

OrbitProtect Student Medical / Travel Insurance

Application Form

P. O. Box 2011 Christchurch, New Zealand

Please complete this form in English

Section 1 - Applicant Details	$Mr \square Mrs \square Ms \square Miss \square \checkmark$ (Please tick one of the boxes)
Family Name: (As shown in passport)	First or Given Names:
Date of Birth: (dd/mm/yyyy)	Home Country:
Passport No:	Contact Phone Number: (country/area/number)
E-mail Address:	Name of School you are attending: IPC Tertiary Institute
Benefit Cover Option (please tick the box below)	
□ Student Prime with IPC Clinic and selected pharmacies direct billing to OrbitProtect	
Period of Insurance	
Start Date:/ (dd/mm/yyyy) (The date you depart from your home country, or if you are in New Zealand the date you want cover to start.)	End Date:/ (dd/mm/yyyy) (The date you arrive in your home country after the completion of your study in New Zealand.)
Section 2 - Medical Conditions	
1. Are you currently suffering from a medical condition, illness	s or injury? Yes \(\Boxed{\sigma} \) No \(\Boxed{\sigma}
2. Have you been admitted to hospital in the past 12 months?	Yes □ No □
3. Are you currently taking any medication?	Yes □ No □
 4. Have you ever received treatment for any type of: Heart Ailment Circulatory conditions Cancer, or Back or spinal problems If you have answered yes to any of the questions above, please 1. Please describe your medical condition: 	Yes
2. What medication or treatment has been prescribed to treat your medical condition?	
3. What date did you last visit your doctor?	4. What is your doctor's name and address?
Section 3 - Specified Items (Complete this section only if you wish to specify items to be insured) Your Prime plan automatically covers your property up to NZ\$3,000 per item, pairs or sets of items and up to a total value of NZ\$10,000. If you have an item which is over the value of NZ\$3,000 and wish to insure the item please provide brand and model details and note the replacement value in NZ\$. The additional premium you need to pay is 2% of the total value of items specified.	
1: NZ\$ 2	:: NZ\$
Signature of Applicant or Parent/Guardian	
Sign Print Name	Date
When you have completed this form: • Simply return the form to IPC Tertiary Institute.	

• If you have completed section 2 or 3 of this form we will contact you in writing to advise whether or not we are able to cover your existing medical conditions or specified items.

Your insurance policy is not valid until the premium is paid in full.

To view our policy wordings or find out more about OrbitProtect please visit www.orbitprotect.com





COMPANY: OrbitProtect Ltd (Email: service@orbitprotect.com, Phone: +64 3 434 8151) TYPE OF COVER: Student Prime with IPC Health Clinic and selected pharmacies direct billing to OrbitProtect Note: Under this cover you may see a doctor of IPC Health Clinic and obtain prescribed and some non-prescribed medicine at designated pharmacies with no payment as they make a claim directly with OrbitProtect on your behalf. STUDENT DETAILS: **FAMILY NAME:** FIRST NAME: NATIONALITY: **EMAIL ADDRESS:** Note: The date of your departure for New Zealand will be when your insurance cover takes effect for 12 months upon payment of a premium of NZ\$454.00. For those who enrol for a period of less than 12 months, the insurance period will be shorter. AGREEMENT: i. I acknowledge that I will be insured with and charged for IPC's default policy for international students following the completion of my application form. ii. I understand that my insurance as above will start on the day when I commence my travel to IPC. I agree that for this purpose I need to supply my travel itinerary to IPC as soon as I have made travel arrangements. iii. I have read and understood the details of the default insurance policy and its cancellation policy. (Note: Please turn over or refer to page 2 for details) iv. I understand that I have an option of arranging an international student insurance policy of my choice and that if I do so, I need to supply a copy of the insurance certificate to IPC before I make payment of tuition fees. v. I understand that I need to communicate directly with the insurance company, not with IPC, regarding any future claims or enquiries. SIGNATURE OF STUDENT: DATE OF SIGNATURE: ______/ (Day / Month / Year) <OFFICE USE ONLY> Student ID Number: Amount of insurance premium received: NZ\$ Received by:___ Receipt Number:

Insurance Application Form checked and emailed by: