

# Application for insurance NU-Q StudentCare Plus Plan

Please complete in CAPITAL LETTERS and in ENGLISH.



NORTHWESTERN  
UNIVERSITY  
IN QATAR

## Policy details

Policy type

Northwestern University in Qatar StudentCare Plus

Commencement date

August 1<sup>st</sup>, 2014

Policy length

12 months

## Your details

First Name

Middle Name (please list all middle names)

Last Name (family name or surname)

Date of birth

DD / MM / YYYY

☐

Please tick this box if you are under 18 years of age on August 1<sup>st</sup>, 2014.

Male

☐

Female

☐

Home Country

(Important: this is the country in which you normally live, which you consider to be your home and which determines the cover under certain sections of your policy. Please see your policy wording for full terms and conditions.)

Nationality/Citizenship

(please list all the countries for which you are an eligible passport holder).

School

Northwestern University in Qatar

Country of Study

Qatar

## Acknowledgement

I understand that my insurance policy covers me while I am located in Qatar, first and foremost.

Aspects of the policy also apply when I am:

- (a) travelling between my home country and Qatar;
- (b) in my home country;
- (c) on University-related approved trips; and
- (d) on study abroad, residency, internships and similar programs affiliated with/approved by Northwestern University in Qatar.

I will contact StudentCare directly with any questions related to the policy and benefits, especially for private travel that is not (a), (b), (c) or (d).

Furthermore, I understand that my coverage status must be checked by the Student Affairs office for all University-related approved trips and programs (c) and (d) (above) before I will be allowed to travel.

If my private travel claims exceed the policy allowance, I will contact StudentCare directly for assistance with arranging extra coverage. I understand that I must be covered for all University-related approved trips and that this extra coverage might be at my personal expense.

I understand that this policy does not in any way increase my school fees and that I am obliged to have adequate coverage for any University-related trips outside of Qatar as per Northwestern University policy.

## Declaration (please read and sign)

- (1) I have read this important information carefully and understand it, and I agree to be enrolled in the Northwestern University StudentCare Plus Plan.
- (2) I confirm that I have exercised reasonable care to ensure that the following are true, accurate and complete: (i) the statements of fact set out in this application; (ii) the answers to the questions set out in this application; and (iii) any other material facts or information I may have provided you with prior to taking out this plan. I confirm that if I have failed to answer any question set out in this application or have left any question blank, that is because there is no material information to supply in answer to that question. Where I have left the answer to any question requiring a 'yes/no' answer blank, I confirm that my answer to such question is 'no'. I declare that, unless you hear from me to the contrary, none of the answers to the questions set out in this application have changed between the date of signature and the date the insurance cover starts. I confirm that where the plan to which I am subscribing provides cover for more than one person, family member or dependant, I have checked with each of them that any information relating to them which I may have provided you with is true, accurate and complete. I further confirm that I have passed a copy of this application on to every person who is intended to benefit from the plan and asked them to check it also.

- (3) I agree to be bound by the terms and conditions of this policy.
- (4) I declare that to the best of my knowledge and belief the information I have provided above is true and complete.
- (5) I authorize any person, hospital or institution to release information (including but not limited to medical information) to the Insurer or its Representatives.
- (6) I agree to provide the Insurer or its Representatives any relevant information regarding current or past claims and to the Insurer or its Representatives releasing claims information to any other party, including insurance cover details that may be required to ensure my compliance within Qatar.

**IMPORTANT** - The questions in this application and any other information we ask for are essential for us to underwrite and administer your plan. You must take reasonable care to accurately and fully answer any questions that we ask you. You must also exercise reasonable care to make sure that all information or material facts that you supply to us are true and correct, whether or not we have asked you a question about such facts. Material facts are those which we take into account in assessing whether to offer you insurance and, if so, at what premium and on what terms. If you have any doubt as to whether certain facts are material, please ask us or your insurance broker or intermediary if you have one. Failure to exercise reasonable care may (1) entitle us to treat your plan as if it had never existed; (2) result in different terms being applied to your plan; or (3) result in a claim not being paid in full or at all. Please do not assume that we will carry out any searches or contact any other person (including any medical practitioner) to check the answers to any of the questions on or information provided in this application. It remains your responsibility to complete the application and check that the information within it is accurate. You should keep a record of all information that you have provided to us in respect of this insurance.

**Signature of applicant**

(if under 18 years of age on August 1st this year, please have your legal guardian sign).

**Date**

DD / MM / YYYY