

INTERNATIONAL STUDENT INBOUND INSURANCE APPLICATION FORM



Education Services Waikato Limited, Insurance Brokers

IMPORTANT:

Please return this form with your signed Offer of Acceptance to the *Student Enrolment & Information Centre of Wintec.*

PERSONAL DETAILS

- When were you born?
- Gender Male Female
- What is your full legal name?
First Name(s)
Family Name
- Wintec Student ID Number
- Country of Origin

INSURANCE DATE

Start Date

End Date

If you are an international student entering New Zealand on a student visa insurance must cover you from the day you leave your home country to the expiry date of your visa plus one week. If an Annual Premium of \$530.00 is paid together with your tuition fees, the Medical and Health Insurance policy will automatically commence the minute the student leaves home to go to the airport on their way to New Zealand. There may be a small balance to pay to extend the policy to the expiry date of your visa plus one week.

CONTACT DETAILS

- New Zealand address (if available)
- Email address
- Mobile phone number

ADDITIONAL PREMIUM FOR SPECIFIED ITEMS?

Maximum item value \$15,000 to a total of \$30,000.

Specify only items over \$2,500 per item
Multiply specified item total x 0.015.

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|----------------------------|----------------------|-------|-------------------------|
| 1. | <input type="text"/> | Value | \$ <input type="text"/> |
| 2. | <input type="text"/> | Value | \$ <input type="text"/> |
| Specified Items Total Cost | | | \$ <input type="text"/> |

MEDICAL CERTIFICATE

1. Have you been hospitalized in the last 6 months? Yes No
2. Do you suffer from a life threatening condition? Yes No
3. Have you suffered sickness or injury for which treatment, medication, or medical attention has been sought, given or recommended during the 3 months prior to this application? Yes No
4. Are you taking any current medication? Yes No
5. Have you been diagnosed with any condition that requires you to take medication? Yes No

If 'Yes' to any of these questions, please provide details:

DECLARATION

Please read carefully and sign:

1. You have not been refused Travel Insurance by any other company, nor are you insuring with the intention of receiving medical treatment or to claim for events which have already occurred.
2. You are not aware of any circumstances likely to lead to cancellation or curtailment of the trip. The underwriter is aware of all facts likely to affect the acceptance or conditions of this insurance. You will notify the underwriter of changes in circumstances or health occurring prior to your commencement date.
3. You confirm details have been correctly declared in this application form including the medical certificate incorporated in this document to be submitted for approval by the Underwriter.
4. You agree, in the event of illness or injury giving rise to claims under the medical section of the policy, to be medically evacuated to your country of origin, as applicable, at the underwriter's discretion.
5. You consent to information, including medical information being released by any person, hospital or institution to the underwriter, or Medical and Health Insurance Brokers Ltd in respect of any condition.
6. You authorize any claim to be paid to any named institution which has submitted claim details and requested payment to be made to them on your behalf.
7. You accept that failure to supply correct application and medical certificate details may affect the validity of the policy.
8. You have rights to access to and the correction of this information.
9. You understand that this policy does not cover any event which happens to you unless you, at the date of such event, are aged 70 years or under.

Signature

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Date

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