

# Studentsafe Medical Risk Assessment Form

This Studentsafe insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Global Assistance and is underwritten by Allianz Australia Insurance Limited trading as Allianz New Zealand.

This Medical Risk Assessment Form must be completed and forwarded to us as soon as possible. This will be reviewed by us prior to acceptance of cover for your condition. On review of this Medical Risk Assessment Form, we will confirm whether cover for the condition is accepted. Our written confirmation of acceptance (in addition to any Record of Cover or Policy Certificate issued) is a pre-requisite in respect of any claim.

**Important Note:**

If cover is provided for any pre-existing medical conditions which you suffer, payment of an additional premium will be required.

|                  |  |             |
|------------------|--|-------------|
| First Name       | Surname  |             |
| Address          | Suburb   |             |
| City             | Phone No.  |             |
| Educational Body | Travel Insurance Policy No/Student ID                        |             |
| Date of Birth    | Date first enrolled  |             |
| Main Destination | Duration   |             |
| Height (cm)      | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Weight (kg) |

**Please answer the following questions:**

**Q1 Please list the names of all prescribed medications you are currently taking:**

|             |  |
|-------------|--|
| Drug - Dose | When did you start taking this medication? |
|-------------|--|

**Q2 Please list all medical conditions, physical defects, infirmities, existing or recurring illnesses, injuries or disabilities you are currently aware of or are being treated for:**

|    |                      |
|----|----------------------|
| 1. | Date First Diagnosed |
| 2. | Date First Diagnosed |
| 3. | Date First Diagnosed |

**Q3 Has your medication or treatment changed in the last 12 months?**

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes please describe:                                  |

**Q4 Have you been treated or seen by a specialist in a hospital or by a specialist privately in the last 12 months?**

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes please describe:                                  |

**Q5 Have you been seen by your general practitioner in the last 6 months?**

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/>         |
| If Yes please provide the reason for this visit and the outcome: |

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**Q6 Are you under specialist care for any conditions?**

Yes  No

If Yes please describe:

**Q7 Do you have any conditions or signs and symptoms for which a medical diagnosis has not yet been determined?**

Yes  No

If Yes please describe:

**Q8 Are you awaiting the results of any tests?**

Yes  No

If Yes please describe:

**Q9 Are you on a waiting list for surgery or treatment, or are you waiting to see a specialist?**

Yes  No

If Yes please describe:

**Duty of Disclosure**

When you apply for insurance, you have a duty at law, to disclose to us all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether any particular piece of information needs to be disclosed, this should be referred to us.

If you fail to comply with your duty of disclosure it may result in:

- your policy being void retrospectively;
- your policy being cancelled; or
- the amount we pay if you make a claim being reduced.

I hereby declare:

To the best of my/our knowledge all the statements in this form are correct.

I have not withheld any information material to this application.

I understand that:

- the personal information provided in this form is being collected by Allianz Global Assistance to enable it to evaluate my/our application;
- I have certain rights of access to and correction of the personal information provided by me/us on this form or in support of any claim, but if I do provide any incorrect information, Allianz Global Assistance may be entitled to decline any claim.

I authorise Allianz Global Assistance or its agents to:

- obtain personal information about me from any other party and to release that information to other parties if requested;
- obtain information from the Insurance Claims Register (ICR Ltd), which holds details of claims made by me/us under policies with other insurers that is in their view relevant to this application;
- place details of any claim made on the database of ICR Ltd where it will be retained and be available to other insurance companies to inspect.

Signature

Date / /