

Compulsory Travel & Medical Insurance Application / Invoice

mail Private Bag 92025, Auckland address Carrington Rd, Mt Albert Auckland, New Zealand
phone + 64 9 815 4321 fax 64 9 815 4301 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 <i>(As shown in passport)</i>	New Zealand Contact Phone Number
First or given names <i>(Mr / Mrs / Ms / Miss)</i>	Home country
Date of birth <i>(Day/Month/Year)</i>	Student ID number
Email	Doctor in Home Country <i>(Name)</i>
Programme	<i>(Phone)</i> <i>(City)</i>

Unitec- SCTI International Student Travel Insurance

I understand that as an international student I am required to hold appropriate insurance for the entire period of enrollment of my short course at Unitec.

SCTI International Student Travel Insurance	Premium	Duration
Short Course (4 Weeks)	\$64.75	1 Month

Insurance is placed relevant to enrollment. Premium quoted are correct at the time of issue of the offer but may change when the actual policy is issued at the beginning of the course. Students 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 Unitec International Insurance at least 1 week prior to the start date of the short course. If not provided by the cut off date, Unitec will organise insurance and charge to your account.

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 SCTI 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 or pre-existing medical condition?

For the purposes of the International Student policy, a 'pre-existing condition' or 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.

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.
- Your policy contract is made up of the policy wording and certificate of insurance. 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 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 apply for cover for any Pre-existing medical conditions.
- 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 family members or if you wish to apply for additional cover for specified items, you must contact SCTI directly.
- You and any other insured person are not travelling with the intention of receiving medical treatment and none of the people to be insured have been advised by a registered medical practitioner that they are not fit to travel.
- You and any other people to be insured under this policy will be travelling together.
- You will notify SCTI or Unitec of any change of contact details and that it is your responsibility to ensure you renew your insurance without any lapse in cover.
- You understand that the information that SCTI (and its representatives) collects or holds about you and the other persons covered, or to be covered, under the policy will be used in accordance with SCTI's privacy statement. You can access SCTI's privacy statement at www.scti.co.nz.
- You acknowledge a copy of the SCTI Policy Wording has been made available to you at www.scti.co.nz/international-student/policy-cover/

Signed: _____

(Applicant or parent/ guardian if aged under 18 years)

Date signed: _____