

# Family Application Form

This form is for Family members of students who would like to be insured under the Studentsafe policy.  
An additional family or couple premium will be payable to the University or Technical Institute upon completion of this form.

- Please complete this information in full.
- This form needs to be completed with your family's details at the start of your course of study. Unless otherwise agreed, family members are covered for the same period of insurance as the student.
- Please complete a new form each time you purchase additional periods of cover.
- You will need to contact and advise us if any changes are required to your family's details.
- Please pay the required family premium, to your student enrolment office to ensure that your family and global change are covered by the insurance.
- Provide the form to the International Student Office at your University / Technical Institute.
- When completing this application form 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 / / day month year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Mx <input type="checkbox"/>	
Country of origin	Student Type <input type="checkbox"/> Returning <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year	
Postal address		
Student's postal address		
Email Address		
University / Technical Institute		Student ID number
Course Start Date / /	Course End Date / /	Visa Expiry Date / /

## Family members to be insured

Family means you and / or your Spouse and your financially dependent children and legal wards 18 years of age and under who remain in your full custody and control. 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="checkbox"/> Visitor <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> 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="checkbox"/> Visitor <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> 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="checkbox"/> Visitor <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Student		

## 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 Medical Conditions 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.**

## Privacy Notice

To arrange and manage your insurance and provide you with our services, we (in this Privacy Notice section "we", "our" and "us" means Allianz Partners, and our agents) collect, store, use and disclose your personal information including sensitive information. We will usually collect it directly from you but may also collect it from others (including those authorised by you such as your family members, travelling companions, your doctors, hospitals, and other persons whom we consider necessary including our agents). We are the "data controller" and are responsible for ensuring your personal information is used and protected in accordance with applicable laws and regulations. Personal information we collect includes, for example, your name, address, date of birth, phone number, email address, medical information, passport details, bank account details, as well as other information we collect when you visit our website such as your IP address and online preferences, where that information is necessary for us to provide insurance and our services to you. Any personal information we collect is used by us and our agents to evaluate and arrange your insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing, investigating claims and screening to comply with economic sanctions obligations. We may also collect, use and disclose it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations and for other purposes with your consent or where authorised or required by law. We do not use sensitive information for marketing purposes or provide that information to any third parties for marketing.

You authorise us to disclose your personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including "cloud storage") and data handling providers, transportation providers, legal and other professional advisers, your

agents, broker and travelling companions, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, your bank if you have bank credit card insurance, the Insurance Claims Register and our related and group companies and Mitsui Sumitomo Insurance Company, Limited. Some of these third parties may be located in other countries including in Australia, Europe, United Kingdom and Ireland, Asia, Canada or the USA. We will use reasonable endeavours to ensure people we disclose your personal information to outside New Zealand are required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law, such as via contractual data protection obligations, our group binding corporate rules or because they are subject to laws of another country with comparable protections. However, you acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those provided under the New Zealand privacy law.

Where permitted by law or with your consent, we may contact you with offers of products or services (from us, our related companies, as well as offers from our business partners) that we consider may be relevant and of interest to you (including insurance products). This could be via telephone, post, email, electronic messages online or via other means such as SMS. You can withdraw your consent at any time if you no longer wish to receive marketing material or promotional offers from us or our related companies and business partners by calling our Customer Care Team on 0800 800 048.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree with the matters set out in our Privacy Notice or will not provide us with personal information, we may not be able to provide you with our services or products, process your application, issue you with a policy or process your claims. We will not retain your personal data for longer than is necessary for the purposes for which it may be lawfully used.

You can: (1) seek access to your personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor and the parties to whom it may be disclosed; (2) correct and

update your personal information (subject to the provisions of applicable privacy legislation), and (3) ask for a copy of your personal data in an electronic format for yourself or for someone you nominate. You may in some circumstances restrict the processing of your personal data, and request that it be deleted. Where your personal information is used or processed with your specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw your consent at any time.

In cases where we cannot comply with your request concerning your personal information, we will give you reasons why. You may not access or correct personal information of others unless you have been authorised by their express consent or are otherwise permitted by law. When you provide personal information to us about other individuals, we rely on you to have first obtained each of those individuals' consent, and have made them aware of the matters set out in this Privacy Notice.

If you have a request or complaint concerning your personal information or about our Privacy Notice, please contact: Privacy Officer Allianz Partners, P.O. Box 33 313, Takapuna, Auckland 0740 or email us at [AzPNZ.Privacy@allianz-assistance.co.nz](mailto:AzPNZ.Privacy@allianz-assistance.co.nz). For urgent assistance please call our Customer Care Team on 0800 800 048. You can also contact the Privacy Commissioner at the Office of the Privacy Commissioner, P.O. Box 10 094, The Terrace, Wellington 6143 if you have a complaint.

For more information about our corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit our website at [www.allianzpartners.co.nz](http://www.allianzpartners.co.nz) and click on the Privacy Policy link.

## Duty of Disclosure

When you apply for insurance, you have a duty at law, to disclose to us all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether any particular piece of information needs to be disclosed, this should be referred to us.

If you fail to comply with your duty of disclosure it may result in:

- this policy being avoided retrospectively with the effect that the policy never existed;
- this policy being cancelled;
- the amount We pay if You make a claim being reduced; or
- us refusing to pay a claim.

## Financial Strength Rating

This insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Partners (NZBN 9429035270157) under binder with and on behalf of Mitsui Sumitomo Insurance Company, Limited (NZBN 9429039809810, FSP Number 20661) (Incorporated in Japan) as the underwriter.

You should read the Policy Wording and consider obtaining independent legal or financial advice before making any decisions about this insurance. Terms, conditions, limits, sub-limits and exclusions apply.

## Mitsui Sumitomo Insurance Company, Limited - Financial Strength Rating.

Mitsui Sumitomo Insurance Company, Limited has a financial strength rating of A+ (Stable) given by S&P Global Ratings.

The S&P Global rating scale in summary form is:

<b>AAA</b> (Extremely Strong)	<b>CCC</b> (Very Weak)
<b>AA</b> (Very Strong)	<b>CC</b> (Extremely Weak)
<b>A</b> (Strong)	<b>R</b> (Under Regulatory Supervision)
<b>BBB</b> (Good)	<b>SD</b> (Selective Default)
<b>BB</b> (Marginal)	<b>D</b> (Default)
<b>B</b> (Weak)	<b>NR</b> (Not Rated)

The rating may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

Further information on the S&P Global ratings is available here: <https://www.spglobal.com/ratings/en/products-benefits/products/financial-strength-rating>.

## Declaration

I hereby declare:

To the best of my knowledge all the statements in this form are correct and I am authorised to make this application on behalf of my Family members.

I have not withheld any information material to this application.

I understand that:

- the personal information provided in this form is being collected by Allianz Partners to enable it to evaluate this application;
- I have certain rights of access to and correction of the personal information provided by me on this form or in support of any claim, but if I do provide any incorrect information, Allianz Partners may be entitled to decline any claim.
- the Privacy Notice sets out in detail how Allianz Partners will collect, store and disclose personal information obtained from me for the purposes of giving effect to the medical and travel insurance I wish to purchase.
- sometimes overseas recipients of my/our personal information may not be required to protect it in a way that provides comparable safeguards as those set out under New Zealand privacy law.

I authorise Allianz Partners or its agents to:

- obtain personal information about me and my Family members from any other party and to release that information to other parties if requested;
- obtain information from the Insurance Claims Register (ICR), which holds details of claims made by me or my Family members 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 where it will be retained and be available to other insurance companies to inspect;
- collect, store, use and disclose personal information obtained from me for the purposes of giving effect to the insurance I wish to purchase, including disclosing my/our personal information to overseas recipients some of whom may not be required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law as described in the Privacy Notice.

Date / /

Signature

**The University / Technical Institute must complete this section before emailing this application form to Allianz Partners - [help@insurancesafe.co.nz](mailto:help@insurancesafe.co.nz)**

### University / Technical Institute Office use only:

Period of insurance

Start date	/	/
End date	/	/

Family Premium paid  Yes  No

Number of Family members

**Total Paid**

\$
\$

Visa expiry date  / /

Staff name  Signature  Date / /