

PERSONAL DETAILS

Full Name	
Date of Birth	
Postal Address	
Contact Details	

BANK ACCOUNT DETAILS

Name on Account	
Account Number	

Please ensure proof of bank account has been supplied. Proof of bank only needs to be supplied if a reimbursement is required.

GRANT CATEGORIES

Description	Name of Provider	Amount/Quote	Paid To
Eye and Hearing Test			
Glasses			
Dental and Denture Work			
Hearing Aids			
Specialist Visits, Including GP Visits			
Prescriptions			
Health Insurance Subsidy			

- In the "Paid To" section please indicate whether it is paid to the provider or a reimbursement to yourself. Please note reimbursements are only applicable for 2021.
- If it is a reimbursement please ensure proof of payment and bank account has been supplied.

- Regarding the Health Insurance Subsidy this will be paid directly to the suppliers a credit. Please feel free to contact RUHT directly if you have any questions regarding what is required.

Memberships Available:

(Please tick the membership/s you would like to join)

AA Plus

ST John's Ambulance Service

Mobility Parking Permit

- If you already have paid for your membership this year please indicate as a reimbursement next to it.

The Trust will grant up to \$500.00 to Kaumatua who are 65+ for medical and memberships.

Declaration

I certify that all information supplied in this application is true and correct.

Signature: _____

Date: _____

If you have any questions regarding the application form please don't hesitate to contact me. I would be more than happy to help in completing the application form.

Send your application to;

The Administrator or Email your application and attachments to;

Kaumatua Grants

P O Box 439

Te Kuiti 3941

Contact us on;

Phone: 0800 525 626

Email: admin@ruht.co.nz

Please note that incomplete and late applications will not be accepted. Closing date is
Friday, 10th December 2021.

Please allow 2-3 weeks after the closing date for payments to be made.