



NGĀTI WHĀTUA ŌRĀKEI

Kaumātua Care

Application Form

Kaumātua Care is for Kaumātua and Kuia from Ngāti Whātua Ōrākei and funds health expenses such as GP visits and denture costs

Eligibility

To be eligible for Kaumātua Care you must be:

- A registered hapū member of Ngāti Whātua Ōrākei.
- 60 years or older (at the time of applying).

Living Overseas

If you live outside of New Zealand and you meet the above criteria, you are eligible to receive Kaumātua Care. Payments will be made in New Zealand dollars, less any bank fee transfer costs.

Levels of Assistance

Funding has been allocated to the following two tiers. Amounts are payable to each person per 12-month period. Payments are made on the 20th of the following month.

Tier One: Health Related Expenses - Up to \$300.00

Health related expenses are limited to:

- GP Visits
- Podiatry
- Prescriptions (does not include over the counter purchases)

Tier Two: Quality of Life Products - Up to \$1,000.00

Quality of Life products are limited to:

- Hearing Aids
- Prescription Glasses
- Dentures

NWŌ:

DATE:

How to Claim

1. You must complete the Kaumātua Care form. Make sure to sign and check your details.
2. Attach receipts and/or quotes to the form. GP receipts must include the name of the clinic and consultation costs. Pharmacy receipts must include the name of the Pharmacy, the prescribed items and the cost. Please do not send EFTPOS receipts by themselves as these will not be accepted.
3. Return your completed form with receipts to:

POST: 230 Kupe Street, Ōrākei, Auckland 1071

EMAIL: stevep@nwo.iwi.nz

Ngāti Whātua Ōrākei Health Insurance with nib

1. As of 1 August 2019, nib Health Insurance will cover 100% of your GP visit costs (up to \$200.00).
2. You should use nib before Kaumātua Care and apply directly to nib.
3. There are several ways to claim the nib portion.
 - a) You can use the online portal to complete a claim.
 - b) EMAIL: ngatiwhatuaorakei@nib.co.nz
 - c) PHONE: 0800 642 696
 - d) POST: Send your GP receipts to us with your Kaumātua Care application form and we will pass them on to nib.

Kaumātua Personal Details*

(*Indicates a mandatory field. If you do not complete the mandatory fields, it could affect your refund. Please also complete the other sections if you can, which will help to improve our service to you).

Are you a registered hapū member of Ngāti Whātua Ōrākei? YES / NO (please circle)

Have you enrolled with Ngāti Whātua Ōrākei Health Insurance / nib? YES / NO (please circle)

First Name: * _____ Last Name: * _____

Gender: * Male/ Female (Please circle) Date of Birth: * / /

Home Address:*

Home Phone: _____ Mobile: _____

Email: _____

Bank Account Details*

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

BANK NAME: _____

Please provide an original pre-printed deposit slip with this form. If your bank account details change you will need to provide an updated original pre-printed deposit slip with this form.

Kaumātua are obliged to maintain accurate bank account details to ensure that they receive refunds into their bank account.

Amount of Claim

Tier 1: \$ _____ Tier 2: \$ _____ Total: \$ _____

Declaration

I _____ (please print) declare that the information I have provided in this form is true and correct.

Sign: _____

Date: _____

Please Return Your Forms:

BY HAND TO:

*Ngāti Whātua Ōrākei Whai Maia
Office 230 Kupe Street, Ōrākei
Auckland 1071*

BY POST TO:

*Ngāti Whātua Ōrākei Kaumātua Services
PO Box 42 045
Ōrākei
AUCKLAND 1071*

BY EMAIL TO:

stevep@nwo.iwi.nz

Need Some Information or Support?

Steve Pihema: Mobile 022 470 4432, Office: 09 336 1670

Freephone: 0508 6967 2534

Email: stevep@nwo.iwi.nz

Office 230 Kupe Street, Ōrākei (next to Puna Reo)



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