WAIVER DECLARATION AND POLICY CHECKLIST

INTERNATIONAL STUDENT MEDICAL AND TRAVEL INSURANCE

SECTION 1 - STUDENT	DETAILS Please <i>PRINT</i>			
FULL NAME:				
CONTACT DETAILS:		RESIDENTIAL ADDRESS:		
MOBILE:				MEDIA
EMAIL:				DESIGN
				SCHOOL
SECTION 2 - INSURANCE	E DETAILS			
OWN INSURANCE PROVIDER:				
INSURANCE POLICY NUMBER:				
POLICY START DATE:	Date/			
POLICY EXPIRE DATE:	Date/			
By Signing this waiver you ack that you may choose to remai remain covered by such an exi Code of Practice for any matte I,above	n covered by that policy un sting policy, you absolve M	ntil thet expiry of that poli ledia Design School from I insurance cover.	icy. You acknowlodge f any liability in respect	urther that, by choosing to
Student Signature		Date/_		
The current guidelines issued tional Students defines the rar travel Insurance, you need to version of your policy. Please to	nge and scope of Insurance make a careful comparison	cover that is required. If of your policy to this list.	you have or a consider	ring purchase a Medical and
	mmence on the day you lea intil the expiry date of your			
The insurance must cov	ver loss of baggage, person	al Items, personal effects	s, disrupted travel and i	ideally cover loss of travel
	ovide full cover for missed f rred for the treatment of ar			ealand. Should also cover
talization should be un		idelinesto to the code of		uires surgery and/or hospired must also be unlimited

The insurance must cover for emergency dental treatment and also should cover for costs for family members' travel in the event that the student suffers a serious illness or injury.
The insurance must cover for; 1 repatriation and expatriation in the event a student has to return home following an injury of illness which interrupts their study plans; 2 return of mortal remains/funeral expenses - icluding travel costs for family members, repatriation of remains and funeral costs; 3 search and rescue operation to locate the insured.
The insurance should cover Personal Liability relating to false arrest and wrongful detention, negligence causing bodily injury (including death) of another person or loss of a damage to property.
The insurer must provide 24 hour, 7 day emergency medical cover
The insurer must be experienced reputable and have a minimum financial rating of "A" from Standards & Poors or "B" from AM Best
The Plan should not have any claim deductable, excess or co-insurance on the medical section of cover.
The insurance must allow for holiday travel within the South Pacific basin or while you go to your home country for a visit.
OFFICE USE - CHECK LIST
1. Policy sighted
1. Policy information attached - A verified copy of full details of the insurance cover provided by the policy (including start/finish adted, contact details, financial levels, exclusions, deductibles and excesses) must be attached to this document before filing.
1. The above Policy has been assessed and is deemed
Compliant
Non -Compliant