

NEW ZEALAND MEDICAL BENEVOLENT FUND

PO Box 156, Wellington 6140

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New Zealand Medical Benevolent Fund: Application for Assistance from the Fund

The New Zealand Medical Benevolent Fund was created to provide aid to NZMA members, and families of members, who are in a situation of financial hardship or distress. Applications may come from any NZMA member, or family of an NZMA member. NZMA members may also recommend applications from non-NZMA doctors and their families.

PLEASE READ THE BELOW THOROUGHLY BEFORE APPLYING:

1. Please complete all sections, including the attached sheets:
 - ANNUAL INCOME
 - ASSET SUMMARY
 - ANNUAL EXPENSES

2. If there is additional information that is not covered in this application that you feel we should know, please include this information on another sheet.

3. Alongside your application, you must include copies of the following:
 - The last three months bank statements for all accounts held, including Building Societies
 - Your most recent credit card statement
 - Mortgage statement showing total amount of loan/s owed
 - If renting, a copy of your tenancy agreement
 - Confirmation of State Benefits
 - A covering letter explaining the current situation and how it has arisen
 - A supporting letter from a member of the NZMA, if the application is not from an NZMA member or family of an NZMA member.

4. Once received, applications will be considered by the Benevolent Fund Board Subcommittee. This process can take up to four weeks. We will contact you once an outcome has been reached.

5. If you have any questions about this application, please phone Robyn Fell on 0800 65 61 61 or (04) 472 4741 or email robyn@nzma.org.nz.

NEW ZEALAND MEDICAL BENEVOLENT FUND APPLICATION

Date of Application:

Name of person for whom assistance is requested:

.....
(Surname) (Given names)

APPLICANT INFORMATION

1. Personal and Contact Information

Date of Birth.....

Address

.....

Home telephone

Mobile telephone.....

Email.....

2. Please list names and dates of birth of any dependants:

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.....

3. Are you living with a spouse/partner?

Yes No

4. Reason for request for financial assistance (this may be expanded in the covering letter):

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5. Please state what kind of assistance is required:

e.g. is it ongoing assistance or towards specific expenditure?

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6. Accountant's name and contact details:

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7. Lawyer's name and contact details:

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.....

PERSONAL FINANCIAL DETAILS

1. INCOME

Please complete the attached INCOME SUMMARY.

2. ASSETS

Please complete the attached ASSET SUMMARY as well as the questions below.

Accommodation

Do you own your own house? Yes No

What is the current resale value of your home?

Do you have a mortgage? Yes No

If so, capital sum outstanding

Annual Repayment

If renting, please give tenancy details:

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.....

Vehicle/s

Total insured value.....

Vehicle 1 value

Vehicle 2 value

Holiday Home/Timeshare

Do you have a holiday home or timeshare? Yes No

Value

Area

Other

Do you have any other assets? Yes No

If Yes, please provide details on the attached ASSET SUMMARY.

Are there any other funds e.g. insurance policies, family trusts, children’s trust funds which are or may become available? Yes No

If Yes, please provide details on the attached ASSET SUMMARY.

3. DEBTS

Do you owe any money? e.g. bank loans, personal loans, credit cards, hire purchases, etc

Yes No

How much is owed?

To whom is it owed?

Do you have an overdraft? Yes No

If so, for what sum?

4. ANNUAL AND ANTICIPATED EXPENSES

Please complete the attached ANNUAL EXPENSES as well as the questions below.

Are there any expenses (capital or ongoing) which you expect to arise in the foreseeable future?

Yes No

If Yes, what are the expenses and how much are they likely to be? Please provide details:

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.....

Are any of the income or expenditure figures given on the attached sheets likely to increase or decrease substantially within the next six months? Yes No

If Yes, please provide details:

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Do you make regular donations to bodies such as Churches, Societies, etc? Yes No

If Yes, please provide details:

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.....

OTHER APPLICATIONS

Have you applied to any other charities for similar assistance? Yes No

If Yes, when?.....

Which charities?.....

With what result?

Are you in agreement for us to liaise with them if necessary? Yes No

REFERENCES

Please give the names and contact details (including email addresses) of three referees who we may contact for further details regarding your situation and application. **Please note: one must be your medical practitioner.**

Reference 1:

Reference 2:

Reference 3:

ADDITIONAL INFORMATION

If there is anything else that has not been covered on this application that you feel we should know, please provide details on another sheet.

CHECKLIST — HAVE YOU INCLUDED THE FOLLOWING DOCUMENTS:

- The last three months bank statements for all accounts held, including Building Societies
- Your most recent credit card statement
- Mortgage statement showing total amount of loan/s owed
- If renting, a copy of your tenancy agreement
- Confirmation of State Benefits
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PLEASE READ BEFORE SIGNING THE APPLICATION

Pursuant to the Privacy Act 1993 we advise that the application collects personal Information about you and is being collected to determine your requirement for financial assistance. The intended recipient of the information is New Zealand Medical Association. The information is treated with strict confidence. You have the right to access and correct this personal information to the extent that it is not evaluation material pursuant Section 29(1)(b) 1993.

DECLARATION BY APPLICANT APPLYING FOR FINANCIAL ASSISTANCE

I declare that the particulars given on this form and the accompanying income and expenditure statements are a true statement of my circumstances and I give my consent to the information provided being held and used for the purposes described above.

Signature of applicant.....

Date.....

Please return your completed application to:

New Zealand Medical Benevolent Fund
New Zealand Medical Association
PO Box 156
Wellington 6140

Alternatively you may scan and email all documents to:
robyn@nzma.org.nz

ANNUAL INCOME

DESCRIPTION	SELF	SPOUSE/ PARTNER	OFFICE USE
Salary			
Government Superannuation			
Private Superannuation			
Dividend Income			
Interest Income (please state source)			
Income from rental property			
Child support received			
Benefit Agency income e.g. WINZ			
Trust income			
Sale of Assets			
From relatives			
Any other income? Please give details:			

ANNUAL EXPENSES

DESCRIPTION	AMOUNT	OFFICE USE
Rent		
Mortgage repayments		
Overdraft charges/Interest		
HP or personal loan repayments		
Rates		
House repairs and maintenance		
House Insurance		
Contents Insurance		
Life Insurance		
Health Insurance		
Vehicle Insurance		
Electricity and gas		
Phone (landline and mobile) and internet		
Food		
Clothing		
School fees and/or tuition fees		
Allowance(s) paid to dependents		
Childcare		
Travel (bus, trains, car etc)		
Car Expenses (maintenance, registration, petrol, etc)		
Entertainment		
Medical Fees		
Dentist Fees		
Credit card interest payments		
Donations		
Any other expenses? Please give details below:		