

# International Student travel insurance Application Form



Southern Cross  
Travel Insurance  
scti.co.nz

If you need any assistance in completing this application form please call your designated agent or email [student@scti.co.nz](mailto:student@scti.co.nz)

Agent / Broker code

## Policyholder details

Mr  Mrs  Ms  Miss

Family name *(As shown in passport)*

First or given names

Date of birth *(Day/Month/Year)*

Home country

Student ID number *(If known)*

## 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 three months)?

Yes  No

## Contact details in New Zealand

Address

Home phone

Daytime phone

Mobile

Email address

Name of school/educational institution attending in NZ

## Other family to be insured (if any)

| Family name | First/given name | Date of birth |
|-------------|------------------|---------------|
|             |                  | / /           |
|             |                  | / /           |
|             |                  | / /           |
|             |                  | / /           |
|             |                  | / /           |
|             |                  | / /           |
|             |                  | / /           |

## Cover 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.

## Premium

Premium \$

## Specified items

Please refer to "Extra protection for high value items" in this sales brochure.

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 \$

## Method of payment

Total premium \$

MasterCard  Visa  Diners Club  Amex

Credit card holder's name

Credit card number

Expiry date *(Month/Year)*

*(Please turn over to complete medical questions)*

If you need any assistance in completing this application form please call your designated agent or email [info@scti.co.nz](mailto:info@scti.co.nz)

## Medical questions

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

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 declare these now.

**Pre-existing 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 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.

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

Please carefully select an option below:

I do not have any pre-existing conditions  
(Select this option if you do not have any pre-existing conditions)

I wish to apply for cover for my pre-existing condition(s)  
(Select this option if you have any pre-existing condition(s) that you would like to apply for cover for).

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 do a medical assessment and we will advise whether we can offer cover for your pre-existing condition(s).

I have a pre-existing 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 condition(s), and accept that they will not be covered under this policy).

## Emergency contact/Guardian

Name \_\_\_\_\_

Phone \_\_\_\_\_

## 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; and
  - comply with any request to provide information to SCTI on their behalf and ensure that such information is true and correct.
- 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](http://www.internationalstudent.co.nz) prior to making this declaration) 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 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 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 our privacy statement. You can access our 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.

## Signature of policyholder

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

Policyholder's Signature \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_