Family member application form

Studentsafe
Medical & Travel Insurance

This Studentsafe insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Partners and is underwritten by Allianz Australia Insurance Limited trading as Allianz New Zealand.

- Please complete this information in full.
- This form needs to be completed with your family's details at the start of your course of study. Unless otherwise agreed, family members are covered for the same period of insurance as the student.
- Please complete a new form each time you purchase additional periods of cover.
- You will need to contact and advise us if any changes are required to your family's details.
- Please pay the required family premium, to your student enrolment office to ensure that your family are covered by the insurance.
- Provide the form to the International Student Office at your University / Technical Institute.
- When completing this application form you will be asked to answer a number of questions. It is important that your answers are correct and complete as they may have an effect on the acceptance of this insurance or any claims you may make in the future. All personal information is obtained in accordance with the Privacy Act.

Student details

Student's name		
Surname/Family name	First name	Middle name

Date of birth / /	Gender ☐ Male ☐ Female
day month year	

Country of origin	Student Type ☐ Returning ☐ Full Year ☐ Part Year

Postal address

Student's postal address

Email Address

University / Technical Institute	Student ID number
Course Start Date / /	Course End Date / /	Visa Expiry Date / /

Family members to be insured

Family means you and / or your Spouse and your financially dependent children and legal wards 18 years of age and under who remain in your full custody and control. It does not include other family members such as parents, grandparents, aunts or uncles. For family members aged 60 years or above, a medical risk assessment form must be completed and we must provide written acceptance of your application for insurance before any cover can be provided under this policy.

Family name (as shown in passport) | First or given names

Date of birth / /	Relationship to student
day month year	

Type of visa/permit held?   ☐ Visitor   ☐ Study   ☐ Work   ☐ Student

Family name (as shown in passport) | First or given names

Date of birth / /	Relationship to student
day month year	

Type of visa/permit held?   ☐ Visitor   ☐ Study   ☐ Work   ☐ Student

Family name (as shown in passport) | First or given names

Date of birth / /	Relationship to student
day month year	

Type of visa/permit held?   ☐ Visitor   ☐ Study   ☐ Work   ☐ Student

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Family members continued

Family name (as shown in passport)

First or given names

Date of birth   /   /

day   month   year

Relationship to student

Type of visa/permit held? ☐ Visitor ☐ Study ☐ Work ☐ Student

Family name (as shown in passport)

First or given names

Date of birth   /   /

day   month   year

Relationship to student

Type of visa/permit held? ☐ Visitor ☐ Study ☐ Work ☐ Student

Family name (as shown in passport)

First or given names

Date of birth   /   /

day   month   year

Relationship to student

Type of visa/permit held? ☐ Visitor ☐ Study ☐ Work ☐ Student

Family name (as shown in passport)

First or given names

Date of birth   /   /

day   month   year

Relationship to student

Type of visa/permit held? ☐ Visitor ☐ Study ☐ Work ☐ Student

Please note: No pre-existing medical conditions are covered unless they are accepted by us. If you or any family members require cover you can apply to us by completing a medical risk assessment form.

Student Declaration

Duty of Disclosure

When you apply for insurance, you have a duty at law, to disclose to us all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information you may need to disclose include:
- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether any particular piece of information needs to be disclosed, this should be referred to us.

If you fail to comply with your duty of disclosure it may result in:
- your policy being void retrospectively;
- your policy being cancelled; or
- the amount we pay if you make a claim being reduced.

I hereby declare:

To the best of my/our knowledge all the statements in this form are correct.

I have not withheld any information material to this application.

I understand that:
- the personal information provided in this form is being collected by Allianz Partners to enable it to evaluate my/our application;
- I have certain rights of access to and correction of the personal information provided by me/us on this form or in support of any claim, but if I do provide any incorrect information, Allianz Partners may be entitled to decline any claim.

I authorise Allianz Partners or its agents to:
- obtain personal information about me from any other party and to release that information to other parties if requested;
- obtain information from the Insurance Claims Register (ICR Ltd), which holds details of claims made by me/us under policies with other insurers that is in their view relevant to this application;
- place details of any claim made on the database of ICR Ltd where it will be retained and be available to other insurance companies to inspect.

Signature

Date   /   /

The University / Technical Institute must complete this section before sending this application form to Allianz Partners.

University / Technical Institute Office use only:

Period of insurance

Start date   /   /

End date   /   /

Family Premium paid ☐ Yes ☐ No

$

Number of family members

Total Paid

$

Staff name

Signature

Date   /   /