

**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.....**

**PAYMENT****CREDIT CARD**

Visa ☐ Mastercard ☐

Card No .....

Expiry Date.....

Name of Bank card is drawn on.....

Home address.....

.....

Home telephone number .....

**Scan and email application form to**

**[lynettemuter@xtra.co.nz](mailto:lynettemuter@xtra.co.nz) or**

**Fax to + 64 7 849 5893 (NZ late evening is best time)**

**Education Services Waikato Ltd, Insurance Brokers  
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 3200, New Zealand**

**Telephone + 64 7 849 5889 Mobile: + 64 21 268 4723**