

STUDENT INSURANCE AGREEMENT FORM



COMPANY: **OrbitProtect Ltd (Email: service@orbitprotect.com, Phone: +64 3 434 8151)**

TYPE OF COVER: **Student Prime with IPU New Zealand Health Clinic and selected pharmacies direct billing to OrbitProtect**

Note: Under this cover you may see a doctor of IPU New Zealand 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 IPU New Zealand'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 IPU New Zealand. I agree that for this purpose I need to supply my travel itinerary to IPU New Zealand 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 IPU New Zealand before I make payment of tuition fees.
- v. I understand that I need to communicate directly with the insurance company, not with IPU New Zealand, 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: _____