



**THE UNIVERSITY
OF AUCKLAND**
NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

**International Student Health
and Travel Insurance Refund
Application Form**

ISI-3

International Student Information
Centre
Room G23
Old Choral Hall
7 Symonds Street
Ph: 373 7599 ext 88694
Fax: 373 7655
isinsurance@auckland.ac.nz
www.auckland.ac.nz/intlstudent-insurance

**Student ID
Number:**

**Email
Address:**

**Student
Name:**

**Contact
Ph. No.:**

StudentSafe Member

Yes

No

Reason for Refund:

Master Policy Number (Vero)	CTI-UOA2011
Insurance Start Date (for this period)	
Insurance Stop Date	
Amount of Refund Due <i>Please use the following forms:</i> <ul style="list-style-type: none"> ▪ Domestic Refund SF-05 ▪ International Refund SF-05a 	\$.....

SIGNATURE of Student

Date

OFFICE USE ONLY Insurance Administration Office

Authorised By (signature):

Authorised Date:

Verified Premium Paid:

Verified Amount:

Processed By:

Date:

