

INTERNATIONAL STUDENT INSURANCE WAIVER FORM

International Student Information Centre
Room G23, Old Choral Hall
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T: +64 9 373 7599 ext 88694
F: +64 9 373 7655
E: isinsurance@auckland.ac.nz
www.auckland.ac.nz/is-insurance

Please write clearly.

Student ID number:	Phone number:
Name:	
Email address:	
Reason for waiver:	
Alternative insurance provider	
Insurance/Policy Number	
Insurance start – end date	

Policy information attached: Yes No

Student Declaration

I declare that while I am a student of the University of Auckland, I will have an approved alternative insurance policy for the period of my enrolment and student visa, in accordance with Immigration NZ regulations. I am required to inform the Insurance Administration Office of any changes during the insurance period (eg, I am no longer enrolled, I have a change of status to domestic student or I enrol with a different provider) OR if I am studying overseas or conducting research overseas, on suspension or on student exchange before waiver due dates.

Please note:

Your alternative compliant insurance policy must cover you up until the day your student visa expires.

Waiver applications must be received on or before the following dates and any waiver application received after these dates will not be accepted:

- **Summer School** **6 January 2016**
- **Semester One 2016** **29 February 2016**
- **Semester Two 2016** **29 July 2016**
- **Quarter One** **6 January 2016**
- **Quarter Two** **15 April 2016**
- **Quarter Three** **8 July 2016**
- **Quarter Four** **30 September 2016**
- **Doctoral students** **within the month of your enrolment start date.**

If late enrolment is approved, you must bring your compliant insurance certificate the same week your enrolment is finalised.

You must apply for an insurance waiver for every quarter or semester you enrol in (for doctoral students every year). If not, the University will charge your customer account for our preferred insurance policy (Studentsafe-University).

The University of Auckland is not liable for any claims not met by any insurance assessed as compliant or not compliant to the Code of Practice for the Pastoral Care of International Students.

Signature of student: _____ Date: _____