



Suite 1610, 530 Little Collins Street, Melbourne VIC 3000
Telephone (03) 9909 7480 Facsimile (03) 9909 7485 Freecall 1800 252 264

Student Health Cover Total School Plan Application Form

Period of Insurance: From 1 January 20__ or the purchase date (where the premium is paid after 1st January) until 31 December 20__.

Please complete the form below and mail with your remittance to:
JUA Student Health Cover, Suite 1610, 530 Little Collins St, Melbourne VIC 3000
We will contact you shortly to confirm that cover has commenced.

1. School Details	
Name of School/College <input type="text"/>	
School/College Address <input type="text"/>	
<i>Suburb/Town</i>	<i>Postcode</i> <i>State</i>
Phone Number <input type="text"/>	Email Address <input type="text"/>
2. Insurance Details	
Number of Students to be insured: <input type="text"/>	Ages of Students: from <input type="text"/> to <input type="text"/>
Level of Cover: <input type="checkbox"/>	\$7.00 AUD per student incl. GST for Standard Benefits Cover
	OR
<input type="checkbox"/>	\$14.00 AUD per student incl. GST for Double Benefits Cover
3. Please sign	
By signing this Application Form you acknowledge that you have read and understood the Product Disclosure Statement and Policy Wording available at www.studenthealth.com.au .	
Name of authorised School representative <input type="text"/>	Total Amount Enclosed <input type="text"/>
Signature of authorised School representative <input type="text"/>	
Date DD / MM / YY	