

# Hon Casey Costello

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Minister of Customs  
Minister for Seniors  
Associate Minister of Health  
Associate Minister of Immigration  
Associate Minister of Police



3 MAR 2026

Ms Erin James  
s9(2)(a)

Dear Erin

## Appointment as Aged Care Commissioner

Thank you for your willingness to serve as the Aged Care Commissioner.

I am pleased to inform you that the Governor-General has appointed you as Aged Care Commissioner, pursuant to section 9(1) of the Health and Disability Commissioner Act 1994 and section 28(1)(b) of the Crown Entities Act 2004, for a five-year term of office commencing on 7 April 2026 and ending on 6 April 2031.

The terms of reference for your appointment is enclosed. Your fees will be set annually by the Remuneration Authority.

Please formally acknowledge your appointment by signing the attached memorandum and email it to [appointments@health.govt.nz](mailto:appointments@health.govt.nz).

Thank you again and congratulations on your appointment.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'C. Costello', with a long horizontal stroke extending to the right.

Hon Casey Costello  
For **Minister of Health**

Encl: Appointment Memorandum  
Terms of Reference

Cc Statutory Appointments and Integrity Services, Ministry of Health,  
[appointments@health.govt.nz](mailto:appointments@health.govt.nz)

## MEMORANDUM

To: Stasha Mason  
Manager  
Statutory Appointments and Integrity Services  
Ministry of Health

Email: [appointments@health.govt.nz](mailto:appointments@health.govt.nz)

Subject: **Appointment as Aged Care Commissioner**

From: Erin James

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1. I acknowledge my appointment as Aged Care Disability Commissioner pursuant to section 9(1) of the Health and Disability Commissioner Act 1994 and section 28(1)(b) of the Crown Entities Act 2004, for a five-year term of office commencing on 7 April 2026 and ending on 6 April 2031.
2. I have read, understand and accept the terms and conditions of my appointment and note that my remuneration will be set by the Remuneration Authority.

Signed \_\_\_\_\_

Date \_\_\_\_\_