OrbitProtect

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 ☐ Mrs ☐ Ms ☐ Miss ☐ ✓ ***(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:

Benefit Cover Options ✓*(Please tick one of the following boxes)*

☐ OrbitProtect Prime ***(NZ$10,000 property limit)***	☐ OrbitProtect Lite ***(no property cover unless specified)***

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 ***(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 ☐	No ☐
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	Yes ☐	No ☐
• Circulatory conditions	Yes ☐	No ☐
• Cancer, or	Yes ☐	No ☐
• Back or spinal problems	Yes ☐	No ☐

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

1. Please describe your medical condition:

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)***

If you have selected:

- Prime, please specify items (or pairs or sets of items) valued at over NZ$3,000. Property valued at under NZ$3,000 is **automatically** covered under this insurance plan.
- Lite, please specify items you wish to insure. Property is **not** automatically covered under this plan.

For both plans, the maximum value per item you can specify is NZ$10,000 and up to a total of NZ$30,000.

(Please provide brand and model details and note the replacement value in NZ$)

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 the place you obtained it from.
- 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.

Reminder to producer!

- Please **immediately** fax any application form received to **+ 64 3 379-0252** when section 2 or 3 have been completed

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