

# Family member application form

This Studentsafe insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Global Assistance and is underwritten by Allianz Australia Insurance Limited trading as Allianz New Zealand.

- 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 / / day month year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of origin	Student <input type="checkbox"/> Returning <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year	
Postal address		
Student's postal address		
Educational body	Student ID number	
Email		

## Family members to be insured

Family means your husband or wife or person who you have continuously co-habited for 90 days prior to period of insurance 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="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	

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## Family members continued

Family name (as shown in passport)	First or given names
<input type="text"/>	<input type="text"/>
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
<input type="text"/>	<input type="text"/>
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
<input type="text"/>	<input type="text"/>
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
<input type="text"/>	<input type="text"/>
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.**

## Declaration

### 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:

- your policy being void retrospectively;
- your policy being cancelled; or
- the amount we pay if you make a claim being reduced.

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 Allianz Global Assistance 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 may be entitled to decline any claim.

I authorise Allianz Global Assistance 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  Yes  No

Number of family members

**Total Paid**

\$
\$

Staff name	Signature	Date / /
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