

Studentsafe – Family member application form



- Please complete this information in full.
- Please Pay the required family premium, for cover to be provided, to your student enrolment office.
- Send the form with family details to: **Studentsafe PO Box 33313, Auckland**
- When completing this application you will be asked to answer a number of questions. It is important that your answers are correct and complete as they may have an effect on the acceptance of this insurance or any claims you may make in the future. All personal information is obtained in accordance with the Privacy Act.



General

Under what policy are you making this application?

UNIVERSITY

VISITSAFE-EXPRESS

TECH

OTHER _____
(please specify)



Student details

Student's name				
	Surname/Family name		First name	Middle name
Date of birth	day	month	year	Gender <input type="radio"/> Male <input type="radio"/> Female
Country of origin				
Postal address				
Student's postal address				
Educational body				
Student ID number				



Other family members to be insured

Family can include the following relationships: married couples, partners, defacto and children 18 years or under living with you. It does not include other family members such as parents, grandparents, aunts or uncles.

Family name (as shown in passport)			First or given names	
Date of birth	day	month	year	Relationship to student
Type of visa/permit held?	<input type="radio"/> Visitor	<input type="radio"/> Study	<input type="radio"/> Work	<input type="radio"/> Student
Family name (as shown in passport)			First or given names	
Date of birth	day	month	year	Relationship to student
Type of visa/permit held?	<input type="radio"/> Visitor	<input type="radio"/> Study	<input type="radio"/> Work	<input type="radio"/> Student
Family name (as shown in passport)			First or given names	
Date of birth	day	month	year	Relationship to student
Type of visa/permit held?	<input type="radio"/> Visitor	<input type="radio"/> Study	<input type="radio"/> Work	<input type="radio"/> Student



Other family members continued

Family name (as shown in passport) <input type="text"/>	First or given names <input type="text"/>
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>	Relationship to student <input type="text"/>
Type of visa/permit held? <input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student	
Family name (as shown in passport) <input type="text"/>	First or given names <input type="text"/>
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>	Relationship to student <input type="text"/>
Type of visa/permit held? <input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student	
Family name (as shown in passport) <input type="text"/>	First or given names <input type="text"/>
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>	Relationship to student <input type="text"/>
Type of visa/permit held? <input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student	
Family name (as shown in passport) <input type="text"/>	First or given names <input type="text"/>
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>	Relationship to student <input type="text"/>
Type of visa/permit held? <input type="radio"/> Visitor <input type="radio"/> Study <input type="radio"/> Work <input type="radio"/> Student	

Please note: No Pre-existing conditions of health are covered unless you are accepted by us. If you or any family member requires cover you can apply to us by completing a medical assessment form.



Declaration

Duty of Disclosure

Subject to any rights you have under the Criminal Records (Clean Slate) Act 2004, you have a duty to give us information which is in every respect correct and complete and you have disclosed all material information, whether the information has been asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. If you have any doubt as to whether a fact is material then it must be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if your cover is varied and prior to each renewal. Failure to disclose all material information may result in us avoiding your insurance cover. This means your cover is deemed never to have existed and any claims would not be payable.

I hereby declare:

- To the best of my/our knowledge all the statements in this form are correct.
- I have not withheld any information material to this application.
- I understand that:
 - the personal information provided in this form is being collected by Vero Insurance New Zealand Ltd and Comprehensive Travel Insurance 2004 Limited to enable it to evaluate my/our application;
 - I have certain rights of access to and correction of the personal information provided by me/us on this form or in support of any claim, but if I do provide any incorrect information, Vero Insurance New Zealand Ltd and Comprehensive Travel Insurance 2004 Limited may be entitled to decline any claim.
- I authorise Vero Insurance New Zealand Ltd and Comprehensive Travel Insurance 2004 Limited or its agents to:
 - obtain personal information about me from any other party and to release that information to other parties if requested;
 - obtain information from the Insurance Claims Register (ICR Ltd), which holds details of claims made by me/us under policies with other insurers that is in their view relevant to this application;
 - place details of any claim made on the database of ICR Ltd where it will be retained and be available to other insurance companies to inspect.

Signature / /

Date



Office use only:

Family Premium paid <input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>
Number of Family members'	<input type="text"/>
Total paid	\$ <input type="text"/>
Staff Name	Signature <input type="text"/> / /
	Date