

Studentsafe – Family member application form



- Please complete this information in full.
- Please return form to your Educational Institution
- When completing this application 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.



General

Under what policy are you making this application?

- UNIVERSITY INTERNATIONAL
 KIWI VISITSAFE-EXPRESS
 TECH OTHER _____
(please specify)



Student details

Student's name		Surname/Family name		First name		Middle name	
Date of birth		day	month	year		Gender <input type="radio"/> Male <input type="radio"/> Female	
Country of origin							
Postal address							
Student's postal address							
Educational body				Student ID number			



Other family members to be insured

Family can include the following relationships: married couples, partners, defacto and children 18 years or under living with you. It does not include other family members such as parents, grandparents, aunts or uncles.

Family name (as shown in passport)				First or given names			
Date of birth				Relationship to student			
Type of visa/permit held?				<input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student			
Family name (as shown in passport)				First or given names			
Date of birth				Relationship to student			
Type of visa/permit held?				<input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student			
Family name (as shown in passport)				First or given names			
Date of birth				Relationship to student			
Type of visa/permit held?				<input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student			



Other family members continued

Family name (as shown in passport) <input type="text"/>	First or given names <input type="text"/>
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>	Relationship to student <input type="text"/>
Type of visa/permit held? <input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student	
Family name (as shown in passport) <input type="text"/>	First or given names <input type="text"/>
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Type of visa/permit held? <input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student	

Please note: No Pre-existing conditions of health are covered unless you are accepted by us. If you or any family member requires cover you can apply to us by completing a medical assessment form.

Family Excess Waiver Option

An excess of \$75.00 per claim applies to each family member under **Section 1 Medical and Related Expenses**. For an additional premium this excess can be waived. Note: This option can only be taken for all family members and not for selected family members.

Additional premium per person for:

One Semester or part year \$75.00
Two semesters or full year \$150.00

Family excess waiver selected Yes No

Additional Premium Amount: \$



Declaration

I declare that the details given in this application are true and I agree that I will pay the family premium and accept the insurance with any special conditions as advised by Vero insurance New Zealand Limited.

Signature / /
Date



Office use only:

Family Premium paid Yes No \$

Number of Family members'

Family excess waiver paid Yes No \$

Total paid \$

Staff Name Signature / /
Date