

I, the undersigned, being duly qualified, do hereby certify that the above is a true and correct copy of the original as the same appears in the records of the Board of Health of the City of New York.

In testimony whereof, I have hereunto set my hand and the seal of the Board of Health of the City of New York, at New York, this 16th day of August, 1916.

JOHN W. WOODRUFF, Chairman, Board of Health of the City of New York.

Signatory Details*	Signature	D / M / Y	Address
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details (where signatory is not the enrolling person)	Relationship	Capacity
	Board of Health of the City of New York August 16, 1916	

Studentsafe Direct Billing Application Form

Please note: Student Health is not an agent for StudentSafe Insurance.

For more information on the application process, please contact the StudentSafe Insurance Agent.

New Enrolment – Student to complete

1. I am a new enrolment at the University of Queensland and I am applying for StudentSafe Insurance. I am applying for the following coverages:

A. Life cover B. Health cover C. Accidental death cover D. Accidental death and dismemberment cover E. Accidental death and dismemberment cover with critical illness F. Accidental death and dismemberment cover with critical illness and life cover G. Accidental death and dismemberment cover with critical illness, life cover and health cover H. Accidental death and dismemberment cover with critical illness, life cover, health cover and dental cover I. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover and vision cover J. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover and travel cover K. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover and travel cover and pet cover L. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover and pet cover and home contents cover M. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover and home contents cover and home contents cover N. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover O. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover P. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover Q. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover R. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover S. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover T. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover U. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover V. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover W. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover X. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover Y. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover Z. Accidental death and dismemberment cover with critical illness, life cover, health cover, dental cover, vision cover, travel cover, pet cover, home contents cover and home contents cover

2. I am applying for StudentSafe Insurance for the following period:

A. From 1/1/2020 to 31/12/2020 B. From 1/1/2020 to 31/12/2021 C. From 1/1/2020 to 31/12/2022 D. From 1/1/2020 to 31/12/2023 E. From 1/1/2020 to 31/12/2024 F. From 1/1/2020 to 31/12/2025 G. From 1/1/2020 to 31/12/2026 H. From 1/1/2020 to 31/12/2027 I. From 1/1/2020 to 31/12/2028 J. From 1/1/2020 to 31/12/2029 K. From 1/1/2020 to 31/12/2030 L. From 1/1/2020 to 31/12/2031 M. From 1/1/2020 to 31/12/2032 N. From 1/1/2020 to 31/12/2033 O. From 1/1/2020 to 31/12/2034 P. From 1/1/2020 to 31/12/2035 Q. From 1/1/2020 to 31/12/2036 R. From 1/1/2020 to 31/12/2037 S. From 1/1/2020 to 31/12/2038 T. From 1/1/2020 to 31/12/2039 U. From 1/1/2020 to 31/12/2040 V. From 1/1/2020 to 31/12/2041 W. From 1/1/2020 to 31/12/2042 X. From 1/1/2020 to 31/12/2043 Y. From 1/1/2020 to 31/12/2044 Z. From 1/1/2020 to 31/12/2045

3. I am applying for StudentSafe Insurance for the following amount:

A. \$100,000 B. \$200,000 C. \$300,000 D. \$400,000 E. \$500,000 F. \$600,000 G. \$700,000 H. \$800,000 I. \$900,000 J. \$1,000,000 K. \$1,100,000 L. \$1,200,000 M. \$1,300,000 N. \$1,400,000 O. \$1,500,000 P. \$1,600,000 Q. \$1,700,000 R. \$1,800,000 S. \$1,900,000 T. \$2,000,000 U. \$2,100,000 V. \$2,200,000 W. \$2,300,000 X. \$2,400,000 Y. \$2,500,000 Z. \$2,600,000

4. I am applying for StudentSafe Insurance for the following amount:

0800 486 004

5. I am applying for StudentSafe Insurance for the following amount?

D. 1

D. 2 Health cover ID

D. 3 Health cover ID

D. 4 Health cover ID

D. 5 I am applying for StudentSafe Insurance for the following amount?

D. 6 Health cover ID

D. 7 Health cover ID