

Family member application form

- Please complete this information in full.
- This form needs to be completed with your family details at the start of your course of study. You will need to contact and advise us if any changes are required to your family details.
- Please pay the required family premium, for cover to be provided, to your student enrolment office.
- Send the form to the International Student Office at your University / Tech.
- 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.

Student details

Student's name		
Surname/Family name	First name	Middle name

Date of birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
day month year	

Country of origin	Student <input type="checkbox"/> Returning <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year
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Postal address

Student's postal address

Educational body	Student ID number
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Email

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

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Date of birth / /	Relationship to student
day month year	

Type of visa/permit held? <input type="checkbox"/> Visitor <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Student
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Family name (as shown in passport)

First or given names

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Date of birth / /	Relationship to student
day month year	

Type of visa/permit held? <input type="checkbox"/> Visitor <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Student
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Family name (as shown in passport)

First or given names

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Date of birth / /	Relationship to student
day month year	

Type of visa/permit held? <input type="checkbox"/> Visitor <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Student
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Family member application form

Family members continued

Family name (as shown in passport)	First or given names
Date of birth / / day month year	Relationship to student

Type of visa/permit held? Visitor Study Work 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? Visitor Study Work 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? Visitor Study Work 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? Visitor Study Work Student

Please note: No Pre-existing conditions of health are covered unless they are accepted by us. If you or any family members require cover you can apply to us by completing a medical risk 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.
- This form needs to be completed with your family details at the start of your course of study. You will need to contact and advise us if any changes are required to your family details. Please pay the required family premium requested by the student enrolment office for this cover to be provided when your Studentsafe premium is paid.
- I understand that:
 - the personal information provided in this form is being collected by AWP Services New Zealand Limited trading as Allianz Global Assistance and Allianz Australia Insurance Ltd trading as Allianz New Zealand 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, Allianz Global Assistance and Allianz New Zealand may be entitled to decline any claim.
- I authorise Allianz Global Assistance and Allianz New Zealand 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 / /
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Office use only:

Family Premium paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Number of Family members'	
Total Paid	\$

Staff name	Signature	Date / /
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