

# PAKEKE MEDICAL GRANT



## TERMS AND CONDITIONS

1. The Te Pae o Waimihia Pakeke Medical Grant has been established to support Te Pae o Waimihia members (40 years and over) through the subsidisation of medical treatments.
2. The 'applicant' must be a registered member of Te Pae o Waimihia 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 Pakeke Medical Grant will contribute towards the following treatments:
  - Specialised - dental / vision / hearing treatment: up to \$1000 per calendar year
  - General health: up to \$500 per calendar year
4. 'General health' could include but is not limited to: doctors, specialists, chiropractor, physiotherapist, osteopath, prescription medication costs, acupuncture and holistic practitioners.
5. The applicant must reside in New Zealand, and treatment must be through a registered New Zealand provider.
6. Dental / vision / hearing treatment claims will be paid directly to the medical provider.
7. General health claims can be paid directly to the medical provider OR by reimbursement to the applicant.
8. For grants paid directly to the medical provider an invoice or quote along with the medical provider's verified bank account number is required.
9. For grants paid by reimbursement, a receipt of payment along with the applicant's verified bank account number is required.
10. Grant applications will be processed every month from February to November. Successful applications received by the 10th of the processing month will receive payment at the end of that month.
11. Applicants can submit multiple Pakeke Medical 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	
Description of treatment	
Treatment provider	Phone number
Address	

Please attach treatment quote / invoice.

## PAYMENT DETAILS

PAYMENT RECIPIENT	ITEM	ITEM COST	AMOUNT SOUGHT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL			\$

Total 'amount sought' cannot exceed \$1500 (refer to Terms and Conditions 3).  
Attach all verified documentation (refer to Terms and Conditions 8 and 9).

## DECLARATION

- I declare that the information provided in this application is true and correct and if the application is successful, I will comply with all Terms and Conditions of this grant.
- I have read and understand all conditions and obligations as outlined in this application.
- Pursuant to the Privacy Act 1993, I give consent for Te Pae o Waimihia to share my contact information with associated trusts, companies and business partners for the purposes of updating information (including but not limited to, maintaining whakapapa records, iwi register, contact databases).
- I understand that my name may be published for publicity or reporting purposes.

Full name of applicant

Signature (\*or typed signature) of applicant

Date

*\* By typing your name, you are electronically signing this application and must be the person stated above*

## CHECKLIST

- You are a registered member with Te Pae o Waimihia
- The application is completed in full and declaration signed
- For payment to the provider, you have attached:
  - A copy of the treatment quote / invoice
  - Provider's verified bank account details
- For payment by reimbursement, you have attached:
  - A copy of the paid receipt
  - Your verified bank account details

## WHAT HAPPENS TO YOUR APPLICATION?

IF APPROVED: You will be notified in writing and money will be paid into the nominated bank account.

IF DECLINED: You will be notified in writing.

IF INCOMPLETE: Your application will not be considered and you will be notified in writing.

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

### OFFICE USE ONLY

Date received:

Member ID: Y / N

Application complete: Y / N

PMG0124v1.0

Date approved:

Authority:

Please return completed application to He Akina (Trust Office)

Email: [grants@tpow.co.nz](mailto:grants@tpow.co.nz) | Phone: +64 7 378 5180

Address: 88 Kaimanawa Street, Taupō 3330 | [www.tepaeowaimihia.co.nz](http://www.tepaeowaimihia.co.nz)