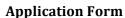
## **OrbitProtect Student Medical/Travel Insurance**





O. Cibili Totect					inplication 1 of m		
P. O. Box 2011, Christchurch, New Zealand	Box 2011, Christchurch, New Zealand Please complete this form in English						
Section 1 - Applicant Details	Mr	Mrs	Ms	Miss	(Please circle only one)		
Family Name: (As shown in passport)	First o	r Given N	Names:				
Date of Birth: (dd/mm/yyyy)	Home	Country	:				
Passport No:			Number number				
E-mail Address:		Name of School you are attending:  IPU New Zealand Tertiary Institute					
Benefit Cover Option (please tick the box below)							
Student Prime with IPU New Zealand Clinic and selected pharmacies direct billing to OrbitProtect							
Period of Insurance							
Start Date:/(dd/mm/yyyy)	End D	ate:	/	/	(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.)			arrive in New Zeal		ne country after the completion of		
Section 2 – Medical Conditions (please circle)	1						
1. Are you currently suffering from a medical condition, illnes	s or inj	ury?			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		
<ul><li>Cancer, or</li><li>Back or spinal problems</li></ul>					Yes No Yes No		
If you have answered 'yes' to any of the questions above, plea	ise answ	ver the	followi	ng quest			
Please describe your medical condition:	isc allsv	ver the	TOHOWI	ing quest	10113.		
2. What medication or treatment has been prescribed to treat your medical condition?							
3. What date did you last visit your doctor?	4. Wh	at is yo	ur doct	tor's nam	e and address?		
Section 3 - Specified Items (Complete this section only i	if you w	ish to s	specify	items to	be insured)		
Your Prime plan automatically covers your property up to NZ\$3,000 per item, pairs or sets of items and up to a total value of NZ\$10,000. If you have an item which is over the value of NZ\$3,000 and wish to insure the item, please provide brand and model details and note the replacement value in NZ\$. The additional premium you need to pay is 2% of the total value of items specified.							
1: NZ\$	2:				NZ\$		
Signature of Applicant or Parent/Guardian							
Sign Print Name.					Date		
oign Frint Name.					υαιτ		
<ul> <li>When you have completed this form:</li> <li>Simply return the form to IPU New Zealand Tertiary Institute.</li> <li>If you have completed section 2 or 3 of this form, we will contact you in writing to advise whether or not we are</li> </ul>							

able to cover your existing medical conditions or specified items.

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

## 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

0rb	<u>itProtect</u>							
	Note: Under this cover you may see a doctor of IPU New Zealand Health Clinic and obtain prescribed and some							
	$non-prescribed \ medicine \ at \ designated \ pharmacies \ with \ \underline{no} \ payment \ as \ they \ make \ a \ claim \ directly \ with \ Orbit Protect$							
	on your behalf.							
STU	DENT 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 month	hs						
	upon payment of a premium of NZ\$454.00. For those who enrol for a period of less than 12 months, the	he						
	insurance period will be shorter.							
AGF	REEMENT:							
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.	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.	$I have \ read\ and\ understood\ the\ details\ of\ the\ default\ insurance\ policy\ and\ its\ cancellation\ policy.\ \textbf{(Note:\ Please\ turn)}$							
	over or refer to page 2 for details)							
iv.	v. 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.	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)							
	************************************							
_	FICE USE ONLY>							
	Student ID Number:							
	Amount of insurance premium received: <u>NZ\$</u> Received by:							
i	Receipt Number:							

Student ID Number:		
Amount of insurance premium received: NZ\$	Received by:	
Receipt Number:		

Insurance Application Form checked and emailed by:\_