Description of treatment
Treatment provider
Phone number
Address

Please attach treatment quote / invoice.

It is not the responsibility of the Trust / Trust Office if applications are lost in the post.

PLEASE TURN OVER

