

/
Agent / Broker code

Application form

International Student travel insurance

Please complete this application form in English. If you need any assistance in completing this application form please call your designated agent or email info@scti.co.nz

Policyholder details

Mr Mrs Ms Miss Mx Family name *(As shown in passport)*First or given names *(As shown in passport)*Date of birth *(Day/Month/Year)* / /

Home country

Other family to be insured (if any)

Family name

(As shown in passport)

First/given name

(As shown in passport)

Date of birth

(Day/Month/Year)

/ /

/ /

/ /

/ /

Contact details in New Zealand

Address

Mobile

Email

Student ID number *(if known)*

School attending

Emergency contact/Guardian

Name

Phone

Email

Relationship

Visa details

Are you a permanent resident of NZ?

Yes No

Do you hold a current NZ student visa for the duration of the time you are studying in New Zealand (or a visitor visa if studying for no more than 3 months)?

Yes No

Cover type selected & period of insurance

Type of cover

Individual Family

Months

Start date* *(Day/Month/Year)* / /

**(The date of departure from your home country, or if you are in New Zealand the date you want cover to begin)*

Cover under section 2.1 of your policy commences on the date we issue your certificate of insurance. Cover under all other sections of the policy commences on your start date of journey or on the date you depart your home country, whichever is later.

Specified items

Do you wish to specify any items? Yes No

If you need to claim for the specified item(s), you must be able to provide:

- an original receipt dated within 12 months prior to the date you specified the item, as proof of ownership and value; or
- an original receipt as proof of ownership and a current valuation dated within 12 months prior to the date you specified the item as proof of value.

Description (including brand or make) and current value in NZ\$: _____

Specified item premium \$ _____

Premium

Premium \$ _____

Medical questions

To be completed by the policyholder or parent/guardian (if the applicant is under 18 years):

Pre-existing medical conditions are not automatically covered under your International Student policy. If you have any pre-existing medical conditions that you would like to seek cover for, please declare these now.

Pre-existing medical condition(s) that you do not want to seek cover for, or do not tell us about, will remain excluded under your policy.

What is a pre-existing medical condition?

For the purposes of the International Student policy, a 'pre-existing medical condition' is: in relation to each person named on your certificate of insurance, any medical or physical conditions (including congenital conditions, anomalies or defects but excluding congenital blindness and deafness), symptoms or circumstances which you are aware of, or a reasonable person in your circumstances ought to have been aware of:

- for which advice, care, treatment, medication or medical attention has been sought, given, or recommended; or
- for which you are awaiting test results or further investigation, specialist treatment or specialist consultation; or
- which have been diagnosed as a medical condition, or indicative of a medical condition; or
- which are of such a nature to require, or which potentially may require medical attention; or
- which are of such a nature as would have caused a prudent, reasonable person to seek medical attention; prior to your start date of insurance and regardless of whether or not a medical diagnosis has been made.

- which are not Covered Conditions; or
- which have been excluded during the application process; or
- for which You have chosen not to seek cover for, or do not tell Us about, at the time of completing Your application.

I have read and understood "What is a pre-existing medical condition?" above

Please carefully select an option below:

- I do not have any pre-existing medical conditions
(Select this option if you do not have any pre-existing medical conditions).
- I wish to apply for cover for my pre-existing medical condition(s)
(Select this option if you have any pre-existing medical condition(s) that you would like to apply for cover for).

To seek cover for your pre-existing medical conditions, please call us on 0800 784 691 (within New Zealand) or +64 9 979 6597 (outside New Zealand) within 31 days of purchasing your insurance to complete a medical assessment, and we will advise whether we can offer cover for your pre-existing medical condition(s).

I have a pre-existing medical condition(s) but do not want to apply for cover for it (Select this option if you do NOT want to apply for cover for your pre-existing medical condition(s), and accept that they will not be covered under this policy).

Declaration

You (the applicant or parent/guardian of an applicant aged under 18 years) declare and undertake to Southern Cross Benefits Limited (SCTI) that:

- You confirm that you meet the eligibility criteria set out in the policy wording and will continue to meet the criteria during the term of insurance.
- You are 18 years or older (or as the parent or guardian of the applicant, you accept the terms of this declaration on behalf of the applicant) and you are authorised by each person named as an insured person to complete the application process for the policy on their behalf, make changes or cancel the policy on their behalf, submit any claim under the policy on their behalf, providing such details as may be required by SCTI.
- You are authorised by the credit card holder to charge the credit card as the method of payment for the policy.
- Your policy contract is made up of the policy wording (a copy of which you acknowledge has been made available to you at www.internationalstudent.co.nz prior to making this declaration), certificate

of insurance and any endorsements to your certificate of insurance and any special terms and conditions in writing from us confirming any addition or variation of your policy. It is your responsibility to read and be familiar with the policy wording. You acknowledge that your policy contains conditions, limits and exclusions.

- If any information given to us is incomplete, false or inaccurate, SCTI may void or cancel your policy and refuse to pay any claim.
- You and any other persons to be insured under this policy will be travelling together.
- You will notify SCTI of any change of contact details and that it is your responsibility to ensure you renew your insurance without any lapse in cover.
- You authorise SCTI to collect and share personal information about you and the other persons to be covered in accordance with SCTI's privacy statement. You can access SCTI's privacy statement at www.scti.co.nz/privacy

Signature of policyholder

(or parent/guardian if policyholder is under 18 years of age)

Date / /

Financial strength rating

Southern Cross Benefits Limited has an A (Strong) financial strength rating given by Standard & Poor's (Australia) Pty Ltd.

The Rating Scale is:

AAA (Extremely Strong)	AA (Very Strong)	A (Strong)
BBB (Good)	BB (Marginal)	B (Weak)
CCC (Very Weak)	CC (Extremely Weak)	SD or D (Selective Default or Default)
R (Regulatory Supervision)	NR (Not Rated)	

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. Full details of the rating scale are available at www.standardandpoors.com. Standard and Poor's (Australia) Pty Ltd is an approved agency under the Insurance (Prudential Supervision) Act 2010.