Seasonal Worker Travel Insurance Application Form

Orbit Protect
Travel Insurance while in New Zealand

If you require any assistance in completing this application form please call our OrbitProtect customer services on 0800 478 833 (within New Zealand) or +64 3 434 8151 reverse charge (from overseas). Please complete this application in English.

S1 Applicants Details

Family Name *(As shown in passport)*:

Given Names:

Date of Birth *(Day/Month/Year)*:

Country of Origin:

Email *(Your email or NZ employer contact please)*:

Telephone No:

S2 Cover Option

◯ Seasonal Worker Insurance

S3 Period of Insurance

Start Date *(Day/Month/Year)*:

(The date you depart from your home country, or if you are in New Zealand the date you want cover to start.)

End Date *(Day/Month/Year)*:

(The date you arrive in your home country after the completion of your time in New Zealand.)

Declaration

IMPORTANT: Prior to signing this declaration you must read the OrbitProtect Limited Seasonal Worker brochure. Special attention should be given to the information under the heading 'Important information you need to know'. As pre-existing medical conditions are NOT insured - you should take particular care in reading and understanding the definition of an existing condition directly under that heading.

I declare that:

a) I have been provided with an OrbitProtect Seasonal Worker insurance brochure and have read its content prior to signing this declaration.

b) To the best of my knowledge I am in good health and understand that this is the basis on which the insurance I am applying for is provided. Furthermore, if my health changes prior to leaving my home country for New Zealand I will advise my employer as soon as possible.

c) I understand that OrbitProtect Seasonal Worker Insurance is underwritten by NZI, a business division of IAG New Zealand Limited and administered by OrbitProtect Limited.

d) I understand information provided on this form will be collected and held by my employer (prospective or actual) and is available to OrbitProtect Limited, P.O. BOX 2011, Christchurch 8140 to service my policy. The recipient of the information may be NZI, a business division of IAG New Zealand Limited and my employers appointed insurance broker. Information may also be exchanged with my employer (prospective or actual), other insurers and the Insurance Claims Register, P O BOX 474, Wellington to administer your policy and for fraud prevention. You may access and correct information held about you.

e) I authorise any doctor, hospital, clinic or other person to give OrbitProtect Limited and NZI, a business division of IAG New Zealand Limited any and all information concerning my past current and future medical history. A photocopy of this authorisation shall be valid as the original.

f) I authorise my employer to administer all aspects of my insurance including but not limited to, setting the cover start, end or termination date. Furthermore I authorise my employers appointed insurance broker (acceptable and in all respects at the discretion of OrbitProtect Limited) to handle the processing of my claim.

g) I understand that if I am paying premium weekly, monthly or as agreed to my employer for on sending to OrbitProtect Limited, or directly to OrbitProtect Limited, failure to pay the premium on any scheduled date will result in the automatic termination of my insurance.

h) I authorise OrbitProtect Limited to advise the Department of Labour if my insurance is terminated prior to my return to my home country or compromised by the nature of any claim made.

i) I understand that this insurance contract is made up of this application, the policy wording and the Certificate of Insurance. It is my responsibility to read and be familiar with the policy wording. I acknowledge that the policy contains conditions and exclusions.

Signature of Applicant:

Date:

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S4 Medical Information

When do you need to complete this section?

- You **MUST** complete this section if you **did not** have cover with OrbitProtect last year, or
- **ONLY** complete this section if you need cover for pre-existing medical conditions and you had OrbitProtect insurance last year.

a) Have you **ever** been to the doctor or taken medicine or been in hospital for :

	Yes	No	Date/Comment		Yes	No	Date/Comment
Heart problems	○	○		Diabetes	○	○	
Chest pain	○	○		Heartburn	○	○	
Heart beating too fast (Palpitations)	○	○		Easy Bleeding / Bruising	○	○	
High blood pressure	○	○		Blood Clots (Legs)	○	○	
Fainting or blackouts	○	○		Fits / Bad Headaches	○	○	
Stroke	○	○		Joint Pain	○	○	
Shortness of breath	○	○		Back Problems	○	○	
Asthma / Bronchitis	○	○		Cancer	○	○	
Difficulty climbing stairs	○	○		Other	○	○	

	Yes	No
a) Are you currently suffering from a medical condition, illness or injury?	○	○
c) Have you been admitted to hospital in the past 2 years?	○	○
d) Are you currently taking any medication?	○	○

If you have answered yes to any of the three questions above, please answer the following questions:

1. Please describe your medical condition/s:

2. What medication or treatment has been given to you to treat your current illness/es?

3. On which date did you visit your doctor? What did he / she say about your illness?

4. What is your doctor's name and address?

When you have completed this form:

- Simply return the form to the place you obtained it from. You will be advised of your payment options.
- The outcome of your application will be advised to you as soon as possible. This may be via your employer.

ATTENTION:

Your insurance policy is not valid until the premium is paid.

To view the policy wording please visit **www.orbitprotect.com** or see your employer for a copy.

IMPORTANT REMINDER!

If any request is made for pre-existing medical conditions cover **immediately** fax the application form to **+ 64 3 379-0252**

Or scan and e-mail to **service@orbitprotect.com**

All other application forms should be accumulated and posted to us. Our address is:

OrbitProtect Ltd
PO Box 2011
CHRISTCHURCH 8140

Employer's company name or home country contact if applicant is not in New Zealand: