

**EDUCATION SERVICES WAIKATO LTD, INSURANCE BROKERS - INTERNATIONAL STUDENT / GRADUATE INSURANCE APPLICATION FORM**

**POLICYHOLDER DETAILS**

Mr  Ms   
Family Name.....  
First/Given Names.....  
Date of Birth (Day/Month/Year).....  
Home Country.....  
Education Institution.....  
Student ID.....  
Visa Type: Student  Visitor  Graduate   
Working Visa  Length of visa .....

**Other family to be insured**

Family name First/Given Names Date of birth  
.....  
.....  
.....

**Contact Details in New Zealand**

Address in NZ .....  
.....  
Telephone Number.....  
Cellphone/Mobile Number.....  
Personal email.....  
Institution email.....

**DETAILS OF INSURANCE COVER**

Type of Cover Individual  Family

Policy Start Date (Day/Month/Year).....

End Date (Day/Month/Year).....

Orbit Lite  Orbit Prime  Uni-Care

Southern Cross Essentials  SX Max

Standard Premium: (NZD).....

**Specified Items**

Description and current value of your specified items  
(only specify items over NZD2,500 for Orbit and Uni-  
Care and over NZD1,500 for Sthn Cross

.....  
.....

Specified items premium (NZD).....

**TOTAL PREMIUM (NZD).....**

**MEDICAL INFORMATION**

- 1. Are you, or any of the insured persons, suffering from a medical condition, illness or injury including sport-related injuries? Yes  No
- 2. Have you, or any of the insured persons, been hospitalised in the past 12 months? Yes  No
- 3. Are you, or any of the insured persons, currently taking any medication? Yes  No
- 4. Have any of the insured persons ever received treatment for any type of  
Heart ailment Yes  No   
Circulatory condition Yes  No   
Cancer Yes  No   
Back or spinal injuries Yes  No

***If you have answered yes to any of the questions above, you must write a full description of medical conditions and treatment/medication below.***

Please provide medical conditions details:

.....  
.....  
.....

Please provide details of your doctor or specialist:

Name.....  
Address.....  
.....  
Country.....  
Telephone..... Fax.....  
Email.....  
Date of your last visit to Dr/Specialist.....  
Your home phone number.....  
Your home / office fax .....

**DECLARATION (PLEASE READ CAREFULLY)**

- 1. I have not been refused travel insurance by any other company nor am I insuring with the intention of receiving medical treatment or to claim for events which have already occurred.
- 2. I am 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 of conditions of this insurance. I will notify the underwriter of changes in circumstances of health occurring prior to commencement date.
- 3. I confirm details have been correctly declared in this application form including the Medical Information

incorporated in this document to be submitted for approval by the underwriter.

4. I agree, in the event of illness or injury giving rise to claims under the medical section of the policy, to be medically evacuated to New Zealand or my Country of Origin, as applicable, at the underwriters discretion.

5. I consent to information, including medical information, being released by any person, hospital or institution to the underwriter or Education Services Waikato Limited, Insurance Brokers, or to the institutions I will study in, in respect of any condition.

6. I authorise any claim to be paid to any named institution which has submitted claim details and requested payment to be made on my behalf.

7. I accept that failure to supply correct details may affect the validity of the policy.

8. I have certain rights of access to and correction of this information.

**SIGNATURE.....DATE.....**

**METHOD OF PAYMENT**

***When making payments, include your name, date of birth and student ID***

**1. DIRECT CREDIT TO:**

Account name: Education Services Waikato Inscce Trust  
Account Number: 010311 0134882 00  
SWIFT CODE: ANZBNZ22  
ANZ Bank, Frankton, Hamilton, New Zealand

**2.. PAY BY CREDIT CARD**

Visa  Mastercard

Card No .....

Expiry Date.....

Bank card is drawn on.....

Home address.....

Home telephone number .....

**3. EFTPOS / CASH / CHEQUE**

**Fax application form to:-**

**Fax: + 64 7 839 5890 (NZ late evening is best time)**  
**Education Services Waikato Ltd, Insurance Brokers**  
**112C Lake Road, Hamilton, New Zealand**  
**Telephone + 64 7 839 5889 Mobile: + 64 21 268 4723**