

# Kaumaatua Grant Application

Te Whakakitenga o Waikato Incorporated (“we” or “us” “Waikato-Tainui”)

The Waikato-Tainui Kaumaatua Grant is offered once per financial year, to registered tribal members who are over the age of 60 years. It provides relief and support in aged-related health costs.

## Terms and Conditions

### Applicant

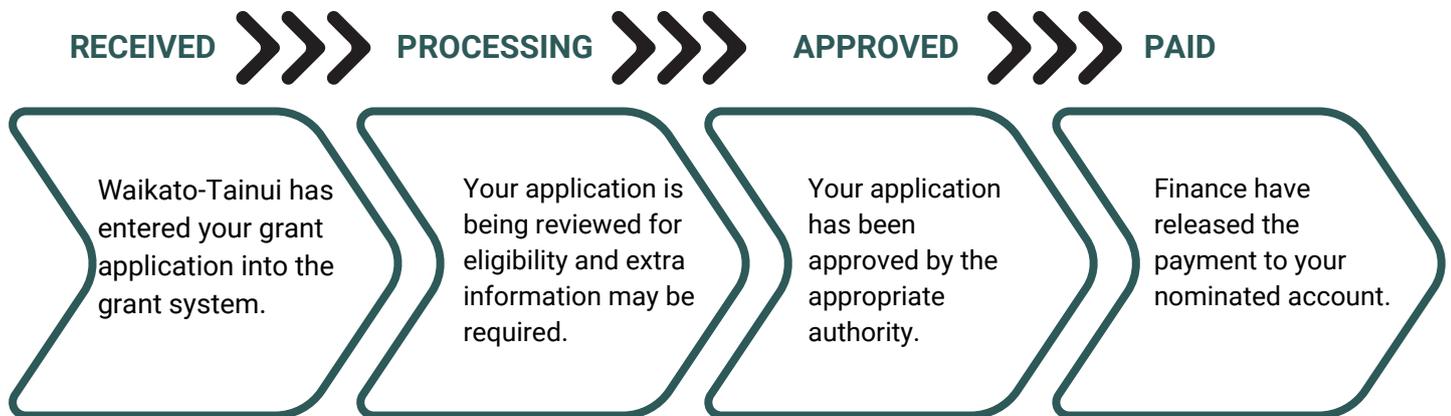
- Must be a registered Waikato-Tainui tribal member and permanently residing in Aotearoa
- Must be aged 60 years or over
- Bank Confirmation (must contain bank logo, account name and number)
- Identification on file (Birth Certificate, Drivers Licence or Passport)
- Completed application form in full

Only **ONE** grant application is available per applicant in any financial year period.

Sole discretion to accept, withdraw or defer a grant application that does not meet criteria rests with us. Decisions are final and no correspondence will be entered into. Incomplete applications will be withdrawn after 60 days and a new application form needs to be completed.

## Grant Application Process

Most grant application payments take up to 8 weeks for processing, approval and payment (if approved). Payment is due on the 21st of each month.



Other statuses you may see are:

**WITHDRAWN** - The application does not meet criteria or is a duplicate application.

**DEFERRED** - The application requires more information or has been deferred until a later date, in which case the approval process will take longer than 8 weeks.

If you have any questions, please feel free to contact us

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## Privacy Statement

Your personal information is being collected so that we can consider your application, check it against the criteria, operate and administer the Kaumaatua Grant programme, and for other purposes set out in this application form. We will also use your personal information that you provide to us to update your information on the tribal register.

Please fill in ALL areas of this form where your personal information is requested. If the information you voluntarily provide is not accurate or complete, we may not be able to facilitate your enrolment until such information is provided.

In agreeing to the terms and conditions on this application form and submitting it to us, you authorise the release of, and use of, your personal information to and by our kaimahi for all the purposes set out in this application form. Your personal information and grant details may also be used and published by us for publicity and promotional purposes and successful applicants may also be contacted for evaluation and review.

We may also use the aggregated and anonymised data collected from your personal information to assist us with several purposes aimed at improving the services we provide by:

- Analysing trends and patterns to improve the quality and effectiveness of our programmes and services.
- Assessing the needs of our tribal members and outcomes to inform decision-making and resource allocation.
- Reporting to stakeholders and funders (if applicable), about the impact of our services while protecting individual privacy.
- Supporting research and evaluating new initiatives designed to benefit tribal members.
- Informing and shaping our organisational strategy to better service our tribal members.

Your personal information may be stored or processed by our cloud service providers, including Salesforce, in locations outside New Zealand. These locations may have privacy protections that are different from New Zealand law.

We take all reasonable steps to ensure that your personal information is safeguarded against loss, unauthorised access/disclosure or modification, and misuse in accordance with the Privacy Act.

Your personal information will be collected and held by Te Whakakitenga o Waikato Incorporated, 6 Bryce Street, Hamilton in accordance with the Privacy Act. If you wish to gain access to or request correction of your personal information, please contact our privacy officer via email at [privacy@tainui.co.nz](mailto:privacy@tainui.co.nz) or at our offices at 2-4 Bryce Street, Hamilton.

## Partner Schemes

If you opt into one of our partner schemes below, you authorise us to collect and disclose your personal information to the relevant partner/s for the purpose of facilitating your enrolment with them in their scheme. This includes us disclosing certain personal information we currently hold about you to them on your behalf (other than your health information) and only for the purposes set out in this application form.

We will do our best to ensure that the information that we hold and disclose about you is accurate, complete, and up to date. Please let us know if there have been any changes to your contact details. You can update your details at any time by calling us on 0800 TAINUI, emailing us at [tribalregistration@tainui.co.nz](mailto:tribalregistration@tainui.co.nz). and in person at our offices at 2 Bryce Street, Hamilton.

*Continued on the next page.*

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### Triton Hearing

If you opt into this scheme, you authorise us to disclose your personal information to Triton Hearing for the purpose of Waikato-Tainui verifying your identity against our tribal register, Triton Hearing contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

### OPSM

If you opt into this scheme, you authorise us to disclose your personal information to OPSM for the purpose of Waikato-Tainui verifying your identity against our tribal register, OPSM contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

### Southern Cross Health Insurance

If you opt into this scheme, you authorise us to disclose your personal information to Southern Cross for the purpose of Waikato-Tainui verifying your identity against our tribal register, Southern Cross contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

### Hato Hone I St John Eke Manaaki Scheme

If you opt into this scheme, you authorise us to disclose your personal information to Hato Hone I St John for the purpose of facilitating your enrolment with the Eke Manaaki Ambulance Membership.

**Please note, Hato Hone I St John does not provide ambulance services in Wellington and Wairarapa.** On that basis, the Eke Manaaki scheme is unavailable to kaumaatua in those specific areas. For more information, please read Hato Hone I St John's terms and conditions here: <https://www.stjohn.org.nz/support-us/supporters-scheme/terms-and-conditions--supporter-scheme/>

## Are you completing this form on behalf of someone else?

If yes, please provide your Name, Contact details

Full Name

Relationship to the applicant

Email

Phone Number

Authorised Signature

Date

# Kaumaatua Grant Application

Te Whakakitenga o Waikato Incorporated ("we" or "us" "Waikato-Tainui")

## Applicant details

Tribal Registration Number

Full Name

Date of Birth

Email

Phone number

## Physical Address

Street Number & Name

Suburb

RD

Town/City

Postcode

Country

Aotearoa

## Postal Address

Is your Postal address the same as your physical Address?

Yes  No (please fill out the below section)

Street Number & Name

Suburb

RD

Town/City

Postcode

Country

## Bank Confirmation

Bank Confirmation - must contain bank logo, name of the account holder (applicant) and account number.

Attached  On file  
(Only Tick if this information has not changed since your last grant)

Bank Account Name

Bank Account Number

# Kaumaatua Grant Application

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## What age related issues will you put the funds towards

Eg, Doctors visits, Dental, medicine etc

### Kaumaatua aged 60-69

Please pick **ONE** of the below

#### \$500 Southern Cross HealthEssentials



Gives Kaumaatua access to Waikato-Tainui Health Essentials - a plan that covers costs for healthcare services, such as GP, prescriptions, dental, hearing and optometrist consultations (up to \$1650 of value).

Further information will be sent out to you once your application is received. Terms, conditions & exclusions apply, including benefit sub-limits. For full details, request a copy of the policy document from the Waikato-Tainui grants team. The cut off date for this option is 30 June 2025

-OR-

#### \$500 Triton Hearing

As a part of our partnership with Triton hearing, Kaumaatua are able to receive a free initial hearing assessment and if required can be fitted with appropriate hearing aids.

-OR-

#### \$500 OPSM

As a part of our partnership with OPSM, Kaumaatua are able to access eyesight services by completing an initial eyesight assessment and if required, prescription glasses can be fitted.

-OR-

#### \$500 Grant payment

Gives Kaumaatua flexibility to allocate funds to multiple age-related health services or costs.

### Kaumaatua aged 70+

Please pick **ONE** of the below

#### \$500 Southern Cross HealthEssentials + \$500 Grant payment



Gives Kaumaatua access to Waikato-Tainui Health Essentials - a plan that covers costs for healthcare services, such as GP, prescriptions, dental, hearing and optometrist consultations (up to \$1650 of value).

Further information will be sent out to you once your application is received. Terms, conditions & exclusions apply, including benefit sub-limits. For full details, request a copy of the policy document from the Waikato-Tainui grants team. The cut off date for this option is 30 June 2025

-OR-

#### \$500 Triton Hearing + \$500 Grant payment

As a part of our partnership with Triton hearing, Kaumaatua are able to receive a free initial hearing assessment and if required can be fitted with appropriate hearing aids.

-OR-

#### \$500 OPSM + \$500 Grant payment

As a part of our partnership with OPSM, Kaumaatua are able to access eyesight services by completing an initial eyesight assessment and if required, prescription glasses can be fitted.

-OR-

#### \$1,000 Grant payment

Gives Kaumaatua flexibility to allocate funds to multiple age-related health services or costs.

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## Eke Manaaki Initiative



Waikato-Tainui offers a **FREE** annual standard individual Hato Hone St John Ambulance Membership. This is free ambulance cover in a medical emergency or accident-related injury that is more than 24 hours old.

*\*A medical emergency means, among others, events such as a collapse, asthma attack or heart attack.*

### Aae, I would like Eke Manaaki

- OPT IN** to Eke Manaaki
- NEW** to Eke Manaaki       I have an **EXSITING** Eke Manaaki Membership through my Kaumaatua Grant

### Kaore, I would not like Eke Manaaki

**OPT OUT** of Eke Manaaki

### **Declaration**

I have read and understood the Privacy Statement above and I agree to supply my personal information for the purposes I have selected on this form.

Full Name

Authorised Signature

Date