



Medical questions

To be completed by the policyholder or parent/guardian (If the applicant is under 18 years):

Pre-existing conditions are not automatically covered under your International student policy.

If you have any pre-existing conditions that you would like to seek cover for please declare these now.

Pre-existing condition(s) that you do not want to seek cover for or do not tell us about, will remain excluded under your policy when we purchase your insurance.

What is a pre-existing condition?

For the purpose of the International Student policy, a 'pre-existing condition' is: in relation to each person named on your certificate of insurance, any medical or physical conditions, symptoms or circumstances which you are aware of, or a reasonable person in your circumstances ought to have been aware of:

- (A) For which advice, care, treatment. Medication or medical attention has been sought, given or recommended; or
(B) For which you are aware test results or further investigation, specialist treatment or specialist consultation; or
(C) Which have been diagnosed as a medical condition, or indicative of a medical conditions; or
(D) Which are such a nature to require, or which potentially may require medical attention; or
(E) Which are of such a nature as would have caused a prudent, reasonable person to seek medical attention;

Prior to your start date of insurance and regardless of whether or not a medical diagnosis has been made.

I have read and understood "what is a pre-existing condition?" above

Please carefully select an option below:

- I do not have any pre-existing condition(s) (Select this option if you do not have any pre-existing condition(s))
I wish to apply for cover for my pre-existing condition(s) (Select this option if you have any pre-existing condition (s) that you would like to apply for cover for) To seek cover for your pre-existing condition you must fill out the Uni-care Medical Declaration form and return it before we can purchase your insurance.
I have a pre-existing condition(s) but do not want to apply for cover for it. (Select this option if you do NOT want to apply for cover for your accept that they will not be covered under this policy)

Emergency contact/Guardian

Name _____

Phone _____

Relationship _____

Declaration

You (the applicant or parent/guardian of an applicant aged under 18 years) declare and undertake that;

- 1. You are eligible to buy the policy in accordance with the policy wording.
2. You are 18 years or older (or as the parent or guardian of the applicant. You accept the terms of this declaration on behalf of the applicant) and you are authorised by each person named as an insured person to:
(A) Complete the application process for the policy on their behalf;
(B) Make changes or cancel the policy on their behalf;
(C) Submit any claim under the policy on their behalf, providing such details as may be required by Uni-Care; and
(D) Comply with an request to provide information to Uni-care on their behalf and ensure that such information is true and correct.
3. You are authorised by the credit card holder to charge the credit card as the method of payment for the policy.
4. Your policy contract is made up of the policy wording (a copy of which you acknowledge has been made available you at https://www.uni-care.org/Policy/NzStudentPlan prior to making to making this declaration) and certificate of insurance. It is your responsibility to read and be familiar with the policy wording. You acknowledge that your policy contains conditions, limits and exclusions.
5. All information that you have given is complete, true and accurate and you understand that if any information is not complete, true or accurate, Uni-care may cancel your policy and refuse any claim(s) that you make.
6. You and any other insured person are not traveling with the intention of receiving medical treatment and none of the persons to be insured have been advises by a registered medical practitioner that they are not fit to travel.
7. You and any other person to be insured under this policy will be traveling together.
8. You will notify Uni-care of any changes of contact details and that it is your responsibility to ensure you renew your insurance without any lapse in cover.

I have read and retained a copy of the Policy Wording. I consent to the collection, use and disclosure of my health and other personal information for the purposes outlined in the Privacy section of the Policy Wording. I agree that I will not be covered for any Existing Medical Condition unless the insurance company has agreed to insure those conditions. I agree that cover will not include replacement medication or maintaining a course of treatment commenced before the trip. I understand that should cover be for any Existing Medical Condition, it will be for UNEXPECTED TREATMENT ONLY. I declare the answers given are true and accurate, and I consent to my doctor/medical provider releasing my medical history to nib nz limited. I understand that should my health change prior to the journey commencing, I must inform the company who may impose special terms and conditions. I understand that if I don't provide all information requested nib may not be able to assess my application and provide me with the requested insurance.

Signature of policyholder

(Or parent/guardian if policyholder is under 18 years of age)

Date ___/___/___