

Applicant Details		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> ✓ (Please tick one of the boxes)
Family Name: (As shown in passport)	Given Names:	
Date of Birth: (dd/mm/yy)	Telephone No.: (country/area/number)	
E-mail Address:		
Period of Insurance		
Start Date: ____/____/____ (dd/mm/yy)	End Date: ____/____/____ (dd/mm/yy)	
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 12 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:		
• Heart Ailment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Circulatory conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Cancer, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Back or spinal problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?		
<p>Return completed form to: service@orbitprotect.com</p> <p>There is a one-off cost of NZ\$40 payable to assess your pre-existing medical condition(s), irrespective of the outcome.</p> <p>To view the policy wording or find out more about OrbitProtect, please visit www.orbitprotect.com</p>		