Compulsory Travel & Medical Insurance

Application / Invoice

address 139 Carrington Rd, Mt Albert Auckland, New Zealand 1025 phone + 64 9 815 4302 web www.unitec.ac.nz



You must complete and return this form by email to insurance@unitec.ac.nz. Please email insurance@unitec.ac.nz with any queries. Sending queries to other addresses will delay our response.							
Policyholder details							
Family name (Asshown in passport)				New Zealand Contact Phone Number			
First or given names (Mr / Mrs / Ms / Miss)				Home country			
Date of birth (Day/Month/Year)				Student ID number			
Email				Doctor in Home Country (Name)			
Programme				(Phone) (City)			
Ur	nitec Group Insurance – South	ern Cross Inte	ernational Studen	t Tra	vel Insurance		
I understand that: My student Visa requires me to be insured for the entire period of time I spend in New Zealand.				If you are a new student arriving before the start date shown below please email insurance@unitec.ac.nz with your arrival air ticket so correct cover can be arranged.			
Ne	ew Student Southern Cross Tra	evel policy	Duration		Returning Student Souther	n Cross Travel poli	icy Duration
] 1 February 2022 - 31 July 2022	\$292.30	1 semester		1 April 2022 - 31 July 2022	\$195.18	1semester
] 1 February 2022 - 31 March 2023	\$681.73	2 semesters		1 April 2022 - 31 March 2023	\$585.53	2 semesters
are liable to pay the difference arising because of the change in insurance premium. Alternative Insurance Provider - Email insurance@unitec.ac.nz. Details must be supplied to Unite or at least 2 weeks prior to renewal date (current students). If not provided, Unitec will organise in About Pre-Existing Conditions Pre-existing conditions are not automatically covered under your International Student policy. If you have any pre-existing conditions that you would like to seek cover for please call SCT1 on 0800 784 691 (within New Zealand) or +64 9 979 6597 (outside New Zealand) within 31 days of purchasing your insurance to do a medical assessment, and SCTI will advise whether it can offer cover for your pre-existing condition(s). Pre-existing condition(s) that you do not want to seek cover for, or do not tell SCTI about, will remain excluded under your policy. What is a pre-existing condition? For the purposes of the International Student policy, a 'pre-existing 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: (a) for which advice, care, treatment, medication or medical attention has been sought, given, or recommended; or (b) for which you are awaiting test results or further investigation, specialist treatment or specialist consultation; or (c) which have been diagnosed as a medical condition, or indicative of a medical condition; or (d) which are of such a nature to require, or which potentially may require medical attention; or (e) 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.			
De	eclaration						
	(the applicant or parent/guardian of an applic lertake to Southern Cross Benefits Limited (Southern	CTI) that: ce with the policy we guardian of the appli plicant) and you are plete the application icy on their behalf, so as may be required by wording and certifice policy wording. You ions.	ording. icant, you accept the authorised by each in process for the policy on ubmit any claim under the by SCTI. cate of insurance. It is your u acknowledge that your	7. 8. 9.	family members or if you wish to apply for contact SCTI directly. You and any other insured person are not treatment and none of the people to be practitioner that they are not fit to trave. You and any other people to be insured. You will notify SCTI or Unitec of any char responsibility to ensure you renew your. You understand that the information the about you and the other persons covere in accordance with SCTI's privacy states www.scti.co.nz.	ot travelling with the intention insured have been advised. under this policy will be traverage of contact details and the insurance without any lapse at SCTI (and its representatied, or to be covered, under the insurance without any lapse at SCTI (and its representatied).	n of receiving medical by a registered medical elling together. at it is your e in cover. ives) collects or holds the policy will be used
	that if any information is not complete, true or refuse any claim(s) that you make.	or accurate, SCTIma	ay cancei your policy and	11.	You understand that section 67C of the a life insurance policy, in respect of the control of the		

Signed: Date signed:

 $person\,other\,than\,the\,parents\,or\,guardians\,of\,the\,minor, or\,one\,of\,them, or\,certain\,other$

 $12. \quad You acknowledge a copy of the SCTI Policy Wording has been made available to you at \\$

persons specified in section 67 of the

www.scti.co.nz/international-student/policy-cover/

Life Insurance Act 1908.

apply for cover for any Pre-existing medical conditions.

You understand that Pre-existing medical conditions are not automatically covered by the

policy and you must contact SCTI within 31 days of the policy being issued if you wish to

You understand that cover is for you alone and that cover for personal items is limited under the insurance policy (please refer to the policy wording). If you wish to add direct