

P. O. Box 2011 Christchurch, New Zealand
Please complete this form in English

Section 1 - Applicant Details		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> ✓ <i>(Please tick one of the boxes)</i>	
Family Name: <i>(As shown in passport)</i>	First or Given Names:		
Date of Birth: (dd/mm/yyyy)	Home Country:		
Passport No:	Contact Phone Number: <i>(country/area/number)</i>		
E-mail Address:	Name of School you are attending:		
Benefit Cover Options ✓ <i>(Please tick one of the following boxes)</i>			
<input type="checkbox"/> OrbitProtect Prime <i>(NZ\$10,000 property limit)</i>		<input type="checkbox"/> OrbitProtect Lite <i>(no property cover unless specified)</i>	
Period of Insurance			
Start Date: ____/____/____ (dd/mm/yyyy) <i>(The date you depart from your home country, or if you are in New Zealand the date you want cover to start.)</i>		End Date: ____/____/____ (dd/mm/yyyy) <i>(The date you arrive in your home country after the completion of your study in New Zealand.)</i>	
Section 2 - Medical Conditions <i>(Complete this section only if you need cover for pre-existing medical conditions)</i>			
1. Are you currently suffering from a medical condition, illness or injury?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you been admitted to hospital in the past 12 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you currently taking any medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever received treatment for any type of:			
• Heart Ailment		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Circulatory conditions		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Cancer, or		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Back or spinal problems		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to any of the questions above, please answer the following questions:			
1. Please describe your medical condition:			
2. What medication or treatment has been prescribed to treat your medical condition?			
3. What date did you last visit your doctor?		4. What is your doctor's name and address?	
Section 3 - Specified Items <i>(Complete this section only if you wish to specify items to be insured)</i>			
If you have selected:			
<ul style="list-style-type: none"> Prime, please specify items (or pairs or sets of items) valued at over NZ\$3,000. Property valued at under NZ\$3,000 is automatically covered under this insurance plan. Lite, please specify items you wish to insure. Property is not automatically covered under this plan. 			
For both plans, the maximum value per item you can specify is NZ\$10,000 and up to a total of NZ\$30,000. <i>(Please provide brand and model details and note the replacement value in NZ\$)</i>			
1: NZ\$		2: NZ\$	
Signature of Applicant or Parent/Guardian			
Sign.....		Print Name	Date
When you have completed this form:		Reminder to producer!	
<ul style="list-style-type: none"> Simply return the form to the place you obtained it from. If you have completed section 2 or 3 of this form we will contact you in writing to advise whether or not we are able to cover your existing medical conditions or specified items. 		<ul style="list-style-type: none"> Please immediately fax any application form received to + 64 3 379-0252 when section 2 or 3 have been completed Or email service@orbitprotect.com 	
Your insurance policy is not valid until the premium is paid in full.			
To view our policy wordings or find out more about OrbitProtect please visit www.orbitprotect.com			