

Studentsafe
Medical & Travel Insurance

- Please complete this information in full.
- We may verify the information with the educational body where you are enrolled in your course.
- Premiums will not be refunded if you have already made a claim.
- Send this form to: **Studentsafe PO Box 33313, Auckland** or email to **help@insurancesafenz.co.nz**

Student's name			
Surname/Family name		First name	Middle name
Date of birth	/		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mx
day	month	year	
Country of origin			

Student's postal address

If you do not have a New Zealand bank account number you can nominate a friend's account to facilitate payment.

Educational body	Student ID number
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Study course start date this year	day / month / year	Study course finish date this year	day / month / year
Date premium paid	/ /	Date cancellation to be effective from	/ /

Reason for refund application:

Approved by

Name	Email
Title at educational body	Phone Contact Number

Signature _____ Date ____/____/____