# **DENTAL** GRANT

MEMBER ID



# 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.
- 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 HineureNgāti Tutetawha
- Ngāti Hinerau 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.

### PAYMENT DETAILS

For grants paid to the applicant (as reimbursement) <i>(tick)</i> For grants paid to the provider			to the provider <i>(tick)</i>	
PAYMENT RECIPIENT	ITEM		ITEM COST	AMOUNT SOUGHT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total 'Amount Sought' cannot exceed \$250 (refer to Terms and Conditions 4). TOTAL Attach all verified documentation (refer to Terms and Conditions 7 and 8).			\$	

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

\* 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.

OFFICE USE ONLY Date received:

Member ID: Y / N

Application complete: Y / N

DG0124 v1.0

Date approved:

Authority:

Please return completed application to He Akina (Trust Office) Email: grants@tpow.co.nz | Phone: +64 7 378 5180 Address: 88 Kaimanawa Street, Taupō 3330 | www.tepaeowaimihia.co.nz

Date