

## Application/Invoice

address 139 Carrington Rd, Mt Albert Auckland, New Zealand 1025

phone +6498154302

web www.unitec.ac.nz

You must complete and return this form by email to [insurance@unitec.ac.nz](mailto:insurance@unitec.ac.nz).Please email [insurance@unitec.ac.nz](mailto:insurance@unitec.ac.nz) with any queries. Sending queries to other addresses will delay our response.

## Policyholder details

Family name (As shown in passport)	<input type="text"/>	New Zealand Contact Phone Number	<input type="text"/>
First or given names (Mr / Mrs / Ms / Miss)	<input type="text"/>	Home country	<input type="text"/>
Date of birth (Day/Month/Year)	<input type="text"/>	Student ID number	<input type="text"/>
Email	<input type="text"/>	Doctor in Home Country (Name)	<input type="text"/>
Programme	<input type="text"/>	(Phone)	<input type="text"/>
		(City)	<input type="text"/>

## Unitec Group Insurance – Southern Cross International Student Travel 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](mailto:insurance@unitec.ac.nz) with your arrival air ticket so correct cover can be arranged.

## New Student Southern Cross Travel Policy

## Duration

- |                          |                                  |          |             |
|--------------------------|----------------------------------|----------|-------------|
| <input type="checkbox"/> | 1 September 2023 - 31 March 2024 | \$341.33 | 1 Semester  |
| <input type="checkbox"/> | 1 September 2023 - 31 July 2024  | \$535.58 | 2 Semesters |

Insurance is placed relevant to enrollment. Premiums 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 semester. Students are liable to pay the difference arising because of the change in insurance premium.

Alternative Insurance Provider - Email [insurance@unitec.ac.nz](mailto:insurance@unitec.ac.nz). Details must be supplied to Unitec International Insurance by the first day of the month your programme commences (new students) or at least 2 weeks prior to renewal date (current students). If not provided, 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?

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:

- 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.

## 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 are eligible to buy the policy in accordance with the policy wording.
- 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.
- All information that you have given is complete, true and accurate and you understand that if any information is not complete, true or accurate, SCTI may cancel your policy and refuse any claim(s) that you make.
- 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](http://www.scti.co.nz).
- You understand that section 67C of the Life Insurance Act 1908 prohibits payment, under a life insurance policy, in respect of the death of a minor under the age of 16 years, to any person other than the parents or guardians of the minor, or one of them, or certain other persons specified in section 67 of the Life Insurance Act 1908.
- You acknowledge a copy of the SCTI Policy Wording has been made available to you at [www.scti.co.nz/international-student/policy-cover/](http://www.scti.co.nz/international-student/policy-cover/)

Signed: 

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

Dated signed: