

GP information pack

KiwiSaver significant financial hardship withdrawal - medical evidence for weight loss (bariatric) surgery

Prepared by &NewMe patient coordination. Generic version, checked 7 October 2026. &NewMe is not a financial adviser. Your KiwiSaver provider and its supervisor (trustee) decide every application.

Part 1 - For you (the patient)

Most KiwiSaver providers ask for medical evidence from a doctor who knows you. Your New Zealand GP is usually the right person. This pack makes that appointment easier for you and your GP.

What to do

- 1 Book a standard GP appointment and say you need a medical letter for a KiwiSaver significant financial hardship withdrawal.
- 2 Bring this pack, your written quote and any letter from your treating surgeon.
- 3 Show your GP Part 2 (summary) and Part 3 (letter template). Your GP writes the letter on their own letterhead, in their own words, from your medical records. They can change or remove anything.
- 4 Check the letter is dated, signed (and stamped if the practice has a stamp), in your full legal name and no older than 30 days when you submit. Some providers ask for documents dated within the last 30 days and a quote no older than 60 days.
- 5 Send everything to your provider together (one email or one envelope) using your provider's KiwiSaver hardship withdrawal form - not your bank's loan-hardship form.

The four points providers ask about

One trustee asked a treating doctor to cover these four points. They are the strictest version we have seen, so a letter that covers them should also suit other providers:

- 1 Your medical condition, how severe it is and how it affects you.
- 2 Why weight loss surgery is needed to treat or manage it.
- 3 Whether publicly funded treatment is available to you, and how long the wait would be.
- 4 That the doctor has an established clinical relationship with you.

Points 3 and 4 can only come from your New Zealand GP. If your application also includes dental treatment, add the dentist's treatment plan or supporting letter.

If your GP is unsure

- Ask them to confirm only the medical facts they can see in your records (BMI, conditions, treatments tried, public-system eligibility). A factual letter is still useful.
- Your GP is not asked to endorse a hospital or surgeon overseas.
- You can ask another GP at your practice, or a specialist who already treats you (for example for diabetes or sleep apnoea).
- Ask your provider exactly what medical evidence it will accept.

Please be accurate. Everything in your application must be true - the amount in your quote must be the real price of your treatment. Your provider's trustee may contact the company named on your quote/invoice (your agency or hospital) to check your quote, your surgery date and the amount still owed.

Part 2 - For the GP: summary

Dear Doctor,

Your patient is applying to their KiwiSaver provider for a **significant financial hardship** withdrawal to meet the cost of medical treatment (KiwiSaver Act 2006, Schedule 1, clause 11(1)(d)). The planned treatment is weight loss (bariatric) surgery at an accredited hospital in Istanbul, Türkiye, arranged through &NewMe. The industry's serious-illness guidelines (Financial Services Council, 2023) say bariatric surgery should ordinarily be considered under significant financial hardship rather than serious illness.

The provider's supervisor (trustee) may require medical matters to be verified by medical evidence. We are asking for a short letter, from your records and in your own words. A template is in Part 3; please adapt or rewrite it as you see fit.

Patient and planned treatment (patient to fill in)

Patient full name	
Date of birth	
Height / weight / BMI	
Planned procedure	e.g. laparoscopic sleeve gastrectomy
Treating surgeon and hospital	
KiwiSaver provider and member / reference number	

Clinical context

- NICE (CG189) recommends considering bariatric surgery for adults with BMI 40 or more, or 35-40 with a significant condition that could improve with weight loss, when other measures have not achieved or maintained enough weight loss.
- The 2022 ASMBS/IFSO guidelines recommend metabolic and bariatric surgery for BMI 35 or more, and suggest considering it from BMI 30 with metabolic disease.
- Publicly funded bariatric surgery in New Zealand is limited and criteria vary by region - only you can say what applies to this patient.

What we are not asking

- We are not asking you to recommend a specific surgeon, hospital or country.
- We are not asking you to state anything you cannot verify. Your clinical opinion is yours.
- The surgeon assesses suitability for surgery separately before any operation.

Thank you for your time. The patient's coordinator can send the surgeon's details, the hospital and the aftercare plan on request.

Part 3 - Template letter for the GP

A starting point only. Please move it onto your practice letterhead and edit freely. Fill in or delete everything in [square brackets].

[Date - within 30 days of submission]

To whom it may concern

[KiwiSaver provider name]

KiwiSaver - significant financial hardship withdrawal

Re: [Patient full name], date of birth [DD/MM/YYYY] - member / reference number [if known]

I am writing in support of my patient's application for a significant financial hardship withdrawal to meet the cost of medical treatment (weight loss surgery). This letter covers the points below.

1. Medical condition, severity and impact

[Patient] has a height of [] cm and a weight of [] kg, a body mass index of [] kg/m². [Conditions you have diagnosed or managed, for example type 2 diabetes or prediabetes, hypertension, obstructive sleep apnoea, joint pain or reduced mobility, fatty liver disease, PCOS, mental-health impact.] [How these affect daily life and work.]

2. Why weight loss surgery is needed

[Previous attempts, for example dietitian-led programmes, medication, structured lifestyle programmes, and their results.] [Your clinical opinion, for example: In my clinical opinion, bariatric surgery is medically indicated / would be an appropriate treatment for [Patient]'s condition, and delay is likely to allow [conditions] to progress.]

3. Availability of publicly funded treatment

[Whether [Patient] meets the regional criteria for publicly funded bariatric surgery, whether a referral has been made or declined, and the expected wait if known.]

4. Clinical relationship

I confirm that I have been [Patient]'s GP since [year / approximate duration] and am familiar with [his/her/their] medical history.

Please contact me if you need further information.

Yours faithfully,

[Name], [qualifications]

[Practice name and address]

[Phone / email]

Medical Council of New Zealand registration number []

[Signature and practice stamp]

Checklist before sending: on letterhead - dated within 30 days - signed (and stamped) - patient's full legal name - all brackets filled in or removed.