

**INTERNATIONAL HEALTH PLAN
APPLICATION FORM**

MEMBER DETAILS

Surname: Mr / Mrs / Miss / Ms _____

GIVEN NAMES: _____

Address: _____

POSTCODE: _____

Phone: (Home) _____

(Business) _____

Email: _____

Cover Required: Executive Cover / Essentials Plus
(Please circle option required)

PERSONS TO BE COVERED:

First Name & Initial (indicate Surname if different)	Relationship	Sex M/F	Date of Birth	Nationality	Host Country	Occupation	Date of Commencement on this scheme	Expected Duration
	Self							
	Spouse							
	Child							
	Child							
	Child							
	Child							
	Child							

Please note, unless otherwise instructed, Curtin University will be advised of your application to support your Sponsors Visa Obligations.

Signature: _____

Date