Anglican Financial Care
Te Maru Mihinare

Health Fund

Application for grant

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz

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

Anglican Financial Care wants to ensure that clergy and their spouses maintain a good quality of life in retirement. Sometimes it is 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 recieve this treatment, then the availability of the Health Fund grants allows you to discuss alternative arrangements with your doctor or specialist.

Notes about claims:

- Please attach original accounts, receipted or for payment (or send as soon as received).
- Applications must be lodged within six months of the treatment.
- Payments are made around the 1st and 16th of each month.
- Claims must be $100 or more.
- Equal entitlements for the retired clergy person and their spouse.

1. Personal details of clergy person or widow/er who is eligible to claim

Title | First name(s) | Surname

Date of birth (D D M M Y Y Y Y) | Daytime / mobile phone (0)

Postal address: Number / Street / PO Box

Suburb / City | Postcode

Email address

Name of person(s) **receiving** treatment:

Title | First name(s) | Surname

Title | First name(s) | Surname

2. Categories

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

Primary Care
Dental
Hearing Aids
Optometry

Home Aid
Home Nursing
In-home Carer Relief
Respite Care

Medical Treatment
Non-surgical Hospitalisation
Oncology

Minor Procedures
Procedures performed by a Registered Specialist or Medical Practitioner

Specialist Care
Specialist Consultations

Surgical Procedures
Cardiology
Surgery (excluding minor procedures)

Diagnostics Tests
Endoscopy
Imaging
Scans

If your procedure is in this shaded box, please fill out Section 3 below.

3. 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:

- Is this procedure able to be carried out through the public health system? ☐ Yes ☐ No
- Does a specialist / surgeon say work should be done within a shorter time than the public waiting list period? ☐ Yes ☐ No
- If yes then why? [Please explain below] **Letter from specialist, giving reason, must accompany your application.**

4. Claim details

Please fill out the table below.

Non-surgical costs: (Dental, Hearing Aids, Optometry, X-ray etc)				
Provider of medical service	Date	Description of treatment	Fee charged	Office use only
			Total:	

Surgical costs:				
	Date	Description of treatment	Fee charged	Office use only
Name of Surgeon:				
Name of Anaesthetist:				
Name of Hospital:				
Other:				
			Total:	

5. Payment details

Please pay:

☐ Direct credit to your bank account

Name of bank account

Account details

Bank	Branch	Account	Suffix
		0	

☐ Direct to the service provider:

6. Declaration

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.

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 clergy person 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