

Request for Overseas Student Health Cover Arrangement

STUDENT DETAILS: (please use CAPITAL letters)

<input type="text"/>	<input type="text"/>	Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student ID Number	Date of Birth	Are you a sponsored student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>		<input type="text"/>
Family Name		Given Name
<input type="text"/>		
Australian Address (if known)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel	Mobile	Fax
<input type="text"/>		
Overseas Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel	Mobile	Fax
<input type="text"/>		
Email		

Please select one of the following options and answer the questions below:

I require a new OSHC membership (select this option if you have not previously requested OSHC arrangement or forwarded OSHC fees to UNSW Global Student Services)

I require additional OSHC arrangement (select this option if you would like UNSW Global Student Services to arrange additional OSHC to top up the previously agreed OSHC arrangement)

Start date of OSHC (dd/mm/yy) End date of OSHC (dd/mm/yy) Length of Cover (number of months)

The OSHC plan I require: Single Family

Please debit the required amount into the UNSW Global Bank Account, please see details below and attach receipt/proof of payment.

Account Details:
 Beneficiary: UNSW Global Pty Limited
 Beneficiary's Bank: ANZ Bank
 12-14 Belmore Rd Randwick
 NSW 2031 Australia

BSB No: 012-390
 Account No: 8361 16353
 Account Name: Swift UNSW Global Pty Limited
 Code: ANZBAU3MXXX

Please read and sign:

UNSW Global Pty Limited will arrange Overseas Student Health Cover with OSHC Worldcare (www.oshcworldcare.com.au). Your personal details will be submitted to OSHC Worldcare for the purpose of membership registration and updates on their services provided. Arrangement will be made upon your course commencement to obtain your OSHC membership card. If you prematurely withdraw from your course and return home, you may request a refund of the prepaid portion directly from OSHC Worldcare.

Student's Signature

* Parent/Guardian (if student is under 18 years of age)

Date