

WAIVER DECLARATION AND POLICY CHECKLIST

INTERNATIONAL STUDENT MEDICAL AND TRAVEL INSURANCE



SECTION 1 - STUDENT DETAILS Please *PRINT*

FULL NAME:

CONTACT DETAILS:

MOBILE:

EMAIL:

RESIDENTIAL ADDRESS:

SECTION 2 - INSURANCE DETAILS

OWN INSURANCE PROVIDER:

INSURANCE POLICY NUMBER:

POLICY START DATE:

Date ____/____/____

POLICY EXPIRE DATE:

Date ____/____/____

The current guidelines issued to support the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students state that all international students must have appropriate and current medical and travel insurance for the duration of their planned period of study.

By Signing this waiver you acknowledge that your insurance provider and/or policy is not preferred by Media Design School, and that you may choose to remain covered by that policy until that expiry of that policy. You acknowledge further that, by choosing to remain covered by such an existing policy, you absolve Media Design School from any liability in respect of it's obligation under the Code of Practice for any matters relating to your personal insurance cover.

I, _____ (full name) have read and understood the declaration outlined above

Student Signature _____ Date ____/____/____

The current guidelines issued to support the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students defines the range and scope of Insurance cover that is required. If you have or are considering purchase a Medical and travel Insurance, you need to make a careful comparison of your policy to this list. You are required to provide an English Language version of your policy. **Please tick if your policy is according to the below :**

☐ The insurance must commence on the day you leave to travel to New Zealand and should cover the whole period of your study in New Zealand until the expiry date of your visa (unless you depart New Zealand earlier).

☐ The insurance must cover loss of baggage, personal items, personal effects, disrupted travel and ideally cover loss of travel fare deposits.

☐ The insurance must provide full cover for missed flights or delays for travel into and out of New Zealand. Should also cover medical expenses incurred for the treatment of an illness and injury incurred during travel.

☐ The sum insured for Medical expenses incurred for the treatment of illness and/or injury that requires surgery and/or hospitalization should be unlimited according to the guidelines to the code of practice. The sum insured must also be unlimited for medical evacuation related to serious illness and injuries.

- ☐ 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 or illness which interrupts their study plans; 2 return of mortal remains/funeral expenses - including 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 deductible, 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