The Health Fund

Application for grant

Please mail this application form to the Funds Administrator, PO Box 12 287, Thorndon, Wellington 6144

As part of its pastoral care for clergy, and their families, the Pension Board has established The Health Fund to assist retired clergy, clergy widows/ers and orphans, and in specified circumstances, other dependants, in meeting some of the cost of medical expenses they may incur.

The Pension Board wants to ensure that clergy and their spouses maintain a good quality of life in retirement. The Board is aware that it is sometimes not possible to get treatment or diagnostic tests from the public health system when they are most needed. The Health Fund provides a "back-up".

Assistance is by way of a charitable grant, and is provided in accordance with a schedule of procedures and treatments for which grants are available.

If the public health system is unable to offer the appropriate treatment, or it is going to take an unreasonable length of time to receive this treatment, then the availability of The Health Fund grants allows you to discuss alternative arrangements with your doctor or specialist.

Notes about claims:

1. Please attach original accounts, receipted or for payment (or send as soon as received).
2. Applications must be lodged within six months of the treatment.
3. Payments are made around the 1st and 16th of each month.
4. Claims must be $100 or more.
5. The Eligible person is the retired priest ***OR*** their widow/er.

Personal Details

Name — Title | Full Name

Date of Birth — D D M M Y Y Y Y

Postal address — Number / Street / PO Box

Suburb / City | Postcode

Email address

Telephone — (0)

Name of person receiving treatment — Full Name

HF1-052017

Categories

The Health Fund covers a broad range of medical procedures and treatments. These are shown below.

Primary Care
Dental
Hearing aids
Optometry

Minor Surgery

Medical Treatment
Non-surgical Hospitalisation
Oncology

Specialist Care
Specialist Consultations

Home Aid
Home Nursing
In-home Carer Relief
Respite Care

Surgical Procedures
Cardiology
Oral Surgery
Surgery (excluding minor surgery)

Diagnostics Tests
Endoscopy
Imaging
Scans

If your procedure is in the shaded box above, please fill out the section at the bottom of the page.

Treatment eligible for public health funding

Applicants needing Surgery or Diagnostic Tests must investigate the availability of help from the public health system first. Please supply details of any actions in this regard. Please include reasons for the procedure to be done earlier than the waiting list period.

Notes about claims

1. Is the procedure able to be carried out through the public health system? Yes ☐ No ☐
2. Does a specialist say work should be done within a shorter time than the public waiting list period? Yes ☐ No ☐
3. If yes then why? **Letter from specialist, giving reason, must accompany your application.**

HF1-052017

Claim details

Please fill out the appropriate box below.

Non-surgical Costs: (Dental, Hearing Aids, Optometry, X-ray etc)

Provider of medical service	Fee charged	Date(s)	Description of treatment	Office use only
Total				

Surgical Costs:

Name of Surgeon	Fee Charged	Date(s)	Description of treatment	Office use only
Name of Anaesthetist	Fee Charged	Date(s)		
Name of Hospital	Fee Charged	Date(s)		
Other	Fee Charged	Date(s)		
Total				

Payment Instructions

Please choose payment option

☐ Direct credit to your bank account

Name of Account

Bank	Branch	Account	Suffix
☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐

☐ Direct to the service provider

Provider Name

Declaration

1. I certify that all particulars of this Claim are true and correct and I am not in regular full time paid employment;

OR

I certify that I financially support the person in receipt of the treatment described, and that the cost thereof has a negative financial impact upon us both, and all particulars of this Claim are true and correct.

2. This application is made only after assistance from the public health system has been sought and after all possible fees have been claimed from other medical sources (insurance, ACC, WINZ etc.)

The Eligible person is the retired priest ***OR*** their widow/er.

Eligible person's signature

Date D D M M Y Y Y Y

or on behalf of Eligible Person

Date D D M M Y Y Y Y

Name and relationship to Eligible Person

Privacy Act 1993

The personal information you provide in this application form and any further information that you provide will be held securely by The New Zealand Anglican Church Pension Board and will be used in connection with your Health Fund claim. Information held about you will not be disclosed outside the Board without your prior consent, except where required by law. You can access any personal information about you held by the Board and request the correction of such information at any time.

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