

If you require any assistance in completing this application form please call our OrbitProtect customer services on 0800 478 833 (within New Zealand) or +64 3 434 8151 reverse charge (from overseas).

Section 1 - Applicants Details	
Family Name <i>(As shown in passport)</i>	Given Names:
Date of Birth <i>(Day/Month/Year)</i> :	Country of Origin:
Email: <i>(You can use your employer's e-mail )</i>	Telephone No:

Section 2 - Cover Options <i>(Please tick one of the following boxes)</i>	
<input type="checkbox"/> Seasonal Workers insurance <b>without</b> Optional Property	<input type="checkbox"/> Seasonal Workers insurance <b>with</b> Optional Property

Section 3 - Period of Insurance	
Start Date <i>(Day/Month/Year)</i> : <i>(The date you depart from your home country, or if you are in New Zealand the date you want cover to start.)</i>	End Date <i>(Day/Month/Year)</i> : <i>(The date you arrive in your home country after the completion of your time in New Zealand.)</i>

**Declaration**

**IMPORTANT:** Prior to signing this declaration you must read the OrbiProtect Ltd Seasonal Worker brochure. Special attention should be given to the information under the heading **Important information you need to know**. As pre-existing medical conditions are **NOT** insured you should take particular care in reading and understanding the definition of an existing condition directly under that heading.

I declare that:

- I have been provided with an OrbitProtect Seasonal Worker insurance brochure and have read its content prior to signing this declaration.
- To the best of my knowledge I am in good health and understand that this is the basis on which the insurance I am applying for is provided. Furthermore, if my health changes prior to leaving my home country for New Zealand I will as soon as possible advise my employer.
- I understand that OrbitProtect Seasonal Worker Insurance is underwritten by Lumley General Insurance (N.Z.) Ltd and administered by OrbitProtect Ltd.
- I understand information provided on this form will be collected and held by my employer (prospective or actual) and is available to OrbitProtect Ltd, P.O. Box 2011, Christchurch 8015 to service my policy. The recipient of the information may be Lumley General Insurance P.O. Box 2426 Auckland 1140. Information may be exchanged with my employer (prospective or actual) other insurers and the Insurance Claims Register PO Box 474 Wellington to administer your policy and for fraud prevention. You may access and correct any information held about you.
- I authorise any doctor, hospital, clinic or other person to give OrbitProtect Ltd and Lumley General Insurance (N.Z.) Ltd any and all information concerning my current, future and past medical history. A photocopy of this authorisation shall be valid as the original.
- I authorise my employer to administer all aspects of my insurance including, but not limited to, setting the cover start, end or termination date.
- I understand that if I am paying premium weekly, monthly or as agreed to my employer for on sending to OrbitProtect Ltd, or directly to OrbitProtect Ltd, failure to pay the premium on any scheduled date will result in the automatic termination of my insurance.
- I authorise OrbitProtect Ltd to advise the Department of Labour if my insurance is terminated prior to my return to my home country or compromised by the nature of any claim made.
- I understand that this insurance contract is made up of this application, the policy wording and the Certificate of Insurance. It is my responsibility to read and be familiar with the policy wording. I acknowledge that the policy contains conditions and exclusions.

**Signature of Applicant:**..... **Date:**.....

**Section 4 - Medical Information** (Complete this section only if you need cover for pre-existing medical conditions)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are you currently suffering from a medical condition, illness or injury?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you been admitted to hospital in the past 24 months?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you currently taking any medication?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you ever received treatment for any type of:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Heart ailment</li> <li>• Circulatory conditions</li> <li>• Cancer, or</li> <li>• Back or spinal problems</li> </ul> |                              |                             |

If you have answered yes to any of the questions above, please answer the following questions:

1. Please describe your medical condition/s:
2. What medication or treatment has been prescribed to treat your medical condition/s?
3. What date did you last visit your doctor?
4. What is your doctor's name and address?

**Section 6 - Specified Items**

If you wish to insure specific items of property please complete below. An additional premium of 2% of the total value of the items specified will be charged on to your plan. (E.G. NZ\$5,000 item x 2% = NZ\$100).

Items: **(Please provide brand, model details and the replacement value)**

- |    |      |
|----|------|
| 1: | NZ\$ |
| 2: | NZ\$ |
| 3: | NZ\$ |

**When you have completed this form:**

- Simply return the form to the place you obtained it from. You will be advised of your payment options.
- The outcome of your application will be advised to you by your prospective employer, as soon as possible.

**Attention:**

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

To view the policy wording please visit [www.orbitprotect.com](http://www.orbitprotect.com) or see your employer for a copy.

**Important reminder to employers!**

If any request is made for pre-existing medical conditions cover **immediately** fax the application form to **+ 64 3 379-0252**

Or scan and e-mail to [service@orbitprotect.com](mailto:service@orbitprotect.com)

All other application forms should be accumulated and posted to us. Our address is:

OrbitProtect Ltd  
P O Box 2011  
CHRISTCHURCH

**Employers Company Name:**