

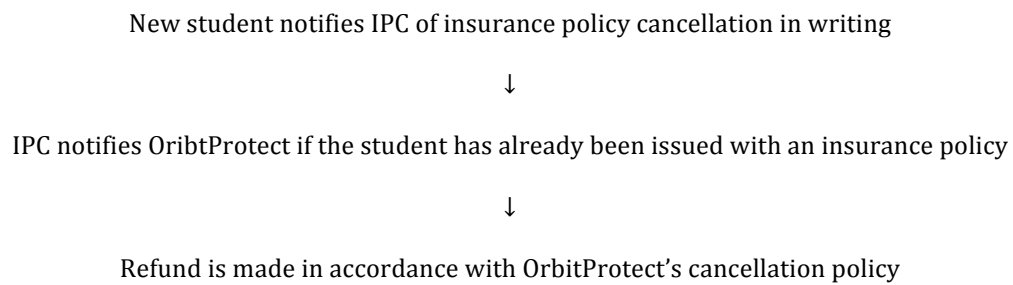
**Procedure of application for the default insurance policy**

- 1) New student fills out and sends an application form and agreement form to [AReg@ipc.ac.nz](mailto:AReg@ipc.ac.nz).
- 2) Once accepted for admission, the student pays the insurance premium with tuition fees.
- 3) **The student supplies an itinerary to IPC.** IPC adds the start and end dates to the application form based on the itinerary.
- 4) IPC emails the application form to the insurance company (service@orbitprotect.com).
- 5) An insurance policy is issued and emailed to IPC and the student at the same time.

**Details of the default policy**

Refer to the enclosed insurance brochure, or go to <http://www.orbitprotect.com/insurance-products/international-student-insurance/policy-wordings/>

**Cancellation procedure before the student's departure**



**Cancellation Policy**

Below is an excerpt from Policy Wording of the insurance company.

*Policy Wording 9.1 How can you cancel this policy?:*

*You can cancel this policy at any time by giving us notice, as explained under "Giving Notice". **Upon cancellation of this policy by you, we will retain the proportion of the premium for the period the policy was in force and refund any unused premium less a charge, being 15% of the original table premium and any administration or documentation fee, retained for administration.***

*Policy Wording 9.3 Giving notice:*

*a. If you give notice to us:*

*Any notice about this policy that you give to us must be:*

- *in writing, and*
- *delivered or posted to us.*



## STUDENT INSURANCE AGREEMENT FORM

COMPANY: **OrbitProtect Ltd (Email: [service@orbitprotect.com](mailto: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:

**FIRST NAME:** \_\_\_\_\_ **FAMILY 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**)

\*\*\*\*\*

**IPC staff to complete**

<OFFICE USE ONLY>

**Student ID Number:** \_\_\_\_\_

**Amount of insurance premium received: NZ\$** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_

**Insurance Application Form checked and emailed by:** \_\_\_\_\_