



Application Form

Main destination: Plan A Plan B Plan C (Please tick your choice)

Standard Traveller Domestic Traveller Permanent One-Way Traveller (Reminder: Plan A only) Incoming Traveller

Departure Date: Return Date: Number of days: Number of weeks: Number of months:

Applicant(s)

Applicant 1 - Name: Date of Birth: Age:

Applicant 2 - Name: Date of Birth: Age:

Dependant children/grandchildren 21 years or under

Child 1 - Name: Date of Birth: Age:

Child 2 - Name: Date of Birth: Age:

Address:

Phone number:

Extra options: Deposit Premium Option? Yes No Rental Vehicle Excess Option? Yes No

Specified Items

Applicant: Item: Amount \$

Applicant: Item: Amount \$

Pre-existing medical conditions: Is Pre-Existing Medical Cover required? Yes No

(Reminder: A medical certificate may need to be completed by your doctor)

Applicant 1 - Condition: Surcharge \$

Applicant 2 - Condition: Surcharge \$

Children - Condition: Surcharge \$

TRAVEL INSURANCE DECLARATION

It is important for You to read and understand this declaration before signing the application form, as there are terms and conditions You need to be aware of.

You need to tell us if:

- You are leaving NZ permanently.
- You have been refused travel insurance or had special terms applied.
- You are travelling against doctor's advice or seeking treatment or You have a terminal condition.
- You have any change in health after You buy the insurance and before you are due to travel or know of anything that could affect Your travel plans.
- The information above is not correct and agree not to hold back any information that may be relevant to the acceptance by the Insurer .

We need to tell you:

- That You agree to allow us to provide the Insurer and travel agent any relevant information regarding past and/or current claims.
- If You have given us any false information that we have the right to void this Policy.
- Where there is public treatment available that this treatment will be sought first.
- After the policy is issued if there is any change to Your health we have the right to review this as a Pre-Existing Condition and special terms may apply.
- That You agree to abide by the terms and conditions of this Policy.

I confirm that the above information is correct for all applicants and that I am signing this declaration on behalf of all applicants. I have read the Declaration and understand that this information will apply to the Policy.

Signed: _____

Date: _____

IMPORTANT NOTE: Dependant on your age or medical condition a medical certificate may be required to be completed by your doctor to be eligible for cover on the plan you have purchased.

PREMIUM CALCULATION

Premium	\$
Deposit Premium	\$
Rental Vehicle Cover	\$
Specified Items	\$
SUB TOTAL	\$

Pre-Existing Surcharge \$

RECOMMENDED PREMIUM \$

Your recommended premium for plan _____
for a duration of _____ will be \$ _____ on a _____ rate.

This quote is subject to change at any time.