

Broker / Agent stamp



Please complete Application Form in English

details of insured

Insured's name (as shown in passport)  given  family  nationality

Date of birth  dd /  mm /  yy sex  male  female

Home country address

Are you a permanent resident in your country of study?  yes  no

Do you have a current student visa?  yes  no

Visa number  attending school

Address in country of study

Telephone  private  mobile

Email

details of other person/s to be insured

Spouse/partner name  date of birth  dd /  mm /  yy

Dependant children names  date of birth  dd /  mm /  yy

date of birth  dd /  mm /  yy

personal belongings

Personal belongings are automatically covered up to the limit listed on your chosen plan type with an individual item limit of US\$1,500, €1,350 or £900 for each individual item and any attached or unattached accessories.

Do you wish to "specify" any item valued at more than US\$1,500, €1,350 or £900? Example: laptop computer yes  no

To calculate specified item premium, multiply total specified item amount by 0.015 Specified item premium (if applicable)

List specified items

(including serial numbers)

(attach separate page if necessary)

pre-existing medical conditions

Have any of the persons applying for cover seen a Doctor or had treatment or symptoms for any medical or dental condition within the last year whether diagnosed or not?

Yes No If yes please give details: [text input]

Attach additional information or a separate sheet if necessary

insured details

Period of cover required start date dd / mm / yy number of months
Cost of cover US\$ € £

payment options

1. Credit Card Please debit amount US\$ € £
to my visa amex diners mastercard other (details)
Card holder's name
Card number expiry date dd / mm / yy
Signature date dd / mm / yy
2. Bank Cheque or Money Order made payable to InterGlobal Insurance Company Limited Amount
3. Website - www.studentcare.biz (application form and secure credit card)
4. Telegraphic Transfer - from your bank to ours - please note: InterGlobal will not be liable for any bank charges.
HSBC bank, No 1 Queen Street, Auckland, New Zealand. USD Ref: 004-024154-251 Euro Ref: 004-024154-254 GB Pound Ref: 004-024154-253

please read & sign

I hereby apply for enrolment in the InterGlobal Limited StudentCare Plan and I agree to be bound to the terms and conditions of the policy. I declare that to the best of my knowledge and belief that the information given in the application form, medical declaration and credit card authorisation form is true and complete.
I acknowledge the StudentCare Plan does not cover pre-existing conditions.
I give authorisation for any person, hospital or institution to release information, (including medical information) to Insurer or their Representatives.
I agree to provide the Insurer or their Representatives any relevant information regarding current or past claims and to the Insurer or their Representatives releasing claims information to any other party including insurance coverage details that may be required to ensure your compliance within your intended country of study.

Signature of Insured: [text input] date: dd / mm / yy